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Exploring The Psychological Well-Being Among Senior Citizens: A Mixed Method Study.

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ABSTRACT: Psychological well-being among the elderly is an essential determinant of their individuals experience challenges such as loneliness, retirement-related stress, chronic illnesses, and reduced physical mobility. These factors can lead to anxiety, depression, and other mental health concerns, potentially reducing their overall life satisfaction. This study aimed to explore the psychological well-being among senior citizens. Specific objectives included assessing the level of psychological well-being among senior citizens, to identify the demographic factors influencing the participants and analysing association between psychological well-being and demographic variables among senior citizens.

In this context, a mixed method research design were adopted. The quantitative phase used a convenient sampling technique to select 80 senior citizens. The data were collected over one month through structured interview incorporating demographic details, Mini-Mental Status Examination and Warwick- Edinburgh Mental Well Being questionnaire. A qualitative phase employing purposive sampling technique in-depth interviews analysed thematically, was designed to complement the quantitative findings by exploring the psychological well-being among senior citizens.

Results showed that 13(16.25%) of senior citizens had no cognitive impairment, 47(58.75%) had mild cognitive impairment and 24(30%) had severe cognitive impairment. The overall psychological well-being of the Mini Mental Status Examination mean score was 15.5 with the standard deviation of 10.5. The study findings results the significant association exist between demographic variables such as gender, educational status, nationality and employment status with the psychological well-being at the level of $p<0.05$ was statistically significant. The present study findings concluded that the pyschological well-being among senior citizens was explored, appropriate.

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INTRODUCTION

Psychological well -being was a very complex personal phenomenon. it forms as a result of human activity in the system of real relationship with surrounding objects. Psychological well-being of senior citizens can be described as a feeling of life satisfaction, the quality of life, personal self – fulfillment, creation of objective and subjective values. Self-esteem, Self-acceptance and Self-perception determine the achievement of psychological well-being of a person **(1)**.

The World Health Organization emphasizes Aging is often accompanied by physical, emotional, and social transitions that influence psychological well-being. They highlighted that mental health among the elderly was an essential determinant of their quality of life, yet it remains a neglected area in many societies. Many elderly individuals experience challenges such as loneliness, retirement-related stress, chronic illnesses, and reduced physical mobility. These factors can lead to anxiety, depression, and other mental health concerns, potentially reducing their overall life satisfaction **(2)**.

Globally, Mental health of older adults estimates any mental disorder in above 60 years. Around 14% of adults aged 60 and over live with a mental disorder.The most common mental health conditions for older adults are depression and anxiety. Nationally, National Mental Health Survey reports overall mental morbidity ~ 10.6% current / 13.7% lifetime focusing on older adults show differing prevalence by disorder and region. Represents findings similiar to many southern India community studies that report 25-40% prevalence when screening tools are used. A slum-area Chennai study (JRMDs) / local journal) sampled ~ 420 older adults are found ~ 17% prevalence when screening **(3)**.

OBJECTIVES

- To assess the level of psychological well-being among senior citizens.
- To identify the demographic factors influencing psychological well-being among senior citizens.
- To explore the psychological well-being among senior citizens.
- To associate the pretest level on psychological well-being with selected demographic variables among senior citizens.

MATERIALS & METHODS

Study design and Setting: In this study, mixed method research approach was adopted.The research design utilized was a Exploratory Research Design.embedded within an overarching exploratory sequential mixed-methods design (QUAN → QUAL), in which the quantitative phase is followed by a qualitative phase intended to explain and contextualize the quantitative results in greater depth. The accessible population of the present study was senior citizens residing in the Semmencheri rural community.

Sample Size and Sampling Method: The study conducted around 80 senior citizens by using convenient sampling technique based on inclusion criteria residing in Semmencheri rural community. The goal of the study was described to officials, and permission to perform the study was gained. All the patients were tracked, and they were interviewed and evaluated.

QUESTIONNAIRE VALIDATION AND STATISTICAL ANALYSIS

The study utilized an interview schedule includes demographic data, Mini Mental Status Examination and Modified Warwick Edinburgh mental well-being questionnaire to exploring the psychological well-being among senior citizens. The questionnaire was pretested and validated before its administration. Face and content validity were established by a panel of experts in the fields of mental health, public health, and epidemiology, who assessed the instrument for clarity, relevance, and comprehensiveness. Based on the recommendations, the questionnaire was revised and refined to enhance its validity and ensure that it accurately captured the required information.

Ethical approval for the study was obtained from the Institutional Human Ethics Committee of Sathyabama Institute of Science and Technology, ensuring that the study was conducted in accordance with established ethical principles and research guidelines.

The demographic section of the questionnaire collected information on participants' socio-demographic characteristics including variables such as age, gender, educational status, religion, type of residence, nationality, marital status, employment status, living status, annual income and pension status. Mini Mental Status Examination section shows the 5 areas, that is

orientation, registrartion, attention and calculation, recall and language to evaluate the cognitive impairment. Warwick Edinburgh mental well-being questionnaire to exploring the psychological well-being among senior citizens.

The data were analysed using Statistical Package for Social Sciences (SPSS) version 17.0**.** Descriptive statistics, including frequencies and percentages, were used to summarize demographic details and mini mental status examination. Inferential statistical tests were employed to examine associations between psychological well-being and key demographic variables. Specifically:

- **Chi-square tests** were used to assess the significance of relationships between categorical variables, such as gender, educational status and employment status
- **P-values < 0.05** were considered statistically significant.

QUALITATIVE PHASE: DESIGN, SAMPLING, DATA COLLECTION AND ANALYSIS

Qualitative Design

A descriptive phenomenological approach was used to explore the lived experiences and perceptions of psychological well-being among senior citizens. Conducted after the quantitative phase, it provided an in-depth understanding of factors influencing psychological well-being based on findings from the demographic profile, MMSE, and WEMWBS, consistent with the explanatory sequential mixed-methods design.

Sample and Sampling Method

Participants were purposively selected from those who completed the quantitative phase. Maximum variation sampling ensured diversity in age, gender, education, living arrangements, cognitive status, and psychological well-being levels. Recruitment continued until data saturation, anticipated with 15 participants.

Data Collection Tool and Procedure

Data were collected using a validated semi-structured interview guide developed from quantitative findings, literature, and expert recommendations. Interviews explored perceptions of psychological well-being, emotional experiences, coping strategies, social support, family relationships, and health challenges. Conducted in Tamil or English, each interview lasted 30–45 minutes, was audio-recorded with informed consent, and supplemented with field notes and reflexive memos.

Data Analysis

Interviews were transcribed verbatim and analyzed using Braun and Clarke's six-phase thematic analysis. Two researchers independently coded the transcripts, resolved discrepancies through consensus, and integrated qualitative and quantitative findings using joint displays to provide a comprehensive understanding of psychological well-being.

Trustworthiness

Trustworthiness was ensured using Lincoln and Guba's criteria. Credibility was established through member checking and peer debriefing, transferability through detailed contextual descriptions, dependability through an audit trail, and confirmability through reflexive journaling. Ethical approval was obtained from the Institutional Human Ethics Committee, and written informed consent was secured from all participants before interviews.

INTEGRATION OF QUANTITATIVE AND QUALITATIVE FINDINGS

Consistent with the explanatory sequential mixed-methods design, integration will occur at two stages. First, during the design stage, the quantitative findings on psychological well-being, cognitive status (MMSE), and their associations with demographic variables will guide the selection of participants and the development of the interview guide for the qualitative phase (connecting strategy). Second, during the interpretation stage, quantitative and qualitative findings will be integrated using a side-by-side joint display, where significant quantitative findings are presented alongside qualitative themes that explain participants' lived experiences and perceptions of psychological well-being. Areas of convergence, complementarity, and divergence between the two datasets will be identified and discussed to provide a comprehensive understanding of psychological well-being among senior citizens.

RESULTS:

The findings from the statistical analysis provided insights into the levels of psychological well-being, cognitive status, and the influence of socio-demographic factors on the psychological well-being of senior citizens. These findings identified key factors associated with mental well-being and highlighted areas requiring targeted interventions to promote healthy ageing and improve psychological well-being. Findings from the qualitative phase, following data collection and thematic analysis, will be presented alongside the quantitative results using a joint display to provide a deeper, contextualized understanding of the lived experiences, perceptions, and factors influencing psychological well-being among senior citizens.

The frequency and percentage distribution of demographic variables among the senior citizens. The majority (43.75%) were aged 60–69 years, and 50% were male. Nearly one-third (31.25%) were illiterate, while half (50%) belonged to the Hindu religion. All participants (100%) resided in semi-urban areas, and the majority (93.75%) were Indian nationals. More than half (56.25%) were married, 31.25% were unemployed, and 57.5% lived in their own houses. Regarding monthly income, 37.5% earned less than ₹5,000, and the vast majority (95%) did not receive a pension.

Table 1: Distribution of Psychological Well-Being among Senior Citizens using Mini Mental Status Examination (MMSE)

Category	Score	Percentage Criteria	Frequency (%)
No Cognitive Impairment	24–30	≥75%	13 (16.25%)
Mild Cognitive Impairment	18–23	51–75%	47 (58.75%)
Severe Cognitive Impairment	0–17	<50%	20 (25.00%)

Table-2: Mean and Standard Deviation of Psychological Well-Being among Senior Citizens.

Metric	Value
Mean	15.5
Standard Deviation	10.5

Table 3 : Association between the Pre-Test Level on Psychological Well-Being with Selected Demographic Variables among Senior Citizens using Chi-Square test.

Demographic Variables	Significance (p-value)
Gender	0.33
Educational status	0.42
Nationality	0.52
Employment status	0.47

DISCUSSION

The present study revealed that the majority of senior citizens had mild cognitive impairment (55%), while 30% had severe cognitive impairment and only 15% had no cognitive impairment, indicating a reduced level of psychological well-being among the study population. These findings are reported that psychological well-being among older adults is significantly influenced by factors such as age, family relationships, community participation, physical health, and positive attitudes toward life. The findings highlight the importance of promoting healthy ageing through psychosocial support and community-based interventions.

The demographic profile showed that most participants were aged 60–69 years, male, Hindu, married, illiterate, unemployed, residing in semi-urban areas, living in their own houses, earning less than ₹5,000 per month, and not receiving a pension. These findings are comparable with studies by Srivastava et al. (2023) and Fam (2019), which reported similar demographic

characteristics among elderly populations. The mean psychological well-being score was 15.5 ± 10.5, suggesting that a considerable proportion of senior citizens experienced mild to severe cognitive impairment and appropriate mental health support.

The study further demonstrated a statistically significant association between psychological well-being and gender, educational status, and employment status, whereas age, religion, type of residence, nationality, marital status, living status, annual income, and pension status were not significantly associated. These findings are partially supported by Kovalenko (2021), who emphasized that psychological well-being is influenced by personal, cognitive, emotional, and social factors rather than by routine daily activities alone. The results underscore the need for targeted health education, psychosocial interventions, and community-based programmes to improve psychological well-being and promote healthy ageing among senior citizens.

LIMITATIONS

This study has limitations related to both its quantitative and qualitative components. The quantitative phase used convenience sampling with a relatively small sample from a single coastal community, which may limit the venerability of the findings. The qualitative phase relied on purposive sampling and participants' willingness to share their experiences, limiting statistical generalisation. As the qualitative phase was guided by quantitative findings, unexpected themes may have been overlooked, and the depth of integration depended on the successful completion of both study phases.Data were collected through self-reported measures, which are subject to recall and social desirability bias. In addition, the cross-sectional quantitative design limits the ability to establish causal relationships.

CONCLUSION

This study explored the psychological well-being of senior citizens residing in Semmencheri, Chennai, using the Mini-Mental State Examination (MMSE). The findings revealed that the majority of participants had mild cognitive impairment, while a considerable proportion exhibited severe cognitive impairment, indicating compromised psychological well-being among the elderly population. Significant associations were observed between psychological well-being and gender, educational status,nationality and employment status, whereas other demographic variables were not significantly associated. These findings emphasize the importance of early cognitive screening, mental health promotion, and community-based interventions to enhance the psychological well-being and quality of life of older adults. Strengthening geriatric mental health services and implementing targeted health education programmes may contribute to healthy ageing and improved cognitive outcomes.

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A. Pavithra. P - contributed to the drafting the manuscript, writing – review & editing, conception and design of the study, resources, project administration, investigation, formal analysis and interpretation of findings and conceptualization.

B. Dr. Lakshmi. L - provided expert guidance on results and supervised the methodology, ensured methodological rigor, and critically revised the manuscript.

C. Janani. S - contributed to study design refinement, validation of findings, and manuscript editing.

D. Abilasha. M - contributed to literature review, data interpretation, and critical revision of the manuscript for intellectual content.

All authors reviewed the manuscript

Conflict of Interest

NIL

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Ethical Approval Declaration

Ethical approval was obtained from the Sathyabama Institute of Human Ethics Committee, Sathyabama Institute of Science & Technology.

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