

Mediating effects of resilience on health empowerment and quality of life among Chinese urban-dwelling elders

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INTRODUCTION

While the aging population is rapidly increasing globally, the elders face a number of negative outcomes, including function decline, poor physical health and poor mental health. In this scenario, healthy aging is regarded as the right of all human beings. Instead of increasing longevity, the focus of social policies has been changing to maintain or improve the elders' quality of life. According to the literature, empowerment could enhance resilience, and resilience has also been demonstrated as an important factor for quality of life. However, there is inadequate explanation of the role of resilience in the relationship between health empowerment and quality of life in Chinese urban-dwelling elders.

OBJECTIVE

This study aimed to confirm the relationship between health empowerment and Chinese urban-dwelling elders' quality of life, and to determine the mediating role of resilience.

METHOD

A cross-sectional survey was conducted on urban-dwelling elders aged 60 and above at three communities in China. Data were collected using a questionnaire comprising four sections (sociodemographic characteristics, the SF-8 Health Survey, the Elders Health empowerment Scale, and two-item Connor-Davidson Resilience Scale).

RESULTS

200 participants were finally recruited in this study. The mean scores of health empowerment, resilience and quality of life were 31.71 (SD=5.64), 7.25 (SD=1.93) and 71.11 (SD = 15.76), respectively. Health empowerment was positively related to quality of life ($P = 0.003$). The results of the correlation analysis showed that health empowerment was positively related to resilience ($P < 0.01$) and quality of life ($P < 0.01$). And there was positive correlation between resilience and quality of life ($P < 0.01$). Then, the mediating role of resilience in the relationship between health empowerment and quality of life was confirmed.

Table1 Hierarchical regression model of resilience

	Step 1			Step 2		
	B (SE)	β	P	B (SE)	β	P
Age	0.145(0.184)	0.058	0.431	0.079(0.162)	0.031	0.626
Gender	0.007 (0.284)	0.002	0.981	-0.149(0.250)	-0.039	0.551
Living arrangement	0.041(0.160)	0.019	0.797	0.075(0.141)	0.034	0.597
Highest education	0.414(0.304)	0.101	0.176	0.205(0.268)	0.050	0.445
Religious belief	-0.606(0.450)	-0.100	0.180	-0.051(0.401)	-0.009	0.898
Health empowerment				0.168(0.022)	0.491	0.000
R ²	0.030			0.257		
ΔR^2	0.030			0.227***		

B unstandardized coefficient; SE standard error; β standardized coefficient;

*** $P < 0.001$

Table 2 Hierarchical regression model of quality of life

	Step 1			Step 2			Step 3		
	B (SE)	β	P	B (SE)	β	P	B (SE)	β	P
Age	-3.223(1.457)	-0.157	0.028	-3.451 (1.430)	-0.168	0.017	-3.580 (1.410)	-0.174	0.012
Gender	-4.314 (2.247)	-0.137	0.056	-4.850 (2.209)	-0.154	0.029	-4.607 (2.179)	-0.146	0.036
Living arrangement	1.049 (1.268)	0.058	0.409	1.164 (1.244)	0.064	0.351	1.042 (1.226)	0.057	0.397
Highest education	2.728 (2.408)	0.082	0.259	2.013 (2.372)	0.060	0.397	1.677 (2.341)	0.050	0.475
Religious belief	-6.158 (3.561)	-0.125	0.085	-4.253 (3.548)	-0.086	0.232	-4.169 (3.496)	-0.085	0.235
Health empowerment				0.578 (0.194)	0.207	0.003	0.304 (0.218)	0.109	0.165
Resilience							1.633 (0.627)	0.200	0.010
R ²	0.086			0.126			0.156		
ΔR^2	0.086 **			0.040***			0.030 ***		

B unstandardized coefficient; SE standard error; β standardized coefficient;

** $P < 0.01$; *** $P < 0.001$

CONCLUSIONS

Resilience plays a mediating role in the relation of health empowerment and quality of life. To effectively promote quality of life in older people, health empowerment and resilience should be considered when developing health interventions.

References:

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