

ORIGINAL PAPER

# Life satisfaction, well-being, and happiness in older adults with and without formal support

Satisfação com a vida, bem-estar e felicidade em pessoas idosas com e sem apoio formal

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## Abstract

**Background and Aim:** Understanding life satisfaction, subjective well-being, and happiness is important for gaining insight into the quality of life of older adults. While these constructs have been extensively researched, there are still gaps in understanding how they vary among older adults living in different arrangements. This study aimed to analyze these differences among older adults living in community settings versus formal contexts such as daycare centers and residential care. **Method:** The study involved 134 Portuguese older adults from three living settings: those living independently in the community without formal support (37.3%), those in daycare centers (38.1%), and those in residential care (24.6%). Data were collected using the Life Satisfaction Scale, the Personal Well-Being Index, and the Subjective Happiness Scale. **Results:** The analysis revealed that older adults in the community reported lower life satisfaction and subjective well-being than those in daycare centers and residential care. No significant differences in happiness levels were observed across the different living arrangements. Additionally, the study found no differences in the variables between male and female participants. Positive correlations were found among life satisfaction, subjective well-being, and happiness across the three living settings. **Conclusions:** The findings emphasize the crucial role of formal support systems in enhancing life satisfaction and well-being among older adults. These systems provide essential social and psychological support, promote engagement, and maintain community involvement, especially for older individuals. Addressing the diverse needs of older adults through comprehensive support can contribute to more effective interventions and policies aimed at promoting successful and healthy aging.

**Keywords:** Community; Happiness; Life satisfaction; Older Adults; Well-being.

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## Resumo

**Contexto e Objetivo:** Compreender a satisfação com a vida, o bem-estar subjetivo e a felicidade é importante para obter uma visão aprofundada da qualidade de vida dos idosos. Embora estes conceitos tenham sido amplamente investigados, ainda existem lacunas na compreensão de como variam entre idosos a viver em diferentes contextos. Este estudo teve como objetivo analisar essas diferenças entre idosos que vivem em comunidades versus contextos formais, como centros de dia e lares residenciais.

**Métodos:** O estudo envolveu 134 idosos portugueses de três contextos de vida: aqueles que vivem de forma independente na comunidade sem apoio formal (37,3%), aqueles em centros de dia (38,1%) e aqueles em lares residenciais (24,6%). Os dados foram recolhidos utilizando a Escala de Satisfação com a Vida, o Índice de Bem-Estar Pessoal e a Escala de Felicidade Subjetiva.

**Resultados:** A análise revelou que os idosos da comunidade relataram menor satisfação com a vida e bem-estar subjetivo do que aqueles em centros de dia e lares residenciais. Não foram observadas diferenças significativas nos níveis de felicidade entre os diferentes contextos de vida. Adicionalmente, o estudo não encontrou diferenças nas variáveis entre participantes do sexo masculino e feminino. Foram encontradas correlações positivas entre satisfação com a vida, bem-estar subjetivo e felicidade nos três contextos de vida. **Conclusões:** Os resultados enfatizam o papel crucial dos sistemas de apoio formal na melhoria da satisfação com a vida e do bem-estar entre os idosos. Estes sistemas fornecem suporte social e psicológico essencial, promovem o envolvimento e mantêm a participação na comunidade, especialmente para os indivíduos mais velhos. Abordar as diversas necessidades dos idosos através de apoio abrangente pode contribuir para intervenções e políticas mais eficazes, visando promover um envelhecimento bem-sucedido e saudável.

**Palavras-Chave:** Bem-estar; Comunidade; Felicidade; Satisfação com a vida; Pessoas idosas.

## Introduction

In recent years, the global proportion of older adults has markedly increased. As of 2019, approximately one billion individuals were aged 60 and above, with projections indicating a rise to 1.4 billion by 2030 and 2.1 billion by 2050 (World Health Organization; [WHO], 2021). This demographic shift underscores the critical need for effective strategies to maintain the health and independence of older adults, particularly those aged 85 and over (Czaja et al., 2021).

Life satisfaction, subjective well-being, and happiness are important constructs for understanding whether social responses adequately address the needs of older adults. Previous research has revealed that well-being, happiness, and life satisfaction are fundamental components of successful aging (Fatemeh et al., 2020; Prati, 2022). Although aging is commonly associated with declines in cognitive abilities and physical functioning, maintaining subjective well-being can positively impact older individuals. Notably, negative psychological states may exacerbate physical and cognitive decline, highlighting the importance of promoting positive mental health among older people (Prati, 2022).

Subjective well-being refers to an individual's perception and self-assessment of life satisfaction. This concept is closely related to happiness, positive affect, satisfaction with life, and effective coping with challenges, which are integral to adaptation and resilience in aging (Galinha & Pais-Ribeiro, 2005; Sagiv & Schwartz, 2000). Subjective well-being and quality of life also are significant predictors of health and longevity (Prati, 2022).

Subjective well-being is a multifaceted concept (Costa & Pereira, 2007; Galinha & Pais-Ribeiro, 2005; Otta & Fiquer, 2004). Initially, the conceptual model of well-being was explored in economic studies under the term *material well-being*, which focused on assessing income and the range of services an individual's money could acquire (Galinha, 2008; Galinha & Pais-Ribeiro, 2008). This economic perspective, however, tends to downplay the significance of other aspects of an individual's life, such as health, emotional relationships, job satisfaction, and political freedom (Galinha, 2008; Galinha & Pais-

Ribeiro, 2008). Consequently, the literature posits that subjective well-being, which encompasses these broader life domains, is a component of overall health (An et al., 2020).

Subjective well-being comprises two components: a) the cognitive component, which reflects life satisfaction, and b) the affective component, which pertains to happiness (An et al., 2020; Busseri et al., 2007; Diener et al., 2003). Life satisfaction involves a judgment process where individuals assess their quality of life based on a unique set of personal criteria. In contrast, happiness is an emotional appraisal reflecting the intensity and content of positive personal experiences (An et al., 2020; Busseri et al., 2007; Diener et al., 2003).

From another perspective, subjective well-being is synonymous with happiness and is closely linked to positive dimensions of health, particularly mental health and quality of life (Galinha & Pais-Ribeiro, 2005). Novo's (2003) perspective enriches the concept of well-being by integrating both affective dimensions and life satisfaction. The conceptual analysis of subjective well-being has strengthened its validity and reliability, highlighting its dual components: cognitive and affective. These components are associated with the broader concepts of life satisfaction and happiness (Sagiv & Schwartz, 2000).

Consistent with a diverse range of studies, the concepts of subjective well-being and happiness are related through their self-evaluative nature. Subjective well-being corresponds to an individual's assessment of their own life (Diener, 1996; Diener & Lucas, 2000). Happiness, in turn, encompasses a global appreciation of life as a whole, as reflected in the individual's perception of their life experiences (Veenhoven, 2008).

Subjective well-being is interrelated with life satisfaction and happiness from bottom-up and top-down perspectives. From a bottom-up perspective, the satisfaction of needs significantly impacts happiness. Conversely, from a top-down perspective, achieving happiness relies on satisfaction and necessary adaptations influenced by past experiences (Wilson, 1967). The top-down perspective involves subjective interpretation and primarily influences subjective well-being. In contrast, objective circumstances influence need satisfaction from a bottom-up perspective (Giacomini, 2004). This perspective integrates positive effects (e.g., pride, happiness, enchantment, joy) and negative effects (e.g., depression, stress, anxiety, envy, guilt, shame). In terms of its relationship with life satisfaction, subjective well-being includes a cognitive dimension that involves various aspects of individuals' lives (Costa & Pereira, 2007; Galinha & Pais-Ribeiro, 2005; Otta & Fiquer, 2004).

Research indicates that sociodemographic factors have a significant impact on perceptions of subjective well-being (Novo, 2003), and are significantly related to life satisfaction and happiness (An et al., 2020). Martins et al. (2015) found that life satisfaction is associated with age and remains important at every stage of life, including old age. Furthermore, Banhato et al. (2018) reported that life satisfaction tends to increase with age. Factors such as being female, being married or in a partnership, having a higher level of education, and having a higher income are often associated with higher levels of subjective well-being or happiness (An et al., 2020). Otta and Fiquer (2004) examined the influence of sociodemographic factors and found that subjective well-being tends to decrease with age. Their research suggests that older adults generally have lower subjective well-being levels than younger age groups. Neri (2004) proposed that the subjective well-being of older adults is influenced by their participation in social activities and the absence of health issues that restrict their daily lives. Older adults with health problems tend to have lower subjective well-being levels

and, consequently, lower life satisfaction (Spirduso, 2005). However, despite these challenges, other studies indicate that older adults can exhibit higher life satisfaction, happiness, and overall well-being levels than younger adults (Barros-Oliveira, 2010; Otta & Fiquer, 2004).

Happiness has been associated with a reduced probability of mortality among older adults, underscoring its importance in increasing longevity (Chei et al., 2018; Veenhoven, 2008). Additionally, several other variables positively influence happiness levels, including work and family dimensions (Luz & Amatuzzi, 2008), social support, economic situation, health status, and area of residence (Amorim et al., 2017).

The context in which older adults age holds significant relevance. Most older adults prefer to stay at home for as long as they can because they want to maintain their independence, autonomy, and social connections (Lawler, 2001). However, relocating to an institutional setting can disrupt these vital aspects of their lives, alter daily routines, and involve leaving behind personal belongings, leading to negative emotions and a sense of loss (Van Hoof et al., 2016).

For older adults, a stable residence represents continuity, a positive self-image, increased independence, and positive feelings (Srivastava et al., 2021). Living with their memories creates a strong attachment to a place (Morgan, 2010). The concept of *aging in place* reflects the ability to continue living safely and independently at home and within the community over time, regardless of health changes (Fonseca, 2020). Aging in place is not just a resource but the preferred option due to its advantages of social inclusion and emotional fulfillment (Fonseca, 2020). However, it is important to recognize the associated risks (Srivastava et al., 2021). Evidence suggests that staying in the same place can have negative consequences on mental health and well-being among older adults if informal support fails to meet their needs (Vanleerberghe et al., 2017).

As a result of increased individual and social changes, dwindling families and declining support networks, there are significant consequences for the health and well-being of the older population (Lieber et al., 2020). Older adults living alone or with individuals other than their spouse and children often report low psychological and subjective well-being levels (Srivastava et al., 2021). Residential transitions often indicate major life events such as widowhood, children's marriage, or the migration of household members, can exacerbate existing issues and present new challenges for older adults in maintaining their physical and mental health (Srivastava et al., 2021). Furthermore, relocating older adults to seek care and support can be a traumatic experience, potentially leading to deteriorating health and premature death (Choi, 1996).

Successful aging is often associated with good health and independence, making aging at home the most appropriate setting for older adults (Fonseca, 2020). However, an increasing number of older individuals face the challenge of institutionalization. Studies have shown that well-being, life satisfaction, and happiness vary between institutionalized and non-institutionalized older adults (Godoy-Izquierdo et al., 2012; Lin et al., 2020; Zhou et al., 2019). Most research in this field has focused on identifying health and well-being within each group separately to determine how the place of residence influences these factors (e.g., Espirito Santo & Daniel, 2018; Jarosz, 2021). Despite this, studies comparing well-being in both groups remain limited (Rodriguez-Blazquez et al., 2012; Zhou et al., 2019). Additionally, while aging in place may only sometimes meet the needs of older adults as effectively as residential aged care, many report feeling lonely, socially isolated, immobile, and worried about their health and safety before entering

residential care. After transitioning to residential care, these individuals often express feeling safer, less lonely, and relieved of responsibility and worry (Ayalon, 2018; Hanratty et al., 2018; Minney & Ranzijn, 2016).

## Present Study

Despite extensive research on life satisfaction, subjective well-being, and happiness, there are still gaps in understanding how these constructs differ among older adults in different living situations. Most studies have focused on older adults living in the community or institutional settings, but few have directly compared these groups. Furthermore, gender and age are important variables influencing these constructs, yet their impacts across different living contexts are underexplored. This study aimed to fill this gap by analyzing the differences in older adults' perceptions of life satisfaction, subjective well-being, and happiness across three living contexts: community-dwelling without formal support, daycare centers, and residential care. Specifically, the study was designed with the following objectives:

1. To determine if there were differences between older adults in the three living contexts (community-dwelling, daycare centers, and nursing/residential care) in terms of life satisfaction, subjective well-being, and happiness.
2. To investigate if there were gender differences in these measures within the three contexts, considering that previous research has highlighted gender disparities in well-being among older adults.
3. To analyze the predictive power of age on life satisfaction, subjective well-being, and happiness in community-dwelling, daycare centers, and nursing/residential care, acknowledging that age-related changes can affect these constructs.
4. To explore the association between life satisfaction, subjective well-being, and happiness within the three living contexts.

By exploring these dynamics, the study aimed to contribute and provide insights for community health services and social programs, facilitating strategic interventions to support successful and healthy aging in different contexts. The ultimate goal was to prevent or mitigate the decline of life satisfaction, subjective well-being, and happiness in older adults by understanding and addressing the unique needs of individuals in various living situations.

## Method

### Participants

This study included 134 older adults, comprising 87 females (64.9%) and 47 males (35.1%), aged between 54 and 100 years ( $M = 80.00$ ,  $SD = 9.36$ ). Participants were recruited from three distinct living contexts: community-dwelling without formal support ( $n = 50$ ; 37.3%), daycare centers ( $n = 51$ ; 38.1%), and nursing homes/residential care ( $n = 33$ ; 24.6%). The majority of participants were widowed ( $n = 74$ ; 55.2%) or married ( $n = 44$ ; 32.8%); 88 (65.7%) respondents were not living with their spouse due to widowhood, separation/divorce, or institutionalization. The sociodemographic analysis revealed that 22 older adults never attended school (16.4%), 30 had incomplete first degree of basic education (22.4%),

46 had completed the first degree of basic education, and 12 (9.0%) had completed the second degree of basic education.

When asked, “When do you need help, who do you turn to”, the majority of respondents indicated they rely on their child/children (53.0%) or their spouse (32.1%). Additionally, our analysis showed that a majority of participants (89.8%) had children.

Table 1 presents sociodemographic characteristics by living contexts.

**Table 1**

*Sociodemographic Characteristics of Older Adults Across Three Living Arrangements*

	Without formal support		With formal support	
	Community-dwelling <sup>1</sup>	Daycare center <sup>2</sup>	Residential care <sup>3</sup>	
<i>N</i> (%)	50 (37.3%)	51 (38.1%)	33 (24.6%)	
Age				
Min-Max	65–94	54–97	56–100	
<i>M</i> ( <i>DP</i> )	76.81 (6.88)	79.49 (8.73)	83.42 (11.92)	
Sex				
Male ( <i>n</i> , %)	16 (11.9)	18 (13.4)	13 (9.7)	
Female ( <i>n</i> , %)	34 (25.4)	33 (24.6)	20 (14.9)	
Marital status				
Single ( <i>n</i> , %)	2 (1.5)	4 (3.0)	1 (0.7)	
Married ( <i>n</i> , %)	24 (17.9)	12 (9.0)	8 (6.0)	
Divorced ( <i>n</i> , %)	3 (2.2)	3 (2.2)	3 (2.2)	
Widowed ( <i>n</i> , %)	21 (15.7)	32 (23.9)	21 (15.7)	
Not living with spouse ( <i>n</i> , %)	25 (18.7)	25 (18.7)	38 (28.4)	
Education level				
Never attended school ( <i>n</i> , %)	2 (1.5)	15 (11.2)	5 (3.7)	
Incomplete 1 <sup>st</sup> degree ( <i>n</i> , %)	2 (1.5)	18 (13.4)	10 (7.5)	
Complete 1 <sup>st</sup> degree ( <i>n</i> , %)	22 (16.4)	7 (5.2)	14 (10.4)	
Complete 2 <sup>nd</sup> degree ( <i>n</i> , %)	2 (1.5)	3 (2.2)	14 (10.4)	
Complete 3 <sup>rd</sup> degree ( <i>n</i> , %)	3 (2.2)	0 (0.0)	3 (2.2)	
Higher education ( <i>n</i> , %)	2 (1.5)	15 (11.2)	5 (3.7)	

Note. *N* = 134.

<sup>1</sup> Community-dwelling refers to older adults living independently in their own homes within the community.

<sup>2</sup> Daycare centers are facilities where older adults spend part of the day receiving care and engaging in various activities.

<sup>3</sup> Residential care refers to long-term care facilities where older adults reside permanently and receive comprehensive care, including assistance with daily living activities and medical care.

## Measures

### *Socio-Demographic Questionnaire*

This questionnaire was developed by the researchers to gather detailed information on the sociodemographic characteristics of the sample. It included structured questions about age, education, marital status, and family and institutional support.



### ***Life Satisfaction Scale (LSS)***

The LSS (Original version: Pavot & Diener, 1993; Portuguese version: Simões, 1992) consists in five positively worded items rated on a 7-point Likert scale (1 = "Strongly Disagree" to 7 = "Strongly Agree"), the subject's score can vary between 5 and 35, with 20 representing the average score. This scale presented a Cronbach's alpha of .77 and the factor analysis resulted in a single factor explaining 53.1% of the variance, suggesting good psychometric qualities (Pavot & Diener, 1993). The Portuguese version, validated by Simões (1992), includes modifications to enhance comprehension for individuals with low educational levels, simplifying the scale's administration. Higher scores indicate greater life satisfaction. In this study, the LSS demonstrated a Cronbach's alpha of .89, indicating acceptable internal consistency.

### ***Personal Well-Being Index (PWBI)***

The PWBI (Original version: Cummins et al., 2003; Portuguese version: Pais-Ribeiro & Cummins, 2008) comprises seven items assessing satisfaction with different life domains: standard of living, health, personal achievement, personal relationships, safety, community connectedness, and future security, as well as personal satisfaction with spirituality or religion. Each item is rated on a scale from 0 ("extremely dissatisfied") to 10 ("extremely satisfied"), with a neutral midpoint. The Portuguese translation followed international standardization procedures. In this study, exploratory factor analysis using the Kaiser criterion revealed a single-factor solution explaining 48.2% of the variance, with factor loadings between .59 and .76 and a Cronbach's alpha of .81 similar to the Portuguese version (Pais-Ribeiro & Cummins, 2008). Higher scores indicate better well-being.

### ***Lyubomirsky and Lepper Subjective Happiness Scale (LLSHS)***

The LLSHS, developed by Lyubomirsky and Lepper (1999), is a four-item scale that asks respondents to compare themselves with their peers and to rate their level of happiness and unhappiness. Items two and three involve relative comparisons, while items one and four consist of absolute descriptions of happiness and its absence. Respondents rate the extent to which each statement characterizes them on a scale from 1 to 7. The Portuguese version, validated by Pais-Ribeiro (2012), retains psychometric properties comparable to the original scale and is suitable for cross-cultural research. Higher scores indicate greater subjective happiness. In this study, the LLSHS demonstrated a Cronbach's alpha of .76, indicating good internal consistency.

## **Procedures**

This study employed a quantitative methodology to analyze differences in older adults' perceptions of life satisfaction, well-being, and happiness across community and institutional contexts.

Data collection was conducted between July and October 2023 in the central region of Portugal. Participants were selected using purposive non-probabilistic sampling. Older adults without formal support were recruited using the snowball sampling method, while those receiving formal support were recruited through the researchers' professional contacts. All ethical standards were followed during the data collection process. Participants were provided with detailed information about the study's objectives and assured of anonymity and confidentiality. The voluntary nature of participation was emphasized, and

participants were informed of their right to withdraw at any time without any negative consequences. Additionally, participants were informed that the data would be analyzed in aggregate form and accessed only by the principal investigators.

Prior to administering the questionnaires, participants signed an informed consent form to confirm their understanding and agreement to the study's terms. Questionnaires were completed independently whenever possible; however, participants with mobility or interpretation difficulties were assisted by family members or professionals. The estimated completion time was between ten and 20 minutes. Researchers remained available throughout the process to address any questions and ensure adherence to ethical guidelines.

## Statistical Analysis

Statistical analyses were conducted using SPSS version 26.0 (IBM et al., USA). Given the objectives of comparing differences in life satisfaction, well-being, and happiness among older adults in different living arrangements and between sexes and exploring the associations between these measures, we employed a comprehensive approach, as outlined below.

In some cases, violations of normality were observed. To address this, both parametric and non-parametric tests were conducted. However, consistent with the Fife-Schaw principle (Martins, 2011), we presented the results of parametric tests, as the conclusions regarding the rejection or retention of the null hypothesis were consistent across both types of tests<sup>1</sup>. Additionally, with sub-samples larger than 30 participants, the central limit theorem (Kwak & Kim, 2017), allowed us to assume that these variables tended to be normally distributed.

To examine differences among older adults across the three living arrangements, we conducted one-way ANOVAs with *post-hoc* Bonferroni multiple comparisons. Differences between sexes were assessed using independent samples *t*-tests. Assumptions for ANOVA and *t*-tests, including homogeneity of variances, were tested using Levene's test.

Pearson correlations were employed to identify potential associations between life satisfaction, well-being, and happiness within each context. To compare the correlations between the different living arrangements, we used Fisher's *r*-to-*z* transformation. Each correlation coefficient was converted into a *z*-score [ $z = \frac{1}{2} \ln \left( \frac{1+r}{1-r} \right)$ ], and the *z*-scores were compared using the formula for comparing independent correlation coefficients (Cohen & Cohen, 1983):

$$Z_{\text{obs}} = \frac{z_1 - z_2}{\sqrt{\frac{1}{n_1-3} + \frac{1}{n_2-3}}}$$

Descriptive statistics (means and standard deviations) were calculated for all continuous variables, while frequencies and percentages were computed for categorical variables. The significance level for all tests was set at an alpha < .05 (Field, 2018).

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<sup>1</sup> Both parametric and non-parametric test results can be provided upon request to the corresponding author.



## Results

### Comparisons Across Living Arrangements

Regarding life satisfaction, the analysis revealed significant differences in life satisfaction among the three living arrangements of older adults (residential homes, daycare centers, and community-dwelling,  $F_{(1, 128)} = 3.79, p = .025, np^2 = .056$ ). Specifically, post-hoc Bonferroni comparisons indicated that older adults in daycare centers reported higher life satisfaction compared to those living at home,  $p = .034$ . No significant differences were observed between males and females in any of the living arrangements ( $ps > .77$ ).

Similarly, significant differences were found in subjective well-being among the three living arrangements,  $F_{(1, 123)} = 3.85, p = .024, np^2 = .059$ . Multiple comparisons with Bonferroni correction revealed that older adults living at home reported lower subjective well-being compared to those in residential care,  $p = .025$ . No significant differences were found between males and females ( $ps > .29$ ).

In contrast, subjective happiness did not show significant differences among the three living arrangements of older adults,  $F_{(1, 127)} = .90, p = .41$ . Additionally, no significant differences were observed between males and females ( $ps > .57$ ). All descriptive statistics for life satisfaction, subjective well-being, and subjective happiness across the different living arrangements are presented in Table 2.

**Table 2**

*Results for Well-being, Life Satisfaction, and Happiness by Living Arrangements and Sex*

Variable	Group	Overall	Males	Females	<i>t</i>
		<i>M (SD)</i> Range	<i>M (SD)</i> Range	<i>M (SD)</i> Range	
Life Satisfaction					
	Community	15.75 (5.22) 4–25	16.06 (4.97) 4–23	15.59 (5.41) 4–25	0.30
	Daycare center	18.62 (5.97) 6–25	18.29 (6.30) 6–25	18.79 (5.88) 7–25	0.27
	Residential care	18.33 (5.30) 7–25	18.46 (5.17) 7–25	18.25 (5.50) 9–25	0.11
Well-Being					
	Community	46.65 (8.99) 34–66	45.69 (8.38) 34–60	47.17 (9.40) 35–66	0.55
	Daycare center	50.27 (10.42) 21–65	48.47 (10.15) 31–62	51.26 (10.60) 21–65	0.90
	Residential care	52.56 (8.94) 29–64	50.54 (10.71) 29–63	53.95 (7.49) 40–64	0.99
Happiness					
	Community	18.53 (3.65) 9–25	18.75 (3.68) 9–24	18.42 (3.69) 11–25	0.29
	Daycare center	19.40 (5.86) 4–28	20.01 (5.08) 11–28	19.06 (6.31) 4–27	0.57
	Residential care	19.90 (3.91) 11–28	20.00 (4.88) 11–28	19.85 (3.27) 13–26	0.10

*Note.* Life Satisfaction was measured with the Life Satisfaction Scale. Subjective Well-Being was measured with the Personal Well-Being Index. Subjective Happiness was measured with the Lyubomirsky and Lepper Subjective Happiness Scale.

## Correlations Among Life Satisfaction, Subjective Well-Being, and Subjective Happiness Across Living Arrangements

Pearson correlations revealed statistically significant positive correlations among all measures across the three living arrangements (Table 3). The results of the correlation comparisons revealed that the comparison of well-being and happiness between community and residential care was significant ( $Z_{obs} = -2.29, p < 0.05$ ), with a stronger correlation in residential care.

**Table 3**

*Pearson Correlations Among Well-being, Life Satisfaction, and Happiness in Three Living Arrangements*

Variable	Community-dwelling ( <i>n</i> = 50)		Daycare center ( <i>n</i> = 51)		Residential care ( <i>n</i> = 33)	
	Well-being	Life Satisfaction	Well-being	Life Satisfaction	Well-being	Life Satisfaction
Well-being	—	.57*** ( <i>z</i> = 0.65)	—	.66*** ( <i>z</i> = 0.79)	—	.67*** ( <i>z</i> = 0.81)
Happiness	.36* ( <i>z</i> = 0.38)	.49*** ( <i>z</i> = 0.54)	.60*** ( <i>z</i> = 0.69)	.61*** ( <i>z</i> = 0.71)	.76*** ( <i>z</i> = 1.00)	.64*** ( <i>z</i> = 0.76)

*Note.* Life Satisfaction was measured with the Life Satisfaction Scale. Subjective Well-Being was measured with the Personal Well-Being Index. Subjective Happiness was measured with the Lyubomirsky and Lepper Subjective Happiness Scale.

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

## Discussion

This study aimed to analyze the differences in life satisfaction, subjective well-being, and happiness among older adults across three different living arrangements: community-dwelling, daycare centers, and residential care. The findings revealed significant variations in life satisfaction and subjective well-being across these settings, while subjective happiness did not differ significantly.

Overall, the older adults in this study reported a high degree of satisfaction with their lives, indicating a general trend of adaptability and resilience in overcoming the challenges associated with aging. This adaptability is consistent with the concept of *resilience*, which is strongly linked to life satisfaction (Joia et al., 2007). Our findings suggest that the ability of older adults to overcome difficulties contributes to their overall life satisfaction.

However, significant differences in life satisfaction were observed among the three living arrangements. Older adults living in the community reported lower life satisfaction compared to those in daycare centers and residential care. This finding contradicts previous studies (Silva, 2020; Cardiga, 2016), which found that institutionalized older adults are less satisfied than those living at home. Nevertheless, these results align with studies suggesting that the aged care environment can offer older people, particularly those who are physically frail but cognitively intact, a better quality of life than living at home (Ayalon, 2018; Hanratty et al., 2018; Minney & Ranzijn, 2016). The higher life satisfaction among daycare center

residents may be attributed to the structured social support and activities provided in these settings, which enhance their sense of community and well-being (Horowitz & Vanner, 2010; Lin et al., 2020). Service provider's ability to improve physical, social, and psychological well-being while allowing older adults to maintain their identity plays a crucial role in their perceptions of a good life (Lin et al., 2020). Thus, the structured environment and comprehensive care available in institutional settings may contribute to higher life satisfaction and well-being among residents.

Pearson correlations revealed statistically significant positive correlations among all measures across the three living arrangements. This suggests a consistent relationship between life satisfaction, well-being, and happiness, regardless of the living arrangement. When comparing well-being and happiness correlations between community and residential care, there was a significant difference, with a stronger correlation in residential care. This indicates that in residential care, well-being and happiness are more closely linked than in community settings, possibly due to the comprehensive support provided in residential care environments.

Previous studies have shown that participation in community affairs and activities benefits older adults' mental health (Chen & Zhang, 2022) and that physical and social activity increases life satisfaction and happiness (An et al., 2020). Consistent with these findings, our study reveals that older adults living in the community without formal support exhibit lower well-being than those in other living arrangements, particularly those in daycare centers. Since well-being is closely linked to the ability to engage in social activities, our results suggest that living independently in the community does not necessarily equate to social involvement. This is evidenced by the lower levels of well-being observed among community-dwelling older adults compared to those receiving formal support in residential care and daycare centers. The concept of *social capital*, which refers to the resources available to individuals and groups through their social connections and community involvement (Czaja et al., 2021), is central to discussions of social engagement among older adults. Our findings, which highlight that older adults in formal support settings experience higher levels of life satisfaction and well-being than those living independently in the community, underscore the importance of social connections and community involvement in enhancing the well-being of older adults.

Although our study did not specifically examine health problems, previous research by Neri (2004) and Spirduso (2005) has highlighted the significant impact of health on well-being of older adults. Our findings, which indicate that older adults in formal support settings experience higher levels of life satisfaction and well-being compared to those living independently in the community, may be attributed to the comprehensive care and support provided in these settings. This support likely includes not only social and psychological assistance but also aspects that indirectly contribute to better overall well-being, such as regular monitoring and assistance with daily activities, which can help mitigate the impact of health issues (Wysocki et al., 2015; Zubritsky et al., 2013).

The participants' subjective happiness analysis showed no significant differences between the older adults' living arrangements. This finding aligns with the study by Otta and Fiquer (2004), which suggests that older adults generally report higher levels of life satisfaction, happiness, and well-being than younger

adults (Barros-Oliveira, 2010). Given that our analysis showed that most participants have children, and when in need, they primarily rely on them or their spouse for support, this underscores the critical role of the family in promoting happiness among older adults. The social network provided by family members serves as a key mitigating factor in preventing declines in happiness (Lelkes, 2008). According to the World Happiness Report (Helliwell et al., 2024), feelings of social support are significantly more prevalent than feelings of loneliness in many global regions. Both social support and loneliness significantly affect happiness, with social support usually having a larger effect. Social interactions are vital in increasing happiness, enhancing social support, and reducing loneliness (Helliwell et al., 2024). Building on the importance of social connections, older adults consider family and friends significant sources of happiness (Lelkes, 2008). Having enduring relationships and a supportive network can contribute to increased happiness in older adults. Furthermore, good health is crucial for happiness, particularly in daily activities (Lobos et al., 2016). Although our study did not specifically address functional impairments, existing research suggests that older adults with moderate to severe functional impairments report lower happiness levels than those who are functionally independent (Angner et al., 2012). This scenario may explain why our study found no significant differences in happiness across the different living arrangements, as functional independence might play a more critical role in determining happiness than the type of living arrangement.

Moreover, current theories of *successful aging* emphasize the importance of participating in productive and social activities. Social engagement includes personal relationships, community connections, and societal involvement. Older adults' relationships provide social support, opportunities for reciprocal communication, and a sense of being valued (Czaja et al., 2021). Activity theory posits that engaging in social activities buffers against the negative consequences of aging on mental health by fulfilling older adults' psychological and social needs (Choi et al., 2021). Generally, older adults with larger social networks are less likely to be isolated, have greater perceived social support, and are less likely to experience loneliness (Czaja et al., 2021).

In addition to the benefits of personal relationships, activity theory suggests that social activities promote positive aging, and provide identity and meaning through social roles, thereby enhancing vitality (Choi et al., 2021). The feeling of belonging to the community is a factor that attenuates the decline of happiness; the roles of friends and neighbors are significant. Socio-spatial characteristics of the living environment can significantly impact older adults' well-being, residential satisfaction, and health status (Ottoni et al., 2016), with variations between urban and rural areas (Moor et al., 2022). From this perspective, life satisfaction, well-being, and happiness may differ according to the environment where older adults reside. Smaller communities may reinforce the sense of belonging and its positive effects on older adults' lives.

## Limitations

Some limitations in this study should be acknowledged. Firstly, the relatively small sample size, particularly the limited number of male participants, restricts the generalizability of the findings and

hampers the ability to identify potential differences between sexes. A larger, more balanced sample could provide more robust insights and improve the reliability of the results.

Secondly, the study was geographically limited to the central region of Portugal, which may not be representative of older adults living in other regions of the country. This geographic limitation also affects the broader applicability of the results, particularly concerning urban versus rural environments.

Thirdly, the non-probabilistic sampling method, including intentional and convenience sampling, may introduce bias and limit the representativeness of the sample.

Additionally, the study did not specifically address health problems or functional impairments, which are significant factors influencing the well-being and happiness of older adults. Future research should consider these variables to provide a more comprehensive understanding of the factors affecting older adults' well-being.

Furthermore, while the quantitative methodology provided valuable insights, it limited the depth of understanding regarding the subjective experiences of the participants. Incorporating qualitative methods or mixed-methods approaches in future studies could enrich the data and provide a more nuanced understanding of the phenomena under study.

The instruments used, although validated, may also present limitations. The reliance on self-reported measures could introduce response biases, and the specific versions of the scales used may not capture all relevant aspects of life satisfaction, well-being, and happiness in older adults.

Lastly, the cross-sectional design of the study precludes any conclusions about causality. Longitudinal studies are needed to explore the dynamics of well-being, life satisfaction, and happiness over time among older adults in different living arrangements.

## Conclusion

Rather than being a *problem*, an aging population represents a milestone in human development. The increasing number of older people poses a challenge for both urban and rural communities. As people age, they require supportive environments to offset the changes associated with aging, some of which involve a decline in abilities. It is crucial to create and sustain favorable and enabling conditions for aging in order to promote life satisfaction, well-being, and happiness among older adults.

To address these needs, the WHO Global Age-Friendly Cities Guide housing checklist provides practical recommendations for aging in place. These include: 1) housing located close to services and facilities; 2) affordable services to enable older adults to remain at home; and 3) ensuring older adults are well-informed about available services (World Health Organization, 2007). In Portugal, especially in rural areas, meeting these conditions is challenging, which may explain why older adults feel greater life satisfaction, well-being, and happiness when they have formal support.

Our findings indicate that older adults in daycare centers reported higher life satisfaction compared to those living at home. Also, older adults living at home reported lower subjective well-being compared to those in residential care. These results emphasize the critical role of structured social support and activities in enhancing the well-being of older adults. However, no significant differences in subjective

happiness were observed among the different living arrangements, suggesting that happiness may be influenced by intrinsic factors and individual resilience rather than external living conditions alone. The study reinforces the importance of formal support for older adults' life satisfaction, especially at advanced ages. Interventions should focus on providing access to outward-looking institutions that promote subjective well-being and happiness, enabling older adults to remain socially independent and relevant for as long as possible. Continued efforts to understand and address the diverse needs of older adults will contribute to more effective interventions and policies aimed at promoting successful and healthy aging.

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