RESEARCH PAPER

The Role of Perceived Social Support and Locus of Control in Quality of Life Among Elderly People.

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ABSTRACT

Perceived control and social support have been viewed as psychosocial factors that help the adaptive process of ageing. However, their relative contributions to quality of life (QoL) might be influenced by the sociocultural context and the measurement of control beliefs.

The aim of the study was to look into the association between generalized locus of control (GLOC) and perceived social support (PSS) with quality of life (QoL) and to check their independent contributions in quality of life among older adults of North-Bihar region.

This study had a cross-sectional design and 209 participants were selected using purposive sampling. The WHOQOL-BREF was used to assess quality of life, Multidimensional Scale of Perceived Social Support to assess social support and Rotter's Internal–External Locus of Control Scale to assess locus of control. Multiple linear regression and Pearson's correlation were used. There were no significant relationships between generalized locus of control and physical QoL ($r = .050$), psychological QoL ($r = -.069$), environmental QoL ($r = .046$) and overall QoL ($r = -.028$). There was a slight negative correlation with social QoL ($r = -.174$, $p < .05$) implying that higher externality correlated with worse social QoL. Social support and locus of control jointly predicted QoL, $R = .379$, $R^2 = .143$, adjusted $R^2 = .135$, $F(2, 206) = 17.24$, $p < .001$. Locus of control was not a significant independent predictor ($\beta = .013$, $p = .842$), however, social support was ($\beta = .380$, $p < .001$). The perceived social support was significantly more powerful than the generalized LOC in predicting the QOL. Future gerontological research may benefit from context or health-specific control measures, which may provide higher levels of explanatory sensitivity.

Keywords: locus of control, perceived social support, quality of life, older adults, psychosocial predictors, North Bihar

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Introduction

Quality of life (QoL) provides an appropriate framework for examining these conditions because it extends beyond disease status and incorporates physical functioning, psychological well-being, social relationships, environmental resources, autonomy, and the individual's evaluation of life circumstances. In later life, these domains are closely interdependent. Physical limitations may restrict participation and weaken psychological well-being, while supportive relationships and accessible environments may compensate for reductions in individual capacity. QoL consequently reflects both objective circumstances and subjective perceptions of whether important needs, expectations, and goals are being met.

In fact, age is increasing around the globe. In most of today's society, people can expect to live into their 60's, and beyond. All countries around the world are seeing an increase both in absolute numbers and the percentage of older people in society. As of 2030, there will be 1 person in 6 worldwide who are over 60 years old.The percentage of the older population (60 years and older) of the world will increase from 1 billion in 2020 to 1.4 billion at this time. The proportion of people aged 60 or over in the world will double (2.1 billion) by 2050.By 2050, the number of elderly people (inclusive of those aged 80 years and over) will rise from 323 million to nearly triple that figure of 975 million. While this shift in distribution of a country's population towards older ages – known as population ageing – started in high-income countries (for example in Japan 30% of the population is already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change.

Conceptualisation of Quality of Life

Quality of life has also been defined "as the satisfaction of an individual's values, goals, and needs through the actualisation of their abilities or lifestyle" (Emerson, 1985, p. 282). This definition is consistent with the conceptualisation that satisfaction and well-being stem from the degree of fit between an individual's perception of their objective situation and their needs or aspirations (Felce & Perry, 1995). Quality of life is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and their relationship to salient features of their environment" (Oort, 2005).

Conceptualisation of Social Support

The concept of social support is to have others who are willing to take care of you and be part of a support system. Social networks involve the social interaction of an individual, the network characteristics, frequency of contact with others. The satisfaction of the subject with his or her

social networks. Social support can vary in terms of form and origin. Social support has become an important variable in ensuring the elderly deal with age-related difficulties. It encompasses emotional support, companionship, practical support, and informational support given by the family, friends, and the community. Proper social support may serve as a preventive measure against loneliness, depression, and stress, and hence lead to improved quality of life.

Conceptualisation Locus of Control

Locus of Control refers to one's assumption about responsibility for good and bad events. Every person during his lifetime comes across some good and some bad out comes, while he acts to maximize the possibility of good outcomes and enjoy the success of his life, he tries to minimize the possibility of bad outcomes.

"Locus of control is the degree to which the individual accepts personal responsibility for what happens to him or her." Rotter, Seamon, Liverant (1962)

"Locus of control is more explicitly an individual's perception of the location of responsibility for event (whether it's negative or positive) which happens to that person." Lefcourt (1982)

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The present study examined the independent and combined relationships of social support and generalized locus of control with QoL among older adults in North Bihar.

Objectives

1. determine the relationship between locus of control and different dimensions of QoL;
2. determine the relationship between perceived social support and overall QoL; and
3. determine the joint and independent contributions of perceived social support and locus of control to overall QoL.

Hypotheses

H1: Locus of control would be significantly associated with quality of life.

H2: Perceived social support and locus of control would jointly contribute significantly to the prediction of overall quality of life.

Method

Sample

A quantitative cross-sectional research design was used. Participants were 209 adults drawn through purposive sampling from different regions of North Bihar. The sample comprised 86 males and 123 females.

The reported age range was 50–70 years. Participants represented both rural and urban localities and varied demographic and socioeconomic backgrounds.

Measure

1. **Locus of Control Scale:**
   The Rotter Locus of Control Scale consists of 29 paired statements, of which 23 items are scored and 6 are filler items included to reduce response bias and disguise the purpose of the instrument. Each item contains two alternative statements, and respondents are asked to choose the statement that they believe more accurately reflects their own beliefs.
2. **Perceived Social Supports Scale**
   The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet, and Farley (1988) to assess an individual's perception of the availability and adequacy of social support from important people in their lives that measures perceptions of three types of social support. Sources are Family, Friends, and a Significant Other. PSS is consists of 12 items; four items measure each dimension.
3. **Quality of life Scale:**
   brief WHOQOL scale, containing 26 items. Both scales are four dimensional: Quality of life – physical, psychological, social and environmental aspects.
   In the present If the scale was to be used as a research tool, a short version would be used.
   It estimates an individual's perception of well-being in his/her cultural and environmental setting.

Results

Descriptive Statistics of Perceived Social Support, Locus of Control and Quality of Life

Table-1 presents the descriptive statistics of perceived social support, locus of control, and quality of life among the study participants. The mean score for total perceived social support was 63.58 (SD = 15.46), whereas the mean locus of control score was 13.35 (SD = 3.53). Regarding quality of life, the mean scores were 25.98 (SD = 3.91) for the physical domain, 22.51 (SD = 3.27) for the psychological domain, 11.56 (SD = 2.08) for the social domain, and 29.22 (SD = 5.12) for the environmental domain. The mean overall quality-of-life score was 97.12 (SD = 12.10). These descriptive findings provide an overall profile of the major psychosocial and quality-of-life variables examined in the study.

Table-1

Descriptive Statistics of Perceived Social Support, Locus of Control and Quality of Life

Variable	M	SD
Total social support	63.58	15.46
Locus of control	13.35	3.53
Physical QoL	25.98	3.91

Psychological QoL	22.51	3.27
Social QoL	11.56	2.08
Environmental QoL	29.22	5.12
Overall QoL	97.12	12.10

Relationship Between Locus of Control and Dimensions of Quality of Life

Table-2 presents the Pearson correlation coefficients between locus of control and the different dimensions of quality of life. Locus of control showed a weak positive but non-significant relationship with physical QoL (r = .050), while its relationship with psychological QoL was also weak and non-significant (r = −.069). Similarly, locus of control was not significantly associated with environmental QoL (r = .046) or overall quality of life (r = −.028).

Table-2

Relationship Between Locus of Control and Dimensions of Quality of Life

Quality-of-life variable	Correlation with locus of control
Physical QoL	.050
Psychological QoL	−.069
Social QoL	−.174*
Environmental QoL	.046
Overall QoL	−.028

Note. $p < .05$.

However, a significant negative relationship was found between locus of control and the social dimension of quality of life (r = −.174, p < .05). Since higher scores on Rotter's Internal–External Locus of Control Scale indicate greater externality, the negative correlation suggests that elderly people with a more external locus of control tended to report slightly poorer social quality of life. The relationship was small in magnitude.

Thus, the findings indicate that locus of control was not substantially related to physical, psychological, environmental, or overall quality of life. Its significant association was restricted to the social domain. Therefore, the hypothesis proposing a significant relationship between locus of control and quality of life received only partial support.

Multiple Regression Predicting Overall Quality of Life

Table-3 presents the results of multiple regression analysis examining the predictive effect of perceived social support and locus of control on overall quality of life. The obtained regression model was statistically significant, R = .379, R^2 = .143, adjusted R^2 = .135, F(2, 206) = 17.24, p < .001. The findings indicate that perceived social support and locus of control together explained approximately 14.3% of the variance in overall quality of life.

Table-3

Multiple Regression Predicting Overall Quality of Life

Predictor	B	SE B	β	t	p
Constant	77.630	4.679	—	16.592	< .001
Total social support	.297	.051	.380	5.856	< .001
Locus of control	.044	.222	.013	.200	.842

Among the two predictors, perceived social support emerged as a significant positive predictor of overall quality of life (B = .297, β = .380, t = 5.856, p < .001). This indicates that elderly people perceiving greater social support tended to report better overall quality of life. In contrast, locus of control did not significantly predict overall QoL (B = .044, β = .013, t = .200, p = .842). Its contribution to the prediction of quality of life was negligible after perceived social support was taken into account.

These findings show that although perceived social support and locus of control jointly produced a significant regression model, the predictive effect was primarily attributable to perceived social support. Therefore, perceived social support emerged as the stronger and more meaningful psychosocial predictor of overall quality of life, whereas generalized locus of control made no significant independent contribution.

DISCUSSION

The most important finding of this study is the marked difference in the explanatory value of perceived social support and generalized locus of control for quality of life. While social support independently predicted overall QoL, generalized locus of control did not. The regression model accounted for 14.3% of the variance in overall QoL. Although this represents a meaningful psychosocial contribution, most variation in QoL remained unexplained, reinforcing the multidimensional nature of well-being in later adulthood.

Overall, the findings suggest that social connectedness may be more influential than generalized control beliefs in explaining quality of life among the participants. At the same time, the modest amount of explained variance indicates that QoL in later life is shaped by multiple factors beyond social support and locus of control, including health status, functional ability, financial

security, living arrangements, psychological well-being, and environmental resources. Thus, interventions designed to improve older adults' QoL should prioritise strengthening dependable family and community support while preserving autonomy, dignity, and participation in decision-making.

CONCLUSION

The findings demonstrate that perceived social support and generalized locus of control do not contribute equally to the quality of life of older adults in North Bihar. Generalized locus of control showed no meaningful relationship with overall QoL and did not independently predict QoL. Greater externality was associated only with slightly poorer social QoL.

In contrast, perceived social support emerged as a robust positive predictor. Together, social support and locus of control explained 14.3% of overall QoL variance, but the explanatory contribution was primarily attributable to social support.

The findings therefore suggest that later-life well-being in this population may depend more strongly on dependable interpersonal resources than on generalized beliefs about personal control. Interventions that strengthen social connectedness while preserving autonomy, dignity, and participation may consequently offer an important route toward improving quality of life in later adulthood.

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