



Original Article

Quality of Life in Community-Dwelling Elderly Individuals: Associations with Sense of Coherence and Perceived Social Support

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Abstract:

Healthy ageing involves understanding the psychosocial resources associated with well-being in later adulthood. The present study examined the relationships among perceived social support, sense of coherence, and quality of life among community-dwelling elderly individuals. A quantitative cross-sectional research design was employed on a sample of 145 elderly individuals residing in Vadodara, Gujarat. Data were collected using the Sense of Coherence Scale (SOC-13), Medical Outcomes Study Social Support Survey (MOS-SSS), and WHOQOL-OLD. Descriptive statistics, Spearman's rank-order correlation, and multiple linear regression analyses were conducted using SPSS version 23.0. The findings revealed significant positive associations among perceived social support, sense of coherence, and quality of life. Sense of coherence significantly predicted quality of life, whereas perceived social support did not emerge as a significant independent predictor after controlling for sense of coherence. The findings highlight the importance of psychosocial resources, particularly adaptive coping orientation, in understanding quality of life among community-dwelling elderly individuals.

Keywords: *Sense of Coherence, Perceived Social Support, Quality of Life, Elderly, Community-Dwelling Older Adults.*

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Introduction:

Population ageing has emerged as a significant public health concern worldwide. Although increased life expectancy reflects improvements in healthcare and living conditions,

ageing is often accompanied by chronic illness, functional decline, social isolation, and psychological distress. Consequently, research on ageing has increasingly focused on psychosocial



factors that contribute to well-being and quality of life in later adulthood.

Quality of life (QOL) is a multidimensional construct encompassing physical, psychological, social, and functional well-being. In elderly populations, QOL is influenced by several psychosocial factors including emotional adjustment, coping resources, social participation, and interpersonal relationships. Age-related transitions such as retirement, bereavement, declining health, and changes in social roles may substantially affect well-being among older adults.

Antonovsky's salutogenic model emphasizes the importance of psychosocial resources in maintaining health and well-being despite adversity. A central construct within this framework is sense of coherence (SOC), which refers to an individual's ability to perceive life as comprehensible, manageable, and meaningful. Individuals with a stronger SOC are believed to cope more effectively with stressors and demonstrate better psychological adjustment. Previous studies have consistently reported positive associations between SOC and quality of life among older adults (Boeckxstaens et al., 2016; Dezutter et al., 2013; Tan et al., 2021).

Another important psychosocial resource associated with healthy ageing is perceived social support, which refers to the perceived availability of emotional, informational, and practical support through interpersonal relationships. In later adulthood, supportive social relationships may reduce loneliness and emotional distress while facilitating better psychological adjustment. Research has shown that greater perceived social support is associated with improved well-being and quality of life among elderly individuals (Şahin et al., 2019). Previous studies have also demonstrated positive associations between perceived social

support and SOC (Vogel et al., 2012; Wiesmann & Hannich, 2008).

Community-dwelling elderly individuals continue to function within family and social environments where coping resources and social relationships play an important role in well-being. However, limited research has examined the combined contribution of sense of coherence and perceived social support to quality of life among elderly individuals within the Indian socio-cultural context. Therefore, the present study aimed to examine the relationships among perceived social support, sense of coherence, and quality of life among community-dwelling elderly individuals.

Objectives of the Study:

1. To examine the relationship among Perceived Social Support, Sense of Coherence and Quality of life among community-dwelling elderly individuals.
2. To investigate the predictive contribution of perceived social support and sense of coherence to quality of life among community-dwelling elderly individuals.

Hypotheses:

1. Perceived social support will be positively associated with quality of life among community-dwelling elderly individuals.
2. Sense of coherence will be positively associated with quality of life among community-dwelling elderly individuals.
3. Perceived social support will be positively associated with sense of coherence among community-dwelling elderly individuals.
4. Perceived social support will significantly predict quality of life among community-dwelling elderly individuals.



5. Sense of coherence will significantly predict quality of life among community-dwelling elderly.

relationships among perceived social support, sense of coherence, and quality of life in community-dwelling elderly individuals.

Materials and Methods:

Research Design:

The present study employed a quantitative cross-sectional research design to examine the

Participants:

The study comprised 145 community-dwelling elderly individuals residing in Vadodara, Gujarat.

Table 1
Demographic Characteristics of the Participants (N = 145)

Variable	Category	n	%
Age	60–74 years	92	63.4
	75 years and above	53	36.6
Gender	Male	67	46.2
	Female	78	53.8
Occupational Status	Retired	57	39.3
	Employed	28	19.3
	Engaged in voluntary services	60	41.4
Marital Status	Married	102	70.3
	Widowed	39	26.9
	Divorced	4	2.8
Living Arrangement	Joint family	51	35.2
	Nuclear family	47	32.4
	Living with spouse only	34	23.4
	Living alone	13	9
Medication Status	Taking medication for an illness	102	70.3
	Not taking medication for an illness	43	29.7

As shown in Table 1, the majority of the participants belonged to the 60–74 years age group, were female, married, and reported taking medication for an illness. A considerable proportion of participants were either engaged in voluntary services or retired, and most participants lived in joint or nuclear family settings.

recruited through convenience and snowball sampling using community contacts, participant referrals, and organizations involving older adults. Elderly individuals who met the inclusion criteria and consented to participate were included in the study.

Sampling Method:

A non-probability sampling approach was employed in the present study. Participants were

Variables of the Study:

There are three main variables of the study.



- **Perceived Social Support** refers to the perceived availability of supportive interpersonal relationships;
- **Sense of Coherence** refers to an individual’s orientation to perceive life as comprehensible, manageable, and meaningful; both served as predictor variables in the present study.
- **Quality of Life** conceptualized as overall well-being, served as the outcome variable.

Measures:

The following standardized instruments were used to assess the study variables:

- **Sense of Coherence Scale (SOC-13):** Sense of coherence was assessed using the 13-item Sense of Coherence Scale developed by Antonovsky (1996). The scale demonstrated good internal consistency in the present study (Cronbach’s $\alpha = .81$).
- **WHOQOL-OLD:** Quality of life was assessed using the WHOQOL-OLD developed by the World Health Organization Quality of Life Group (1995). The scale demonstrated good internal consistency in the present study (Cronbach’s $\alpha = .85$).
- **Medical Outcomes Study Social Support Survey (MOS-SSS):** Perceived social support was assessed using the Medical Outcomes Study Social Support Survey (MOS-SSS). The scale demonstrated excellent internal consistency in the present study (Cronbach’s $\alpha = .96$).

Results:

Procedure:

Following a review of literature, standardized instruments were finalized and data were collected through online and offline modes from community-dwelling elderly individuals in Vadodara, Gujarat. Participants were recruited through community contacts, referrals, residential societies, senior citizen associations, and organizations involving older adults. After obtaining informed consent, questionnaires were administered and responses were compiled for statistical analysis

Ethical Considerations:

Ethical guidelines were followed throughout the study. Participants were informed about the nature and purpose of the study, and informed consent was obtained prior to participation. Participation was voluntary, and confidentiality and anonymity of responses were maintained throughout the research process.

Statistical Analysis:

Data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) version 23.0. Descriptive statistics were computed for demographic and study variables. Spearman’s rank-order correlation analysis was conducted to examine relationships among the study variables. Multiple linear regression analysis was performed to examine the predictive contribution of perceived social support and sense of coherence to quality of life. Statistical significance was set at $p < .05$

Table 2
Descriptive Statistics

Variable	Mean	SD	SE
Quality of Life	80.54	7.708	0.64
Perceived Social Support	66.32	16.912	1.404
Sense of Coherence	62.7	12.913	1.072

Note. N=145



Descriptive statistics and normality analyses for the study variables are presented in Table 2. Participants reported a mean quality of life score of 80.54 (SD = 7.71), a mean perceived social support score of 66.32 (SD = 16.91), and a mean sense of coherence score of 62.70 (SD = 12.91).

The Shapiro–Wilk test indicated significant deviations from normality for all study variables ($p < .05$). Quality of life demonstrated comparatively greater negative skewness and kurtosis, indicating

moderate non-normality. Visual inspection of the distribution and Q-Q plots also suggested minor departures from normality. Accordingly, Spearman’s rank-order correlation was used for correlation analyses. Multiple regression analysis was nevertheless conducted, as regression procedures are generally robust to moderate violations of normality in adequately sized samples, and residual plots did not indicate severe deviations from normality.

Table 3
Spearman Correlations among Study Variables

Variable	1	2	3
1. Perceived Social Support	—		
2. Sense of Coherence	.51***	—	
3. Quality of Life	.25**	.36***	—

Note. Values represent Spearman’s rank-order correlation coefficients (r_s).

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

As shown in Table 3, significant positive correlations were observed among all study variables. Perceived social support was positively correlated with sense of coherence ($r_s = .51$, $p <$

$.001$) and quality of life ($r_s = .25$, $p = .002$), while sense of coherence was also positively correlated with quality of life ($r_s = .36$, $p < .001$). Therefore, Hypotheses 1, 2, and 3 were accepted.

Table 4
Model Summary and ANOVA for Regression Predicting Quality of Life

Model	R	R ²	Adjusted R ²	RMSE	F	df	p
1	.48	.23	.22	6.81	21.32	(2, 142)	< .001

Note. R² = coefficient of determination; RMSE = root mean square error. Predictors entered in the model were perceived social support and sense of coherence.

A multiple linear regression analysis was conducted to examine whether perceived social support and sense of coherence predicted quality of life among community-dwelling elderly individuals.

As shown in Table 4, the overall model was statistically significant, $F(2, 142) = 21.32$, $p < .001$, explaining 23% of the variance in quality of life ($R^2 = .23$, adjusted $R^2 = .22$).



Table 5
Regression Coefficients for Predicting Quality of Life

Predictor	<i>B</i>	SE <i>B</i>	β	<i>t</i>	<i>p</i>
Intercept	61.54	2.97	—	20.72	< .001
Perceived Social Support	0.07	0.04	.15	1.72	.088
Sense of Coherence	0.23	0.05	.39	4.55	< .001

Note. *B* = unstandardized regression coefficient; SE *B* = standard error of the unstandardized coefficient; β = standardized regression coefficient. Dependent variable: quality of life.

As presented in Table 5, sense of coherence significantly predicted quality of life, $\beta = .39$, $p < .001$, whereas perceived social support did not emerge as a significant predictor after controlling for sense of coherence, $\beta = .15$, $p = .088$. Therefore, Hypothesis 5 was accepted, while Hypothesis 4 was rejected.

Discussion:

The present study examined the relationships among perceived social support, sense of coherence, and quality of life among community-dwelling elderly individuals. The findings revealed significant positive associations among all study variables. Additionally, sense of coherence emerged as a significant predictor of quality of life, whereas perceived social support did not independently predict quality of life after controlling for sense of coherence.

The study first demonstrated a significant positive relationship between perceived social support and quality of life. Elderly individuals who perceived greater emotional and social support reported better overall well-being. Supportive interpersonal relationships may provide emotional security, companionship, practical assistance, and a sense of connectedness, which can reduce loneliness and psychological distress commonly experienced in later adulthood. Social support may also facilitate better adjustment to age-related transitions such as

retirement, declining health, and changes in family and social roles. This finding is consistent with earlier studies reporting that greater perceived social support is associated with better quality of life and psychological well-being among older adults (Şahin et al., 2019; Uchino, 2004).

The findings further indicated a significant positive association between sense of coherence and quality of life. Elderly individuals with a stronger sense of coherence reported better quality of life, suggesting that the ability to perceive life as comprehensible, manageable, and meaningful contributes positively to psychological adjustment and overall well-being in later life. Older adults with stronger coping orientation may be better able to interpret and manage age-related stressors, chronic health conditions, and functional limitations in an adaptive manner. This finding supports Antonovsky's salutogenic framework, which emphasizes internal coping resources as important determinants of health and well-being (Antonovsky, 1996). The present finding is also consistent with previous studies that have reported positive associations between sense of coherence and quality of life among elderly populations (Boeckxstaens et al., 2016; Dezutter et al., 2013; Tan et al., 2021).

A significant positive relationship was also observed between perceived social support and sense of coherence. Elderly individuals who perceived greater social support also demonstrated



stronger sense of coherence. Supportive social relationships may strengthen feelings of predictability, emotional stability, and confidence in handling life difficulties, thereby enhancing an individual's perception of life as meaningful and manageable. Within the salutogenic framework, social support is considered a generalized resistance resource that facilitates adaptive coping and resilience (Mittelmark et al., 2017). Similar findings have been reported in previous research among adult and ageing populations (Vogel et al., 2012; Wiesmann & Hannich, 2008).

Although perceived social support was positively correlated with quality of life, the regression analysis indicated that only sense of coherence significantly predicted quality of life after controlling for perceived social support. This suggests that internal coping orientation may play a comparatively stronger role in determining well-being in later adulthood than the availability of external support alone. One possible explanation is that social support may influence quality of life indirectly by strengthening psychological coping resources such as sense of coherence. Elderly individuals with stronger sense of coherence may be more capable of effectively utilizing available personal and social resources, thereby maintaining better adaptation and quality of life despite age-related challenges.

Overall, the findings highlight the importance of psychosocial resources in promoting well-being among community-dwelling elderly individuals. Interventions aimed at enhancing quality of life in older adults may benefit from focusing not only on strengthening social support systems, but also on fostering resilience, meaning-making, adaptive coping, and psychological resources that contribute to a stronger sense of coherence.

Implications:

The findings highlight the importance of psychosocial resources in understanding quality of life among community-dwelling elderly individuals. The significant associations among perceived social support, sense of coherence, and quality of life indicate the relevance of both supportive interpersonal relationships and adaptive coping orientation in later adulthood. The finding that sense of coherence significantly predicted quality of life particularly underscores the role of internal psychological resources in elderly well-being and adjustment.

Limitations:

Certain limitations of the present study should be acknowledged. The cross-sectional research design limits causal interpretation of the findings. In addition, the use of non-probability sampling techniques and the inclusion of participants from a specific geographical region may limit the generalizability of the findings. The study also relied on self-report measures, which may be influenced by response biases and subjective interpretation. Future research may employ longitudinal designs and more diverse samples to further examine psychosocial well-being among elderly populations.

Conclusion:

The present study examined the relationships among perceived social support, sense of coherence, and quality of life among community-dwelling elderly individuals. Significant positive associations were observed among all study variables, and sense of coherence emerged as a significant predictor of quality of life. The findings suggest that psychosocial resources, particularly adaptive coping orientation, play an important role in well-being and quality of life in later adulthood.



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