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11. ETHNICITY AND QUALITY OF LIFE

INTRODUCTION

As Gabriel and Bowling (2004) note, the concept of quality of life (QoL) is used to refer to both macro (societal, objective) and micro (individual, subjective) definitions. Bowling (2004) distinguished eight different models of QoL within these two broader categories: objective standard of living; health and longevity; satisfaction of human needs; life satisfaction and psychological well-being; social capital; ecological and neighbourhood resources; health and functioning; cognitive competence, autonomy, self-efficacy; etc.; and values, interpretations, and perceptions. Within the research on ethnicity and QoL in old age this same diversity is evident and there is less research available. Recently, Moriarty and Butt (2004) noted that very little of the work on QoL has focused on people from minority ethnic groups. Furthermore, the literature on ethnicity includes a large number of different ethnic and subcultural groups within many different host nations. These two factors, the relatively few studies focusing in the area, together with the fact that those that do often deal with different ethnic groups in different countries, mean there is insufficient research to draw international conclusions on ethnic groups generally or on particular ethnic groups.

With these caveats there is nevertheless a body of research that focuses on ethnicity and on particular ethnic groups within Western societies. This chapter reflects on that research in terms of QoL in old age and raises questions for future research. The chapter begins by narrowing the focus to QoL studies that deal with subjective social indicators of life satisfaction and psychological well-being. It then discusses findings relating to ethnic groups generally, i.e. similarities and differences between majorities and minorities, with the latter being viewed as a single group. This is followed by an examination of correlates of QoL among particular ethnic groups, with the older Chinese people living in Canada as an illustrative example. Finally, issues encountered in ethnic studies that make achieving valid data especially difficult (such as the general confounding of ethnicity with socio-economic status in the empirical world) are described.

NARROWING THE FOCUS

Narrowing research on QoL to subjective social indicators such as life satisfaction and psychological well-being does not remove the problem of multiple terms with variations in meaning and a whole host of different indicators. Subjective social indicators include, for example, studies on morale, self-esteem, individual fulfilment and happiness, subjective well-being, and overall well-being (Walker, 2005; 179

Veenhoven, 1999). Much of the gerontological literature has focused largely on the cognitive component of life satisfaction and its many domains (including but not exclusive to: family, social relationships, finances, leisure, spirituality, and health). The popularity of life satisfaction has been noted by Westerhof et al. (2001). When used as a measure of successful ageing, two-thirds of the studies in a meta analysis of the correlates of subjective well-being in old age chose life satisfaction (Pinquart and Sorenson, 2000). This gerontological focus has a long-standing history, particularly in the USA, which contrasts somewhat with a European focus within QoL on decline and disability, and therefore health (Gabriel and Bowling, 2004).

Subjective well-being refers to a person’s evaluative reactions to his or her life – either in terms of life satisfaction (cognitive evaluations) or affectivity (ongoing emotional reactions). The domains of QoL are relatively consistent across a variety of measures and include family and other relationships, emotional well-being, social activities, personal health and health of others, finances and standard of living, independence, religion and spirituality (Brown et al., 2004), as well as satisfaction with life as a whole (Diener and Diener, 1995; Argyle et al., 1989). Not surprisingly, health and functioning are more important for older people than for younger adults. Gabriel and Bowling (2004) derive similar domains from in-depth interviews with older people and open-ended survey questions to older people, namely social relationships, finances, and activities.

Subjective well-being is important to study both because of its inherent value (people’s experiences, where they live their lives) and because of what Walker (2005) refers to as the apparent paradox between positive subjective evaluations expressed by so many older people while living under objectively adverse conditions including poverty and poor housing. In Canada, for example, more than three-quarters of all older people living at home report being diagnosed with at least one chronic condition (the most common of which is arthritis or rheumatism), and approximately one-third suffer from some functional disabilities; diseases that impair cognition, specifically dementia, increase with age. However, subjective perceptions of physical health do not decline with age (more than three-quarters of older people rate their health as good, very good, or excellent). Those aged 75 and over are three times more likely than 18–19-year-olds to score high on a measure of sense of coherence (a view that the world is meaningful, events are comprehensible, and challenges are manageable) (Chappell et al., 2003). Gitelman (1976) reports that, in a study of black and Jewish aged poor in the USA, Jewish respondents had objectively better lives but were less satisfied than older black people. As is evident from the following section, this same disparity between objective living conditions and subjective experiences of the quality of their life is evident among older people of ethnic groups as well.

**RACE/ETHNICITY**

Race, ethnicity, and minority refer, within gerontology, to individuals who live in a country where the majority of the population is from a different race, or ethnic or cultural background, than that of the individual. Conceptually, researchers often