



How do older people achieve well-being? Validation of the Social Production Function Instrument for the level of well-being–short (SPF-ILs)



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ABSTRACT

In a time of aging populations and an enormous increase in frailty within them, examination of these populations' ability to achieve well-being has become increasingly important. This study aims to validate a theory-driven instrument for the measurement of well-being in three community-dwelling older populations: (i) a general population, (ii) a frail population, and (iii) Turkish migrants. The short (15-item) version of the Social Production Function Instrument for the Level of Well-being (SPF-ILs) measures whether a person's needs for stimulation, comfort, behavioral confirmation, affection, and status are met. This instrument has been validated only in adult (aged 18–65 years) populations. Three datasets were used to validate the SPF-ILs in samples of the general older population (945 respondents aged ≥ 70 years), frail older people (414 respondents aged ≥ 70 years), and older Turkish migrants (680 respondents aged ≥ 65 years) residing in Rotterdam, the Netherlands. Psychometric results showed that the SPF-ILs is a valid and reliable instrument for the assessment of well-being and need-related goals to achieve well-being among (frail) native and migrant older populations. Worldwide, countries face the challenge of maintaining community-dwelling older people's well-being. This study clearly showed that older people differ in their realization of well-being which increased our understanding of the ability of community-dwelling older people in various populations to achieve well-being.

1. Introduction

Older people's well-being is becoming an urgent topic of policy and economic debates, and its improvement is emerging as a key societal aspiration (Steptoe et al., 2015). Aging populations worldwide pose the challenge of maintaining older people's well-being. Older people's ability to remain independent as long as possible is becoming increasingly important, not least because it can relieve increasing demands on healthcare systems (Barlow et al., 2002). Support of this ability requires an increased understanding of community-dwelling older people's ability to achieve well-being.

Vulnerable groups, such as frail older people, may have more difficulty than the general older population in achieving a certain level of well-being when facing life changes. Frailty, defined as the presence of multiple interacting medical and functional problems associated with low levels of well-being (Andrew et al., 2012), makes older people more vulnerable to adverse outcomes (e.g., falls, disability, hospitalization, care home admission, mortality) through generally subtle and progressive physical changes, but how exactly it limits their ability to maintain overall well-being remains unclear. The ability to pinpoint

how certain circumstances affect older people's ability to maintain well-being, and which dimensions of well-being are compromised, may help to determine the changes needed to protect their well-being and prevent adverse outcomes. Because frailty is progressive, care should enable the early detection and prevention of difficulties in achieving well-being (Andrew et al., 2012).

Older Turkish migrants in Western Europe have been identified as a vulnerable population as well. The majority of these migrants has received little or no education, have been recruited mainly for low-skilled and low-paid manual labor, and live on small, incomplete pensions, which may not favor the achievement of overall well-being (Warnes et al., 2004). These populations report poorer physical health, more functional limitations and chronic conditions (Dijkshoorn et al., 2003; Lewinter et al., 1993; Schellingerhout, 2004), but the areas in which they experience difficulties achieving overall well-being and potential ways to substitute and buffer certain losses remain unclear. Although decreased well-being among immigrants could be considered a robust and well-validated finding, most studies have compared average scores for overall well-being without assessing potential differences within well-being. Given the higher prevalence of functional limitations, poor

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health, and chronic conditions, older Turkish people may experience difficulties with physical well-being; in turn, they are respected highly in their communities, which might enhance social well-being. The Muslim social hierarchy places older people at the top, which may create better opportunities to achieve social well-being compared with older Dutch people. In the Muslim community, younger family members are expected to support older people, leading to less institutionalization (Elsaman and Arafa, 2012), which contributes to the achievement of social well-being. A theory-driven approach to identify differences in older people's ability to achieve social, physical, and overall well-being in various older populations is needed (Nieboer et al., 2010).

1.1. Social production function (SPF) theory

SPF theory (Lindenberg, 1996) assumes that people take diverse approaches to improving their living conditions, with the general aim of achieving physical and social well-being. Physical well-being is achieved by obtaining sufficient stimulation (e.g., physical exercise, mental and sensory stimuli) and optimal comfort (lack of physiological needs, a pleasant and safe environment). Social well-being is achieved by obtaining status (with regard to occupation, lifestyle, talents), behavioral confirmation (living according to one's norms or those of relevant others), and affection (love, intimacy, support from family and friends). These five goals serve as resources for physical and social well-being, which, in turn, serve to fulfill the ultimate goal of subjective well-being (Fig. 1). Recognition of this hierarchy of goals enables determination of how well-being is achieved in various populations, and identification of the types of care and support required to overcome difficulties with such achievement.

Certain levels of physical and social well-being are required for overall subjective well-being; limited substitution between physical and social well-being is possible (Lindenberg, 1996). Similarly, certain levels of all aspects of social and physical well-being are required for the achievement of each. As activities and resources, which lie at the base of the hierarchy, are readily substitutable, losses can have minor or

temporary effects on the overall level of well-being. Substitution is based on the relative costs of alternative goals; for example, an individual may intensify social contact (affection, behavioral confirmation) when opportunities to gain status (e.g., at work) decrease. Buffering ability also increases with the number and diversity of resources, but the resources yield declining marginal returns. For example, affection from one's family members and/or friends is important, but numerous friendships or those forged in addition to relationships with one's spouse and children may contribute only marginally to the achievement of affection. People are likely to pursue resources with marginal returns for higher-level goals (including overall subjective well-being) when the means are readily available, thereby increasing reserves as buffers when needed (Nieboer and Lindenberg, 2002).

Functional limitations, disabilities, and illnesses do not affect everyone's well-being in the same way. A person's resources (e.g., income, assets, social relationships, physical condition) influence well-being in times of poor as well as good health. In addition to the important buffering function and endowments of having a partner and other social relationships, they also enable people to participate in activities. During times of disruption of such important (social) activities, for example due to loss of a spouse, people have greater difficulty achieving physical and social well-being (Nieboer, 1997; Nieboer et al., 1998). Functional limitations that hamper the opportunity to engage in such activities, therefore, have far-reaching consequences for well-being, unless one can substitute for losses. In times of functional limitation, support should allow people to continue engaging in important activities, which protects against deterioration of their well-being (Williamson and Schulz, 1992, 1995).

Nieboer et al. (2005) developed a short version of the Social Production Function Instrument for the Level of well-being (SPF-ILs), a measure of well-being dimensions based on SPF theory in adult (aged 18–65 years) populations. This instrument provided evidence to be reliable and valid for assessment of the hierarchy of human goals, with need-related goals in the general population comprising affection, behavioral confirmation, and status for social well-being, and comfort and stimulation for physical well-being (Nieboer et al., 2005). However,

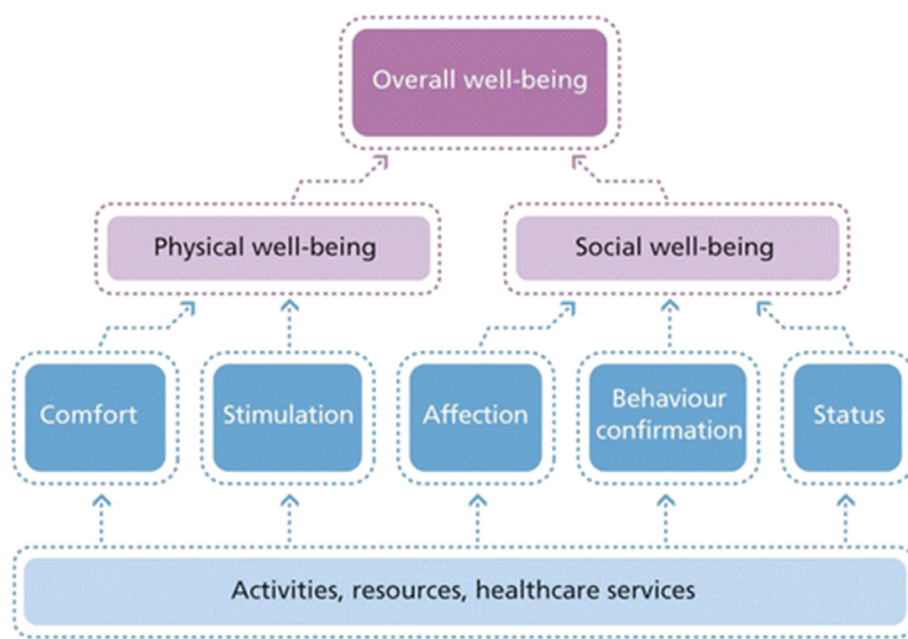


Fig. 1. Social production function theory explaining the hierarchy of well-being.

Based on Lindenberg (1996); Figure from Cramm JM, Nieboer AP: Social cohesion and belonging predict the well-being of community-dwelling older people. BMC Geriatrics 2015. 15:30. <http://dx.doi.org/10.1186/s12877-015-0027-y>.

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