Quality of life, assertiveness, and personality dimensions in elderly men

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Summary

Study aim: To assess quality of life, assertiveness associated with aging personalities, and personality dimensions as related to age, highest level of qualification, and place of residence of elderly males.

Material and methods: Elderly (n = 1269) men were chosen from the clubs for the elderly from settlements in one of the poorest counties in Hungary. The sample was divided into groups according to their age (60-69 years old; 70 years old and above), education (primary, secondary/higher), and place of residence (village-town). Quality of life was assessed by Quality of Life – OLD (WHOQOL-OLD), assertiveness was measured by the Rathus assertiveness schedule, and personality characteristics were measured by the Big Five Questionnaire.

Results: Predominantly, relatively low levels of the quality of life, assertiveness, and personality of elderly males were noticed. In none of the scales, no significant gender- or education-related differences were found; however, men living in a town had higher (p<0.05) levels of Sociability (3.49 vs. 3.42), Emotions (3.01 vs. 2.94), Openness (3.18 vs. 3.08), and Conscientiousness (3.37 vs. 3.30) and lower levels of Self-efficacy (0.31 vs. 0.69) than those living in villages.

Conclusions: Age and level of education do not seem to have a meaningful effect on elderly men’s quality of life, assertiveness, and personality characteristics; however, elderly living in villages have fewer opportunities for successful aging.

Key words: Elderly man – Quality of life – Assertiveness – Personality dimensions

Introduction

As with other European countries, the proportion of children in Hungary has decreased and the number of elderly has increased over the past couple of decades. The population is steadily growing older, and this has resulted in difficulties in social and health care of the elderly. As the number of elderly increases, sufficient support in areas including health care, quality of life, attitude towards aging, and opportunities for social interaction is not guaranteed [14,15].

Advanced age is associated with predictable sensory, motor and cognitive changes, many of which have potential impact on an older person’s ability to function effectively [3]. The adequate care for elderly is a challenge, not only for the specialists in the area but also for the whole society. Successful aging can be achieved if there is an all-around positive attitude towards the aging process amongst the elderly. Successful aging includes 3 key behaviors that should be perpetuated as long as possible: low risk of diseases and disease-related functional disorders/disabilities, high levels of mental and physical functioning, and active engagement in everyday life [13]. The bio-psycho-social model of successful aging states that older persons can regulate subjective well-being (SWB) when personally and culturally valued goals are set and pursued [6]. SWB depends on the extent to which a person is able to satisfy psychological needs such as autonomy, competence, and relatedness. Personality factors play an important role in old people’s emotions, interpersonal and social characteristics and thus can contribute to different levels of health-related behavior. Gomez et al. [1] found that Neuroticism has the strongest predictive effect on SWB, it is predicted by negative life events, whereas Openness significantly relates to positive life events.

During aging, individuals have to cope not only with biological, physiological, and physical changes, but very often with mental and social change as well. Most of these health-related changes in the elderly are influenced by retirement, family members, loss of friends, loneliness, changes in social conditions, and loss of autonomy [7,12]. Biological and social factors can both be associated with increased susceptibility to chronic conditions, disability and comorbidity, which often result in reductions in quality of life (QOL) [18]. Health-related quality of life (HRQOL) includes physical, emotional, and social components that

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emerge in 5 broad factors of personality traits. These are the physical, psychological, social, cognitive, and well-being items.

Old age can be a creative and active phase of life if it involves challenges and if the elderly receive support from the social surroundings [5]. Two important dimensions of personality in the elderly tend to be activity and mood, both of which are strongly related to life-satisfaction. Assertive community treatment is known to be an effective method to prevent or treat the elderly population’s mental and social problems such as depressive symptoms, cognitive impairment, or different addictions [11]. Hence, the purpose of this study was to assess elderly men’s quality of life, attitude to aging, assertiveness associated with their aging personalities, and personality dimensions as regarding their age, education, and residence.

Material and Methods

Participants: Elderly men from relatively small settlements in one of Hungary’s poorest counties (Hajdú-Bihar County) were selected to take part in this study. Participants were contacted through the organized systems of clubs for the elderly. The number of registered elderly males in these clubs is currently 2617 in this county. It was our aim to contact every male person from these clubs. Eventually, 1269 autonomous old men took part in the examination (mean age = 70.2 ± 7.1 years). Participants were divided into groups by age, education, and place of residence (Table 1). Throughout the research process, consideration was given to protect the elderly, and the study was approved by the local ethical committee.

Table 1. Study sample as related to age, education, and residence (N=1269)

| Variable            | n   | %   |
|---------------------|-----|-----|
| Age group           |     |     |
| 60-69 years of age  | 682 | 53.7|
| 70 years of age and older | 587 | 46.3|
| Level of education  |     |     |
| Primary school      | 568 | 44.8|
| Secondary or High school | 701 | 55.2|
| Residence           |     |     |
| Small town          | 554 | 43.7|
| Village             | 715 | 56.3|

Methodology: Three types of questionnaires were employed in this study. After informing participants about the purpose and methods of this study, social pedagogy students enrolled in the Faculty of Child and Adult Edu-

cation at the University of Debrecen collected the data. They were instructed about their role in the process and the protocol of data collection.

Quality of life was examined by the WHOQOL-OLD questionnaire [9], which contains a 24-item, 6-facet test about perception; autonomy; sociability; activities of past, present and future; attitudes towards death; and intimacy. The WHOQOL-OLD is assessed by a 5-grade Likert scale.

The Hungarian version of the Rathus Assertiveness Schedule (RAS) was utilized to discover participants’ self-esteem, self-efficacy, and emotional and social skills [17]. Assertive behavior and social skills can be measured with a 30-item instrument. The overall value of this test ranges between -90 to +90 points, where a higher value is associated with higher assertiveness. The following 5 subscales can be computed in this test: uncertainty, self-esteem, emotions, self-efficacy, saying no, and personal relationships [16].

The personal characteristics of elderly were assessed by a 5-factor model (BQF) of the personality [2]. This test measures a person’s emotional status and interpersonal and motivational characteristics, which are assessed by 5-grade Likert scale. The main factors of the BQF measure the most important dimensions of personality: extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience [4].

Data analysis: Data were analyzed by SPSS 19.0 for Windows. Descriptive statistics, independent t-tests, discriminant analysis, and MANOVA were used in data analysis. The level of significance was set at $\alpha = 0.05$.

Results

The descriptive statistics of the quality of life, assertiveness, and personality questionnaires/tests are presented in Table 2. Through descriptive data of the WHOQOL-OLD subscales it can be observed that Autonomy, Activities for past, present and future, Sociability, and Intimacy all have moderately high values (mean values between 3.2 and 3.4). However, participants’ Perception and Dealing with Death values (2.4 and 2.5, respectively) were considerably lower. Considering the range of Rathus Assertiveness test, it can be seen that all the 5 subscales (Uncertainty, Emotion, Self-efficacy, Saying no, and Personal relationship) tend to be on a relatively small margin (mean values ranging from -0.3 to 2.7). In the BQF, only Neuroticism seems to have a relatively low value (mean = 2.4) as compared to the other subscales.

The between-group comparisons of the WHOQOL-OLD, Rathus Assertiveness Schedule, and BQF subscales as related to age, qualification, and living place are presented in Table 3. No significant differences in any of the
subscales related to elderly men’s age and highest level of qualification were noticed. However, elderly men living in a town have significantly higher values than those living in a village with regards to Sociability (p<0.05), Emotions (p<0.05), Openness (p<0.001), Conscientiousness (p<0.05), whereas elderly male living in a village have higher values of Self-efficacy than those living on a town (p<0.05).

Table 2: Mean (±SD) values and ranges of the Quality of Life Questionnaire (WHOQOL-OLD), Rathus Assertiveness Schedule and Big Five Questionnaire recorded in elderly men

| Questionnaire/Item Studied subjects (n=1269) |
|---------------------------------------------|
| WHOOLD QOL                                  |
| Perception 2.59±0.60 (1.5÷4.5)             |
| Autonomy 3.43±0.65 (1.3÷5.0)               |
| Activities Past, Present, and Future 3.28±0.65 (1.3÷5.0) |
| Sociability 3.45±0.65 (1.0÷5.0)            |
| Death 2.46±1.02 (1.0±5.0)                  |
| Intimacy 3.26±1.03 (1.0±5.0)               |
| Rathus Assertiveness Schedule              |
| Uncertainty 2.70±7.11 (-17.0÷40.0)         |
| Emotion (-9.0÷32.0)                        |
| Self-efficacy (-6.0÷6.0)                   |
| Saying no (-21.0÷28.0)                     |
| Personal relationships 1.89±3.61 (-9.0÷9.0) |
| Big Five Questionnaire                      |
| Neuroticism 2.40±0.57 (1.1÷5.8)           |
| Emotions 2.97±0.55 (1.2÷4.8)              |
| Openness 3.13±0.49 (1.6÷4.9)              |
| Agreeableness 3.35±0.38 (2.0÷4.8)         |
| Conscientiousness 3.33±0.49 (1.6÷4.9)     |

Results were also analyzed by Multivariate Analysis of Variance (MANOVA), the results of Wilks lambda (F=18670.3; p=.000) indicated that the proportion of generalized variance in the dependent variable was high, which was accounted for by the predictors. However, there were only 2 significant differences in our tests of between subjects effects: Self-efficacy (F=3.72; p<0.001) in the Rathus Assertiveness Schedule, and Openness (F=2.432; p<0.05) in BFQ. The relatively small differences between groups of elderly men may raise questions as to what the essential factors are that differentiate the aforementioned groups. Hence, discriminant analysis was performed for each grouping variable (age, education, and living place), but none of them produced meaningful results. According to Eigenvalues and canonical correlations, the functions explained very little of the variance; moreover, Wilks lambda indicated a very high proportion of the total variance, which is not explained by differences among groups.

Discussion

Quality of life, assertiveness, and personality dimensions were assessed in this study with elderly male participants in one very poor county in Hungary. Through descriptive results, one can conclude that the levels of quality of life, assertiveness, and personality characteristics tend to be generally low. One optimal method to improve these factors is through physical activity [15].

According to White et al. [18] self-esteem can be positively influenced by regular physical activity (PA). Also, PA directly influences self-efficacy, which can be associated with health status indicators. Health status, on the other hand, can be associated with global QOL. Lower levels of PA reduce elderly men’s QOL because autonomy and sociability seem considerably low. The WHOQOL-OLD questionnaire is recommended in daily practice to assess elderly Hungarian’s quality of life. The results of this study highlight the significance of physical and mental health in the development of an elderly person’s quality of life and assertiveness. Better health condition, better mood, and a better ability for self-care improve the QOL [16,22]. It is known that sensory impairments can be determined as we grow old, but it is improved in our study.

Quality of life was strengthened by values of attitude and better mood. The process of a successful and active aging is determined by the personal attitude or behavior [17]. Optimal mental health and assertiveness have positive impacts on all-around aging and improves the quality of life in the elderly [11]. It was proved in a study [6] that Neuroticism was more pronounced in old adults, but we did not find any differences in BFQ items neither by age group nor by level of education. Regarding self-esteem skills and expression of emotions, self-esteem seems to be the highest item, while the lowest was self-efficacy. There were no significant differences between age groups.
### Table 3. Mean values (±SD) of the Quality of Life Questionnaire (WHOOLD QOL), Rathus Assertiveness Schedule and Big Five Questionnaire as related to age, education and residence of the elderly men studied (n = 1269)

| Category | Age | Education | Residence |
|----------|-----|-----------|-----------|
|          | 60-69 years (n = 682) | >70 years (n = 587) | Primary (n = 568) | Secondary (n = 701) | Town (n = 554) | Village (n = 715) |
| WHOOLD QOL | | | | | | |
| Perception | 2.60 ± 0.62 | 2.59 ± 0.58 | 2.57 ± 0.59 | 2.61 ± 0.61 | 2.59 ± 0.60 | 2.60 ± 0.61 |
| Autonomy | 3.44 ± 0.65 | 3.42 ± 0.65 | 3.41 ± 0.66 | 3.44 ± 0.65 | 3.46 ± 0.64 | 3.41 ± 0.65 |
| Activities Past, Present, and Future | 3.27 ± 0.64 | 3.29 ± 0.66 | 3.27 ± 0.68 | 3.29 ± 0.63 | 3.32 ± 0.66 | 3.25 ± 0.65 |
| Sociability | 3.46 ± 0.66 | 3.44 ± 0.64 | 3.42 ± 0.68 | 3.48 ± 0.62 | 3.49 ± 0.63 | 3.42 ± 0.65* |
| Death | 2.46 ± 1.05 | 2.45 ± 0.98 | 2.44 ± 0.99 | 2.47 ± 1.04 | 2.50 ± 1.03 | 2.42 ± 1.01 |
| Intimacy | 3.22 ± 1.05 | 3.30 ± 1.01 | 3.25 ± 1.04 | 3.27 ± 1.02 | 3.27 ± 0.99 | 3.25 ± 1.06 |
| Rathus Assertiveness Schedule | | | | | | |
| Uncertainty | 2.56 ± 0.75 | 2.85 ± 7.19 | 2.47 ± 7.30 | 2.88 ± 6.96 | 2.56 ± 7.40 | 2.80 ± 6.89 |
| Emotion | 0.39 ± 3.46 | 0.42 ± 3.49 | 0.43 ± 3.52 | 0.39 ± 3.43 | 0.23 ± 3.40 | 0.54 ± 3.52 |
| Self-efficacy | -0.34 ± 3.00 | -0.28 ± 3.02 | -0.25 ± 3.01 | -0.37 ± 3.04 | 0.31 ± 3.61 | 0.69 ± 3.89* |
| Saying no | 0.61 ± 3.89 | 0.43 ± 3.64 | 0.55 ± 3.61 | 0.50 ± 3.91 | 0.31 ± 3.71 | 0.69 ± 3.89 |
| Personal relationships | 1.82 ± 3.65 | 1.98 ± 3.56 | 1.87 ± 3.64 | 1.91 ± 3.59 | 1.79 ± 3.71 | 1.97 ± 3.54 |
| Big Five Questionnaire | | | | | | |
| Neuroticism | 2.42 ± 0.59 | 2.38 ± 0.54 | 2.41 ± 0.56 | 2.40 ± 0.58 | 2.37 ± 0.58 | 2.43 ± 0.56 |
| Emotions | 2.97 ± 0.55 | 2.97 ± 0.55 | 0.43 ± 3.52 | 0.39 ± 3.43 | 0.30 ± 3.40 | 0.29 ± 3.52* |
| Openness | 3.13 ± 0.48 | 3.12 ± 0.49 | 3.14 ± 0.48 | 3.12 ± 0.49 | 3.18 ± 0.50 | 3.08 ± 0.47*** |
| Agreeableness | 3.34 ± 0.39 | 3.35 ± 0.37 | 3.34 ± 0.39 | 3.35 ± 0.37 | 3.33 ± 0.36 | 3.36 ± 0.39 |
| Conscientiousness | 3.32 ± 0.48 | 3.33 ± 0.49 | 3.32 ± 0.50 | 3.33 ± 0.47 | 3.37 ± 0.50 | 3.30 ± 0.47* |

Significantly different from respective value in town residents: * p<0.05; *** p<0.001

The stability of personal characteristics is a controversial theme in research. According to McCrae [12], the stability of personality is permanent; on the other hand, Srivastava [10] showed few changes among dimensions. In the opinion of Kopp and Skrabski [8], the development of personality does not stop after adulthood. Some development or slow change can happen in each personality dimension during our life. Extraversion encompasses specific traits such as talkativeness, assertiveness, and vitality. Agreeableness includes traits such as sympathetic, kind, and affectionate. Conscientiousness includes traits such as organized, thorough, and prepared. Neuroticism, sometimes reversed and called emotional stability, contains traits like tenseness, moodiness, and anxiousness. Openness to experience, sometimes called intellect or intellect/imagination, includes traits such as having wide interests, and imaginativeness and insightfulness. [2].

The most meaningful differences in this study can be highlighted when comparing quality of life, assertiveness, and personality dimensions between those elderly men living in towns and villages. Focusing on this parameter would be important to further explore because it seems to have a more meaningful and differentiated influence than age or highest level of qualification. The quality and quantity of social support services in different living places may have a significant impact on the way elderly live their lives as well.

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