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(KReIS)

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# Level of Life Satisfaction and Health Status in the Older People: Using the Korean Retirement and Income Study(KReIS)

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**Subject** Social Welfare, Health Economics

**Key words** KReIS, Life Satisfaction, Mental Health, Physical Health, Disabilities, Elderly

**Summary** Given the nature of health conditions it seems so obvious at a first glance that one's health status activities should contribute to his/her life satisfaction. Indeed, recent research has found positive effects of health status on objective or subjective life satisfaction. This study focused on analyzing the association between physical and mental health of the elderly and their life satisfaction based on the longitudinal data. This analysis uses data from eight waves of the 1<sup>st</sup> to 8<sup>th</sup> Korean Retirement and Income Study (KReIS), a large, randomly sampled longitudinal study of older adults (aged 50 and over across the observation period). The results indicate that disabilities and both physical and mental health variables contribute positively to life satisfaction. Social and economic policies can possibly reduce the difficulties are important interventions that can support successful aging.

## I. Introduction

Perhaps one of the most remarkable demographic changes since the late 20th centuries is the progressive aging of the population. In all countries, the older generation is growing faster than its younger segment. In particular the South Korea's aging population has shown an average annual increase of 4.4% during the past 10 years and it is 1.7 times faster than the OECD average of 2.6%. The ratio of the aged population, currently ranked 29th in the OECD, is expected to soar to 33.4% of the domestic population in 2041, ranks first among the OECD countries, according to

the Korea Economic Research Institute which analyzed OECD statistics from 1970 to 2018(2021). Such a velocity of aging can cause deterioration of health and further issues in the supply and demand of care services for the old population in a society.

According to the 2016 Aging Research Panel Survey, among the elderly respondents 80.5% had chronic diseases and 39.0% said their health was not in good shape (Korea Employment Information Service, 2016). In other words, the majority of the elderly in Korea have appeared to be struggling with their unhealthy conditions. Undesirable health conditions in old age may cause the deterioration of physical and cognitive functions due to aging, which inevitably affects the level of life satisfaction. (Hsu, 2009; St. John and Montgomery, 2010). A number of gerontological literature have investigated the relationship between health status and life satisfaction in old age. The association between health and life satisfaction was often highlighted and focused on its correlation (Berg et al., 2009; Borg et al., 2008, 2010) and/or causality (Dumitrache et al., 2017, 2018; Gana et al., 2013). Ongoing investigations in general confirmed that the better the quality of health status in old age, the higher the life satisfaction they own. In particular, the subjective health status was found to be a variable that has a strong influence on life satisfaction in old age (Park, 2011; Huh and Kim, 2011; Diener et al., 1999). Although previous findings on this subject have reported relatively consistent results, it still appears that measurement in health status and establishment of such a structural relationship between health status and life satisfaction in old age have reported mixed results (Doiron et al., 2014; Wang et al, 2022; Hyder et al, 1998).

The primary aim of this paper is to analyze the effect of health on life satisfaction among the elderly in the South Korea, using the longitudinal panel data set. Since cross-sectional data set investigates multiple individuals at a specific point in time, only static relationships between variables can be estimated, but in the panel data nature, dynamic relationships can be estimated because individuals are repeatedly observed.

## II. Research Review: The effect of health status on life satisfaction

### 1. The concept of life satisfaction in old age

Life satisfaction can be defined as the level of one's satisfaction and desire that an individual feels throughout his or her life. As a comprehensive concept containing an emotional state of one's happiness, relevant research began in the 1970s(Easterlin,

2003). Life satisfaction is a subjective factor affecting one's well-being and can be thus measured with subjective instruments that focuses on individual judgment rather than verifying or providing an objective level on important areas of life for an individual. including (Pavot and Diener, 2008; Kang and Park, 2008), Partially sharing the construct concept with quality of life or happiness (Medvedev and Landhuis, 2018).

In a study by McAdams et al(2012), life satisfaction showed a gradual increase after the age of 65, and then sharply increased from the mid-70s and later showed a sharp decline. In contrast, the 13-year study of the German Socio-Economic Panel (GSOEP) by Gwozdz and Sousa-Poza(2010), observed a U-shaped curve, but after entering older period, it had rapidly showed a declining pattern. Thus, it is confirmed from the prior studies that there can be various trajectories in life satisfaction in old age and the result depends on the measurement period or the setting of the study subject(Gwozdz and Sousa-Poza, 2010).

## 2. Life satisfaction and demographic variables in old age

Among individual specific variables, the level of education has been shown to be related to life satisfaction in old age in previous literatures. It is reported to be related to the higher education level, the higher the life satisfaction(Kwon and Jo, 2000; Bae and Park, 2009; Ng et al., 2017). Also, the empirical findings from prior studies identified the relationship between gender and life satisfaction. For example, women showed a higher level of life satisfaction than men(Park, 2004; Kim and Choi, 2011; Kim and Huh, 2011; Ng et al., 2017) and men had higher life satisfaction than women(Borg et al., 2006; Borg et al., 2008). However, the final conclusion was still vague and, in some studies, gender differences were not significant in the regression model(Cha and Kim, 2012; Pinto and Neri, 2013).

In addition, the relationship between age and life satisfaction in older age is also vague and did not show a consistent result. the older population showed high life satisfaction in some cases(Prenda and Lachman, 2001; Jeong, 2003; Jeong and Lee, 2011), while other studies showed the lower life satisfaction with increasing age(Meléndez et al., 2009) or reported insignificant differences by age(Pinto and Neri, 2013). Finally, when it comes to the relationship between life satisfaction in old age and socio-economic variables, it is found to have a positive effect on satisfaction. In addition, the previous studies showed that the life satisfaction of the elderly showed a non-linear trend of slightly increase and then slightly decrease over time(Want et al,

2022).

### 3. Health status and life satisfaction in old age

One of the earlier results on the self-rated health status found the relationship between subjective well-being and age seems equivocal(Horley and Lavery, 1995). This issue was addressed by their cross-sectional and longitudinal studies. In the first, a cross-sectional design with over 1000 participants revealed a positive association between well-being and age, with age as the most significant predictor of well-being and age, with age as the most significant predictor of well-being using multiple regression analysis. A longitudinal study found less stability in well-being than has been found in the past. Differential age experiences and access to available resources were considered as an important key to explain the results.

Another study done by Borg et al(2006, 2008) targeted the elderly with decreased ability to perform their daily living across the six European countries. Their result showed that overall self-reported health has the strongest explanatory power for life satisfaction. In addition, according to a study by Berg et al(2009) targeting the older elderly over 80 years of age, there was a negative association between an individual's chronic diseases and life satisfaction.

However, Bowling et al(1997) divided the three groups by age and region and examined the relationship between health status and life satisfaction in old age. The result showed that after controlling for age and region among the elders there was no change in the deterioration of health in the elderly group with decreased life satisfaction within 3 years. This bonding relationship was larger in the 85-year-old group than in the 65-85-year-old group. Berg et al(2006) also examine the relationship between health-related factors and life satisfaction among individuals 80 and above. They found that objective health measures have no significant effect on life satisfaction, whereas perceived health has a moderate effect.

Another recent research done by Berglund et al(2016) also demonstrated that as well as self-rated health conditions, financial situation and social networks are important components for frail older people's life satisfaction. Health and social care professionals and policy makers should consider the importance of social supports for them in the care and service for frail older people.

In addition, there has been an old issue on the relationship between subjective and objective health(Wu et al., 2013; Kaplan et al., 1988). Some studies reported that the

elderly perceived their health in positive terms and tended to over-estimate their health(Maddox, 1962; Ferraro, 1983; Cockerham et al., 1983), while other studies found that old people tended to report poorer health than others who were with similar objective health conditions(Ferraro, 1983; Mitrushina and Satz, 1991; Fillenbaum, 1979).

### III. Data and Methodology

#### 1. Data

This analysis utilized the data from the Korean Retirement and Income Study (KReIS) which begun in 2005 and repeated biannually; currently 8 waves are available in total. It collects individual data for a representative sample of private households and persons in Korea from respondents aged 50 and above. It is the disproportionate panel without time gap where each subject has a different data coverage period, but no time gap.

The core questions that the survey asks older respondents annually cover a broad range of topics, including demographic aspects, economic resources and expenditures in household, health, basic orientations and satisfaction with life.

#### 2. Sample

In order to examine how the changes in the subjective health status of middle-aged and elderly people affect the changes in life satisfaction. All the 8 waves of the KReIS survey are analyzed (2005~2019). The National Retirement and Income Panel Survey is a survey to establish basic data necessary for policies related to retirement income security in Korea. It is a survey targeting households with members aged 50 or older and individuals aged 50 or older who belong to the household. The first survey was conducted in 2005, the main survey was conducted in odd years, and additional surveys were conducted in even years. In order to achieve the purpose of this study, middle-aged and elderly respondents aged 50 or older who participated in the survey were extracted.

### 3. Variables and Hypotheses

The dependent variable is the level of the overall life satisfaction perceived by the respondents. The list of independent variables includes subjective health status (physical and mental health), and the exogenous variables are gender, age, education level, whether or not living with their spouse together, and household income, which are expected to affect their causal relationship.

Hypothesis 1: There are differences in subjective health and disability according to sociodemographic variables (gender, age, education level, presence of spouse).

Hypothesis 2: There is a difference in subjective health and disability according to financial variables (household adjusted income).

Hypothesis 3: Even when external variables are controlled over time, the influence of sociodemographic and financial variables on health variables still exists.

<Table 1> Variable list for this study

Independent Var	Character	Description
Gender	Dichotomous	Men (1), Women (0)
Age	Continuous	
Age quintile	Categorical	50~59 (1), 60~64 (2), 65~69 (3), 70~74 (4), 75 and over (5)
Education quintile	Categorical	No Edu (1), Elementary (2), Middle (3), High (4), College and over (5)
Living with Spouse	Dichotomous	Yes (1), No (0)
Yearly household income	Continuous	Thousand won(unit)
Disability	Dichotomous	Yes (1), No (0)
Physical Health	Categorical	Very bad (1), bad (2), middle (3), good (4), very good (5)
Mental Health	Categorical	Very bad (1), bad (2), middle (3), good (4), very good (5)
Dependent Var		
Overall life satisfaction	Categorical	Very unsatisfactory (1), unsatisfactory (2), middle (3), satisfactory (4), very satisfactory (5)

#### 4. Research method

This study plans to utilize ANOVA, ANCOVA, and the panel regression analysis to examine the effects of changes in health status on life satisfaction of middle-aged and older people. The panel regression approach enables the analysis of predictive factors that explain the average change of individuals over time and the differences between individuals of the change. This study was analyzed using STATA 17.0.

### IV. Results

#### 1. Demographic characteristics of the older respondents

<Table 1> Older respondents' average life satisfaction level by age blankets from wave 8

		Age blanket					Total	F
		50~59	60~64	65~69	70~74	75+		
Gender	Men	-	3.385	3.503	3.455	3.293	3.386	31.96***
	(SD)	-	0.636	0.627	0.613	0.625	0.629	
	Women	3.465	3.455	3.405	3.295	3.142	3.274	
	(SD)	0.663	0.583	0.625	0.616	0.655	0.645	
Education	No Edu	3.000	3.375	3.238	3.217	3.049	3.082	47.94***
	(SD)	0.000	0.517	0.700	0.595	0.663	0.656	
	Elementary	3.350	3.372	3.312	3.306	3.177	3.248	
	(SD)	0.587	0.613	0.622	0.630	0.647	0.638	
	Middle	3.333	3.427	3.491	3.342	3.267	3.371	
	(SD)	0.761	0.595	0.591	0.663	0.614	0.626	
	High	3.555	3.473	3.547	3.470	3.347	3.459	
	(SD)	0.652	0.587	0.607	0.556	0.602	0.598	
	College +	4.000	3.558	3.531	3.603	3.446	3.526	
	(SD)	0.000	0.589	0.733	0.524	0.627	0.624	
Spouse	No(0)	3.125	3.202	3.217	3.188	3.118	3.148	168.18***
	(SD)	0.834	0.540	0.635	0.613	0.654	0.640	
	Yes(1)	3.500	3.486	3.509	3.431	3.276	3.405	
	(SD)	0.639	0.595	0.610	0.608	0.633	0.624	
Disability	No(0)	3.493	3.449	3.462	3.383	3.216	3.334	46.64***
	(SD)	0.612	0.600	0.616	0.614	0.644	0.636	
	Yes(1)	2.666	3.210	3.225	3.126	3.005	3.084	
	(SD)	1.527	0.418	0.733	0.627	0.663	0.669	
Total		3.465	3.439	3.446	3.362	3.199	3.315	34.00***
	(SD)	0.663	0.595	0.627	0.619	0.648	0.642	

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

<Table 1> shows the demographic characteristics of older respondents by their age categories: 50~59, 60~69, 70~79, 80+. The result indicates that, in terms of the age blanket, the younger cohort tends to self-report higher level of life satisfaction scores on average ( $F=34.00$ ,  $\text{Prob}>F=0.0000$ ). In terms of gender, older women are more likely to report the lower level of life satisfaction when it compares to the male counterparts ( $F=31.96$ ,  $\text{Prob}>F=0.0000$ ). In the education quintile which is a categorical variable (1=No education, 5=College and more), It was found that the lower the education level, the lower the life satisfaction. However, the aging of the group with a high level of education has worsened their life satisfaction. With regards to spouses, the group living with spouses showed significantly higher life satisfaction. Furthermore, people with disabilities reported lower life satisfaction than those without disabilities.

## 2. Health status and overall life satisfaction of the older respondents

### 1) The level of overall life satisfaction by physical health status

<Table 2> Means, Standard Deviations and Frequencies of the overall life satisfaction: By gender and physical health status

		By Physical Health Status					
		Very bad(1)	Bad(2)	Middle(3)	Good(4)	Very good(5)	Total
Men	Mean	2.690	3.174	3.398	3.644	3.857	3.386
	SD	0.887	0.621	0.542	0.545	0.478	0.629
	N	71	454	595	503	21	1644
Women	Mean	2.594	3.098	3.354	3.632	3.647	3.274
	SD	0.717	0.625	0.544	.539	0.701	0.645
	N	185	1015	982	613	17	2812
Total	Mean	2.621	3.121	3.370	3.637	3.763	3.315
	SD	0.767	0.624	0.543	0.542	0.589	0.642
	N	256	1469	1577	1116	38	4456
Gender	F	4.09		Prob>F	0.0431		
Physical Health	F	188.43		Prob>F	0.0000		
Gender*Physical	F	0.71		Prob>F	0.5828		
Model	R-sq	0.1690		Adj R-sq	0.1673		

The above <Table 2> shows the mean values, standard deviations and frequencies of the overall life satisfaction variable by the respondents. The model is summarized with their gender and physical health status (1: very unsatisfactory, 5: very satisfactory). The explanatory power of the model is reported to about 16.73%. of the total variation of the overall life satisfaction.

<Table 3> Mean differences in overall life satisfaction according to physical health

	Classification	N	Mean	Std. dev	F	Prob>F
Physical health	Very bad(1)	256	2.621	0.767	223.32***	0.0000
	Bad(2)	1,469	3.121	0.624		
	Middle(3)	1,577	3.370	0.543		
	Good(4)	1,116	3.637	0.542		
	Very good(5)	38	3.763	0.589		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

<Table 3> in the above indicates that, statistically, there is a significant mean difference in the average score of life satisfaction due to the respondents' physical health status. The ANOVA result clearly indicates that the physical health had a significant effect on the overall life satisfaction of elderly respondents aged 50 and over. It is also confirmed that the lower the level of physical health, the lower the life satisfaction, In addition, the multiple t-tests between each group as a post-hoc analysis found a significant mean difference in all combinations of 10 average comparisons ( $p < .001$ )

## 2) The level of overall life satisfaction by mental health status

<Table 4> Means, Standard Deviations and Frequencies of overall life satisfaction: By gender and mental health status

		By Mental Health Status					Total
		Very bad(1)	Bad(2)	Middle(3)	Good(4)	Very good(5)	
Men	Mean	2.363	2.964	3.311	3.565	3.848	3.386
	SD	0.726	0.678	0.561	0.568	0.533	0.629
	N	22	198	658	700	66	1644
Women	Mean	2.400	2.898	3.234	3.488	3.708	3.274
	SD	0.693	0.659	0.575	.584	0.700	0.645
	N	60	414	1213	1053	72	2812

		By Mental Health Status					
		Very bad(1)	Bad(2)	Middle(3)	Good(4)	Very good(5)	Total
Total	Mean	2.390	2.919	3.261	3.519	3.775	3.315
	SD	0.698	0.666	0.571	0.579	0.628	0.642
	N	82	612	1753	1753	138	4456
Gender	F		2.90		Prob>F	0.0886	
Mental Health	F		172.14		Prob>F	0.0000	
Gender*Mental	F		0.26		Prob>F	0.9059	
Model	R-sq		0.1521		Adj R-sq	0.1504	

The above <Table 4> reports the mean values, standard deviations and frequencies of the overall life satisfaction variable by the older respondents and The results showed how well the model can be explained by gender and mental health status (1: very unsatisfactory, 5: very satisfactory). The explanatory power of the model is reported to about 15.21%. of the total variation of the overall life satisfaction.

<Table 5> Differences in overall life satisfaction according to mental health status

	Classification	N	Mean	Std. dev	F	Prob>F
Physical health	Very bad(1)	1,491	2.296	0.775	3535.86***	0.0000
	Bad(2)	8,186	2.765	0.672		
	Middle(3)	16,378	3.110	0.571		
	Good(4)	17,716	3.512	0.594		
	Very good(5)	1,850	3.784	0.625		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Furthermore, <Table 5> explains that psychological health status of the elderly respondents has the significant effects on the level of their overall life satisfaction. The results confirmed that the higher the psychological health level, the higher the life satisfaction.

### 3. Regression Results

<Table 6 > Pooled OLS regression of overall life satisfaction: 2005~2019

Variables		Model 1: physical health status		Model 2: mental health status	
		Coef.	Robust S.E.	Coef.	Robust S.E.
Sex (base: female)	Male(1)	-0.037***	(0.007)	-0.148*	(0.007)
Age		0.003***	(0.000)	0.001***	(0.000)
Education (base: no education)	elementary	0.054***	(0.009)	0.042***	(0.009)
	middle school	0.068***	(0.010)	0.056***	(0.011)
	high school	0.093***	(0.011)	0.093***	(0.011)
	college and above	0.163***	(0.014)	0.174***	(0.015)
Living with spouse	Yes(1)	0.114***	(0.007)	0.113***	(0.007)
household income(log)		0.106***	(0.003)	0.106***	(0.003)
Disability	Yes(1)	-0.101***		-0.150***	(0.010)
Physical/Mental health(base: very bad)		0.279***	(0.003)	0.309***	(0.003)
Year 2007(base: 2005)		0.018	(0.010)	0.051***	(0.013)
Year 2009		0.050***	(0.011)	0.043***	(0.013)
Year 2011		0.053***	(0.011)	0.102***	(0.013)
Year 2013		0.023	(0.011)	0.085***	(0.013)
Year 2015		0.047***	(0.012)	0.119***	(0.013)
Year 2017		0.061***	(0.011)	0.131***	(0.013)
Year 2019		0.101***	(0.012)	0.162***	(0.014)
Constant		1.010***	(0.047)	0.847***	(0.050)
Observations(n)		38,968		38,968	
Adjusted R-squared		0.2578		0.2746	
Prob>F		0.0000		0.0000	

Note: Standard errors in parentheses, \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$ , \*  $p < 0.1$

<Table 6> shows a pooled OLS analysis of the effects of physical and mental health status on individuals' overall life satisfaction using longitudinal data(2005~2015).

Multiple regression model is used in this paper to identify the major determinants of life satisfaction in older age across the time. Several important independent variables including owning disability experiences, economic resources, demographic variables (gender and age), and education quintile variable are employed in the regression in order to control for the omitted variable bias. The results showed that Model 1 and Model 2 both are statistically significant that older individuals' physical and mental health status has a positive (+) effect on overall life satisfaction, even after controlling for socio-demographic variables such as sex, age, level of education.

<Table 7> Random effects GLS regression of overall level of life satisfaction: 2005~2019

Variables		Model 1: physical health status		Model 2: mental health status	
		Coef.	Robust S.E.	Coef.	Robust S.E.
Sex (base: female)	Male(1)	-0.030***	(0.009)	-0.012***	(0.009)
Age		0.001***	(0.000)	0.000***	(0.000)
Education (base: no education)	elementary	0.058***	(0.012)	0.048***	(0.012)
	middle school	0.079***	(0.014)	0.071***	(0.014)
	high school	0.114***	(0.014)	0.117***	(0.014)
	college and above	0.196***	(0.019)	0.206***	(0.019)
Living with spouse	Yes(1)	0.091***	(0.009)	0.094***	(0.009)
household income(log)		0.096***	(0.003)	0.094***	(0.003)
Disability	Yes(1)	-0.095***		-0.140***	
Physical/Mental health(base: very bad)		0.248***	(0.003)	0.274***	(0.003)
Year 2007(base: 2005)		0.029*	(0.009)	0.058***	(0.012)
Year 2009		0.068***	(0.009)	0.058***	(0.012)
Year 2011		0.075***	(0.010)	0.115***	(0.012)
Year 2013		0.045***	(0.010)	0.096***	(0.012)
Year 2015		0.068***	(0.011)	0.128***	(0.013)
Year 2017		0.083***	(0.011)	0.141***	(0.013)
Year 2019		0.120***	(0.012)	0.170***	(0.014)
Constant		1.292***	(0.061)	1.156***	(0.060)
Observations		38,968		38,968	
R-squared	Within	0.0843		0.1014	
	Between	0.4382		0.4660	
	Overall	0.2573		0.2741	
Prob> chi2		0.0000		0.0000	

Note: Standard errors in parentheses, \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$ , \*  $p < 0.1$

The above <Table 7> is the result of a panel analysis of the effects of physical and mental health status on individuals' overall life satisfaction using a random effect model. First of all, all the result in all the models is statistically significant. Individuals' disability and physical health variables have a positive (+) effect on their overall life satisfaction, after controlling for socio-demographic variables such as sex, age, level of education, existence of spouse, and naturally logged household annual income. In other words, when the average health status of each elderly person increases by 1%, their overall life satisfaction (out of 5 points) increases by 0.26% points. Furthermore, similar results were also derived in Models 2. While the average level of the elders' mental health status increases by one unit, their life satisfaction significantly increases by 0.274 points.

## V. Summary and Conclusion

This study found that physical and mental health had a significant effect on overall life satisfaction of elderly respondents (aged 50 and over) across the time(2005~2015). It is confirmed that the lower the level of physical health, the lower the life satisfaction as with previous research results(Abu-Bader et al., 2003; Berg et al., 2009; Gana et al., 2013). In particular, it is confirmed that the higher the psychological health level, the higher the life satisfaction(Shmotkin et al., 2014). In addition, as a result of performing multiple t-tests between each group as a post-hoc analysis, a significant mean difference was reported in all combinations in a total of 10 average comparisons.

The result indicate that, in terms of the age blanket, the younger cohort tends to self-report higher level of life satisfaction scores on average ( $F=34.00$ ,  $\text{Prob}>F=0.0000$ ). The findings indicate that the older cohorts are less likely to cope with increasing levels of stresses compared to their younger counterparts and it was not a consistent with the previous case which may have viewed old age as a time of resilience and fortitude(Hamarat et al., 2002). In terms of gender, older women are more likely to report the lower level of life satisfaction when it compares to the male counterparts ( $F=31.96$ ,  $\text{Prob}>F=0.0000$ ). In the education quintile which is a categorical variable (1=No education, 5=College and more), It was found that the lower the education level, the lower the life satisfaction. On the contrary, it is shown that the aging of the group with a high level of education has worsened their life satisfaction. With regards

to spouses, the group living with spouses showed significantly higher life satisfaction. Furthermore, people with disabilities reported lower life satisfaction than those without disabilities.

Finally, in the panel regression estimation, disability experience, possession of economic resources, gender and age, and education level, which control the relationship between health variables and life satisfaction, were included in order to control for the omitted variable bias. There may be differences in life satisfaction among the elderly by age group, but in this study, only the change in life satisfaction of the elderly over 50 years of age groups was verified, and differences in life satisfaction change by age within the elderly group were not observed. Follow-up research needs to explore differences in life satisfaction by age group in the elderly through multi-group longitudinal study analysis by age group.

In conclusion, this study demonstrates that financial situation, self-rated health conditions and disability are important components for relatively young older people's life satisfaction. Health and social care professionals and policy makers should consider this knowledge in the care and service for frail older people; and actions that benefit life satisfaction(Wilhelmson, 2013).

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## 국민노후보장패널자료(KReIS)를 활용한 고령자의 건강 및 삶의 만족도 분석

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**주제어** 국민노후보장패널(KReIS) 삶의 만족도, 정신 건강, 신체 건강, 장애, 노인

**요약문** 중고령자의 건강 상태의 속성을 감안할 때, 건강 상태 활동이 삶의 만족에 기여해야 한다는 주장은 언뜻 보기에 명확해 보인다. 최근 발표 관련 임상연구들에 따르면 건강 상태가 객관적 또는 주관적인 삶의 만족도에 긍정적인 영향을 미친다는 사실이 밝혀진 바 있다. 본 연구는 중고령자들의 종단적 패널데이터를 기반으로 이들의 신체적, 정신적 건강과 삶의 만족도 간의 연관성을 분석하는 데 초점을 맞췄다. 중고령자(관찰 기간 동안 50세 이상)를 대상으로 무작위로 표본을 추출한 대규모 종단 연구인 1차에서 8차 노후보장패널 (KReIS)의 8개 wave의 데이터를 활용한 분석 결과는 장애와 신체적, 정신적 건강 변수가 삶의 만족도에 긍정적으로 기여하고 있음을 보여주고 있다. 장애 소유여부, 삶의 만족 수준을 고려한 중고령자 건강 관련 정책적 개입은 이들 집단의 성공적인 노화를 지원할 수 있을 것이다.

접 수 일 : 2023년 10월 16일

심사완료일 : 2023년 11월 14일

게재확정일 : 2023년 11월 14일