

The Impact of Family Care on the Subjective Well-Being of the Elderly: The Mediation Role of General Self-Efficacy and Psychological Resilience

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Abstract

Objective: To explore the relationship between family care and subjective well-being, and the mediating role of general self-efficacy and psychological resilience. **Methods:** 302 elderly people over 60 years were measured using family care, subjective well-being, general self-efficacy, and psychological resilience scales. **Results:** Self-efficacy and psychological resilience mediate between family care and subjective well-being, respectively, while self-efficacy and psychological resilience form a chain mediation role between family care and subjective well-being.

Keywords

Family Care; Subjective Well-being; General Self-efficacy; Psychological Resilience.

1. Introduction

As all sectors of society pay more and more attention to the elderly group, the elderly group is increasingly concerned about the degree of active aging and the happiness experience brought by it. It has become an important issue that researchers pay attention to whether and how the care from family and the internal psychological quality of the elderly have an impact on subjective well-being. Subjective well-being is an individual's subjective feeling of happiness and an important evaluation index of individual quality of life [1][2]. Researchers believe that SWB is the result of the interaction between internal and external factors [3][4]. The external factors mainly include family environment, social support, life events, etc., while the internal factors mainly include self-efficacy, psychological resilience, self-esteem, etc.

Among them, family care is an important external influencing factor of SWB. High family care can relieve anxiety, meet emotional needs, and make individuals happy and satisfied with life [5]. Self-efficacy refers to the perception and belief of an individual on whether he is capable of completing a certain task [6]. Self-efficacy can directly predict subjective well-being [7]. Individuals with high self-efficacy will gain higher self-confidence, thus bringing more positive emotions and enhancing subjective well-being [8]. Psychological resilience, also known as resilience, refers to an effective coping mechanism of individuals in the face of stressful situations (frustration, depression, etc.) [9], which can enable individuals to obtain good adaptation results. Individuals with high resilience have strong psychological resilience and can adapt well in the face of adversity. These individuals tend to have high subjective well-being.

In terms of the mechanism of factors affecting SWB, Diener believes that the key to SWB is how individual values are coordinated between internal and external factors, that is to say, external factors influence SWB mainly through the interaction with internal factors [1]. Family care can have an impact on subjective well-being through self-efficacy and also through psychological resilience [10]. At the same time, psychological resilience is also affected by family care and self-efficacy. This study hypothesizes that self-efficacy and resilience play a chain mediating role between resilience and family care and subjective well-being, as shown in Figure 1. It is hoped

to reveal how family care, an external factor, plays a role in SWB through internal factors such as self-efficacy and psychological resilience, and then provide a basis for the construction of SWB in the elderly.

2. Objects and Methods

2.1. Objects

In this study, a convenient sampling method was adopted to conduct a questionnaire survey among the elderly in Ganzhou city, Jiangxi Province. A total of 350 questionnaires were distributed, and the remaining 302 questionnaires were obtained, with an effective recovery rate of 86%. Men accounted for 41% of the total number, and the age of the subjects ranged from 60 to 90 years. Marital status: 275 are married, 15 are divorced/separated, 5 are widowed, and 7 are single/unmarried. Education level: 29 primary school students or below, 81 junior high school students, 64 senior secondary school students, 40 junior college students, 88 undergraduate students.

2.2. Methods

2.2.1. Research Tools

(1) APGAR Family Care Index Questionnaire was developed by Smilkstein to explore the satisfaction degree of individuals with their own family functions from the subjective perspective of individuals. It includes five dimensions of family fitness, cooperation, growth, emotion and intimacy, corresponding to five items respectively, such as "when I meet problems, I can get satisfactory help from my family". The questionnaire uses a 5-point scale (1 means "strongly disagree" and 5 means "strongly agree"), with higher scores indicating better family care. In this study, the Cronbach's α coefficient of the scale was 0.943.

(2) Subjective Well-being Scale (SHS) This questionnaire was compiled by Lyubomirsky and Lepper. No bookmark defined. The scale contains four items, such as "Compared to my peers, I consider myself very happy." Using a 7-point scale (1 means "very unhappy" and 7 means "very happy"), a higher total score on the scale indicates a stronger SWB. The Cronbach's α coefficient of the scale was 0.870.

(3) Resilience Scale Short Form (CD-RISC-10) This scale contains 10 items, such as "I can adapt when things change". The scale uses a 5-point scale (1 means "strongly disagree" and 5 means "strongly agree"), with higher scores indicating higher levels of resilience. The Cronbach's α coefficient of this study was 0.876.

(4) Self-efficacy Scale This scale was developed by Schwarzer in 1981. The Chinese version was translated and revised by Wang Caikang et al. It contains 10 items. The higher the score, the higher the self-efficacy. The Cronbach's α coefficient of the scale was 0.915.

2.3. Data Processing

SPSS25.0 was used to input the data, and descriptive analysis and correlation analysis were carried out. AMOS was used to establish the model and analyze the path. $P < 0.05$ was considered statistically significant.

3. Results

3.1. Descriptive Statistics and Correlation analysis

The correlation analysis showed that family care, self-efficacy, psychological resilience and subjective well-being of the elderly were positively correlated with each other, and all the correlations showed statistical significance ($P < 0.01$). See table 1.

Table 1. Descriptive statistics and correlation analysis of each variable (n=302)

	M±SD	1	2	3	4
1Family care	4.40±.736	1			
2Subjective happiness	5.89±.933	.615**	1		
3General self-efficacy	4.17±.620	.690**	.637**	1	
4psychological resilience	4.24±.635	.615**	.599**	.740**	1

3.2. The Influence of Family Care on Subjective Well-being: Chain Mediation Model

On the basis of literature review and correlation analysis, structural equation model was used to analyze the mechanism of family care, self-efficacy and psychological resilience on subjective well-being of the elderly. Since this model is a saturated model, that is, all the parameters to be estimated are exactly equal to the elements in the covariance matrix, and the degree of freedom is 0, the fitting index is no longer estimated, and only the path coefficient is concerned [11]. As can be seen from Figure 1, the path coefficients on each path in the model are extremely significant. Therefore, self-efficacy and resilience have significant mediating effects respectively, and the chain mediating effect from family care to subjective well-being is also significant.

The total effect of multiple mediating effects is the total effect of family care on SWB minus the direct effect. In the model, the total effect of family care on SWB, that is, the effect without adding mediating variables, is 0.61. $P < 0.01$; The direct effect, that is, the effect after adding mediating variables was 0.207, $P < 0.01$, so the overall mediating effect was 0.403. Multiple mediating effects accounted for 66% ($0.403/0.61$) of the total effect of family care on SWB, and the mediating effect of self-efficacy was $.712 \times .353 = .251$, accounting for 41% of the total effect. The mediating effect of resilience was $.149 \times .249 = .037$, accounting for 6% of the total effect. The chain mediating effect of self-efficacy and resilience was $.712 \times .650 \times .249 = 0.115$, accounting for 19% of the total effect.

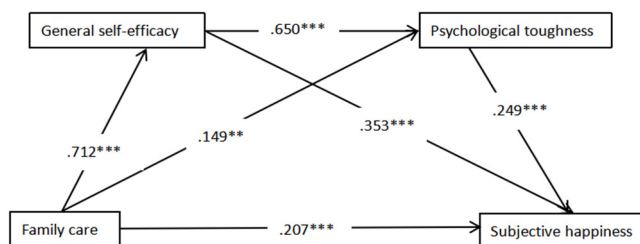


Fig 1. Path coefficient diagram of multiple mediation model

4. Discussion

4.1. The Relationship between Family Care and SWB

This study finds that family care is significantly correlated with SWB, and family care positively predicts SWB, which is basically consistent with the research results of Zeng Yujian [12] and Yu Yulan [13] et al. In the model, the total effect of family care on SWB was 0.61, and the direct effect was 0.207, accounting for 34% of the total effect. This study verified that family care, an external factor, is closely related to SWB, that is, individuals with high family care will have high SWB. Therefore, family members with the elderly should pay attention to improving the level of family care for the elderly, that is, strengthening physical and psychological care and concern for the elderly at home.

4.2. Mediating Effect of Self-efficacy and Psychological Resilience

This study found that the total effect of family care on subjective well-being was 0.61. The compound multi-mediation model of self-efficacy and psychological resilience was superior to the parallel model, and the mediating effect accounted for 66% of the total effect. Compound multiple mediators are composed of parallel and chain mediators, which can be understood as self-efficacy and psychological resilience can play a mediating role both at the same time and sequentially.

Firstly, family care can influence SWB through self-efficacy and psychological resilience. Among them, family care has an impact on subjective well-being through self-efficacy, which is basically consistent with the research of Liang Jinlong et al. [14]. A high level of family care can provide individuals with more relaxed family relations, relieve negative emotions, and make individuals make more attempts to increase their sense of self-efficacy, so as to obtain more successful experiences and thus increase their sense of self-efficacy. Increased self-efficacy can lead to more successful experiences, which can evoke higher happiness. At the same time, family care can influence subjective well-being through the mediating effect of psychological resilience, and a family system with good interaction can help individuals form good psychological and social adaptive behaviors, which is basically consistent with the research of Yu Yulan and Tan Jianfeng [13] et al. This indicates that the higher the family care, the more stable family relationship can be relied on, the more negative emotions can be relieved, and the stronger the psychological adaptability and resilience to the stressful environment.

Secondly, family care can affect psychological resilience through self-efficacy, and then have an impact on subjective well-being. There is a significant positive correlation between self-efficacy and resilience, which is basically consistent with the research results of Chu Yanping et al. General self-efficacy is the driving force of psychological resilience, the higher the general self-efficacy, the better the psychological resilience. Individuals with high self-efficacy will have greater confidence and courage to face difficulties in adversity, and face life changes with a positive attitude. In this way, the psychological resilience of individuals with high self-efficacy can be improved in the process of actively coping with various problems. In this study, family care can improve psychological resilience by improving self-efficacy, and ultimately the improvement of psychological resilience makes individuals gain more happiness.

4.3. Internal and External Relationship Mechanisms Affecting Subjective Well-Being

The subjective well-being of the elderly is influenced by various factors, including external environmental factors and internal factors of the individual. This study shows that while external factors act through internal factors, internal factors interact with each other, and these interaction relations together have an impact on subjective well-being. As an external factor, family care has a direct predictive effect on SWB, while it has an indirect effect on SWB through two internal factors, self-efficacy and psychological resilience. In addition, self-efficacy plays a role through psychological resilience, which indicates that internal factors do not play an independent role. The interaction between them also indicates that as an internal feature, self-efficacy also plays a significant role in improving subjective well-being in the context of unchangeable external factors such as family care.

In general, family support is the direct external motivation and spiritual support for the happiness of the elderly, while self-efficacy and psychological resilience are the internal motivation for their happiness experience. Even if external factors do not change, improving self-efficacy and resilience in older people still contributes to happiness. Therefore, while improving family care and other external factors, elderly families should focus on improving the self-efficacy and psychological resilience of the elderly.

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