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# Self-Esteem, psychological well-being, and life satisfaction in older adults

*Autoestima, bienestar psicológico y satisfacción con la vida en adultos mayores*

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## Abstract

This study aimed to examine the relationship between self-esteem, psychological well-being, and life satisfaction among older adults in Tarapoto, San Martín, in 2025. A quantitative, non-experimental correlational design was employed. The sample comprised 175 participants recruited from the EsSalud Senior Center in Tarapoto. Data were collected using three validated instruments: the Rosenberg Self-Esteem Scale (RSES), the Psychological Well-Being Scale (BIEPS-A), and the Satisfaction with Life Scale (SWLS). The findings revealed positive and statistically significant relationships among the study variables: self-esteem and psychological well-being (rho = .211, p = .005), self-esteem and life satisfaction (rho = .222, p = .003), and psychological well-being and life satisfaction (rho = .202, p = .007). Although these associations were statistically significant, their magnitude was small, suggesting that other psychosocial factors also shape older adults' sense of well-being. It is therefore concluded that, despite the observed relationships among self-esteem, psychological well-being, and life satisfaction, their combined influence remains limited, underscoring the need to consider additional factors in psychosocial intervention.

**Keywords:** self-esteem, psychological well-being, life satisfaction.

## Resumen

El objetivo de este estudio se centró en analizar la relación entre la autoestima, el bienestar psicológico y la satisfacción con la vida en adultos mayores de Tarapoto, San Martín, en 2025. Se empleó un enfoque cuantitativo con un diseño correlacional no experimental. La sección muestral estuvo constituida por 175 participantes del Centro del Adulto Mayor de EsSalud Tarapoto. En cuanto a la recopilación de datos, se usaron tres instrumentos validados: la Escala de Autoestima de Rosenberg (EAR), la Escala de Bienestar Psicológico (BIEPS-A) y la Escala de Satisfacción con la Vida (SWLS). Los resultados obtenidos revelaron relaciones positivas y significativas entre las variables de estudio: autoestima y bienestar psicológico (rho: .211; p = .005), autoestima y satisfacción con la vida (rho: .222; p = .003), y bienestar psicológico con satisfacción vital (rho: .202; p = .007). Sin embargo, aunque estas relaciones fueron estadísticamente significativas, su magnitud resultó baja, esto denota la intervención de otros elementos psicosociales que también inciden sobre la valoración del bienestar de los adultos mayores. En consecuencia, se concluye que, a pesar de la relación entre autoestima, bienestar psicológico y satisfacción con la vida, su impacto es limitado, lo que resalta la importancia de considerar otros aspectos en la intervención psicosocial.

**Palabras clave:** autoestima, bienestar psicológico, satisfacción con la vida.

## Introduction

In recent years, the growing population of older adults has drawn the attention of multiple scientific disciplines, since this demographic shift brings with it biological, psychological, and social changes that directly affect well-being (Asejeje & Ogunro, 2024). Worldwide, roughly 500 million people, about 8% of the population, are over 65 years of age (Sabri et al., 2022; United Nations, 2020). This reality calls for stronger strategies to safeguard older adults' overall well-being, particularly their psychological health: nearly 14% suffer from disorders such as

anxiety or depression, and factors like loneliness and social isolation further erode their quality of life (Organización Mundial de la Salud [OMS], 2023).

The picture is even more complex in Latin America, where 45% of older adults experience anxiety, 27.6% experience depression, and 33.1% report elevated stress levels (Moya-Salazar et al., 2023; Sepúlveda-Loyola et al., 2020). Roughly 30% also experience social isolation, a factor that heightens the risk of cognitive decline and mental health disorders (Instituto Nacional de las Personas Adultas Mayores [INAPAM], 2024). Between 6.46% and 8.48% live with dementia, and projections suggest these cases will double every two decades, with significant consequences for life satisfaction (Organización Panamericana de la Salud [OPS], 2025). These figures highlight the need to approach aging from a perspective that integrates both personal and contextual factors.

Similar patterns emerge in Peru. According to the Instituto Nacional de Estadística e Informática (INEI), 43.9% of Peruvian households include at least one older adult (INEI, 2021). Within this group, 80.3% live with chronic illness, 52.6% remain active in the labor market, and only 24% hold formal employment, earning average incomes close to 1,200 soles (INEI, 2023). The mental health of older Peruvians remains understudied: recorded depression prevalence stands at 6.8%, alongside related concerns such as substance use (Hernández-Vásquez et al., 2020; Vasquez-Chavesta et al., 2024). This landscape points to the need for deeper research into the psychological variables that shape older adults' well-being.

Psychological variables are key to understanding emotional well-being in old age. An individual's subjective well-being hinges on internal and relational factors alike, physical condition, social bonds, and personal recognition among them (Niveau et al., 2021; Van Kampen et al., 2023). Research shows that high self-worth is linked to greater emotional balance and a more positive outlook on life in later years (González-González & Requena, 2023), functioning as a protective factor against the adversities that accompany aging.

Emotional balance encompasses dimensions such as autonomy, sense of purpose, personal growth, and social interaction (Boyacıoğlu et al., 2023; Hudomiet et al., 2021). This state shapes how older adults appraise their own lives from a subjective, holistic standpoint (Prati, 2022). At this stage of life, self-assessment of one's existence is closely tied to self-worth and psychological stability, serving as a key indicator of happiness, fulfillment, and quality of life (Cho & Cheon, 2023).

At the local level, Tarapoto faces gaps that affect older adults' quality of life, including limited medical care in outlying areas and a scarcity of programs designed for emotional support. Although resources such as the EsSalud Senior Center exist, they fall short of comprehensively addressing the population's emotional needs. In practice, many older adults contend with loneliness, low self-esteem, and a diminished sense of fulfillment, conditions linked to waning family support and the loss of social roles, both of which erode their quality of life.

Given this context, it is worth examining how self-esteem, psychological well-being, and life satisfaction relate to one another among older adults in Tarapoto. Understanding these variables can generate empirical evidence to guide more effective psychosocial interventions. Accordingly, the main objective of this study is to determine the relationship between self-esteem, psychological well-being, and life satisfaction among older adults in Tarapoto, 2025. The specific objectives are: 1) to measure the relationship between self-esteem and psychological well-being among older adults in Tarapoto, San Martín, 2025; 2) to determine the relationship between self-esteem and life satisfaction among older adults in Tarapoto, San Martín, 2025; and 3) to identify the relationship between psychological well-being and life satisfaction among older adults in Tarapoto, San Martín, 2025.

## Methodology

This was a basic research study, aimed at expanding the body of knowledge on the variables under analysis rather than pursuing an immediate intervention; that is, it focused on examining how self-esteem, psychological well-being, and life satisfaction interrelate (Romero et al., 2022). This approach allowed for the formulation and testing of theory and yielded reliable evidence that can inform future research or intervention programs (Swarooprani, 2022).

The hypothetico-deductive method was also applied: hypotheses grounded in prior theory on these variables were formulated and then tested against the data collected in the field (Casula et al., 2021). This procedure made it possible to verify the validity of the propositions through a systematic, logical process of confirmation (Fife & Gossner, 2024). The study likewise adopted a quantitative approach, assessing the relationships among variables through validated instruments that yielded verifiable data suitable for statistical analysis (Pilcher & Cortazzi, 2024). This approach facilitated hypothesis testing and the generation of precise results (Barroga et al., 2023).

The design was non-experimental, as no intervention was carried out to alter the natural context of the variables (Starbuck, 2023). The study was also cross-sectional, since data were collected within a specific time

frame (Cvetković Vega et al., 2021). The level of analysis was correlational, aimed at determining the magnitude and direction of the relationships among the variables under investigation (Ato et al., 2013).

The population consisted of 319 older adults who actively participated in the EsSalud Senior Center in Tarapoto and shared homogeneous characteristics relevant to the research (Mucha et al., 2021). Inclusion criteria required a minimum of six months' attendance at the center and voluntary participation through informed consent. Individuals were excluded if they were absent from data collection for health reasons, were first-time attendees or recent arrivals to the province, or failed to complete the questionnaires properly.

The final sample comprised 175 participants, calculated using the formula for finite populations with a 95% confidence level and a 5% margin of error (Andrade, 2020; Cash et al., 2022), ensuring representativeness relative to the study population. Simple random sampling was used so that every unit in the population had an equal chance of being selected, which strengthened the reliability of the results (White, 2022).

**Variables addressed in the study**

To address the problem outlined above, the main variables were defined and operationalized. Self-esteem was understood as the self-appraisal individuals build from their experiences and their perceived social acceptance (Ryszewska et al., 2022). It was assessed using the RSES scale, which measures perceived competence, self-efficacy, and personal acceptance on a four-point Likert scale.

Psychological well-being was defined as the state in which a person develops their capacities and manages the changes inherent to life (Tóth et al., 2025). It was measured using the BIEPS-A scale, which covers dimensions such as projects, control, and autonomy and uses a three-point ordinal scale.

Life satisfaction referred to the overall evaluation individuals make of their life course (Jafaraghaee et al., 2024). It was measured using the SWLS scale, composed of five items on a five-point Likert format that quantify subjective perceptions of overall well-being.

Data were collected through survey methodology, administering structured questionnaires to the selected sample. This technique suited the study's quantitative approach, as it yielded standardized responses regarding perceptions and attitudes that could subsequently be analyzed statistically (Vizcaíno et al., 2023; Medina et al., 2023). Its use was warranted by the need to gather direct, quantifiable information on self-esteem and the other variables under study.

Regarding the psychometric properties of the instruments, the RSES, originally developed by Atienza et al. (2000), showed item-test correlations ranging from .44 to .73 ($p < .01$). Its version adapted to the Peruvian context comprises 10 items on a 4-point format with high reliability indices ($\alpha = .965$; $\omega = .960$) (Vilca et al., 2022). The BIEPS-A, originally developed by Casullo (2002), includes the dimensions of control, bonds, projects, and acceptance; its initial reliability was $\alpha = .74$, with interdimensional correlations ranging from .53 to .87. The version adapted by Díaz et al. (2024) reduced the instrument to 11 items on a three-option scale, showing adequate reliability ($\alpha = .80$; $\omega = .80$). The SWLS by Diener et al. (1985), adapted for Peru by Caycho-Rodríguez et al. (2018), retained its one-dimensional structure in a five-point format and showed high reliability ($\alpha = .93$).

Instrument validity was established through expert review and consideration of prior content and construct validity evidence. Acceptable values were recorded for Aiken's V ($V > .70$), along with good fit indices in confirmatory factor models reported in previous studies (Corral, 2017; Vilca et al., 2022; Díaz et al., 2024; Caycho-Rodríguez et al., 2018). Internal consistency was further supported by Cronbach's alpha and omega coefficients above .70, ensuring the reliability of the measurements used in this study (Castañeda et al., 2024).

**Procedure**

Prior to data collection, the corresponding authorizations were obtained from the EsSalud Senior Center in Tarapoto to secure access to the target population. The instruments were then administered in a single session, following participants' order of arrival at the center; the survey technique, using structured questionnaires, allowed for the collection of direct information (Vizcaíno et al., 2023). Clear instructions were provided throughout the administration to ensure participants understood the items and marked their responses correctly. The data collected were subsequently categorized and stored in an institutional digital repository (institutional Drive) for later analysis. Finally, descriptive and inferential statistical analyses were performed to identify the correlations among the variables, in line with the study's objectives.

This research was conducted in accordance with the ethical principles set out in the Declaration of Helsinki, autonomy, beneficence, non-maleficence, and justice (World Medical Association, 2017). Older adults' participation was confirmed to be voluntary and free of external pressure through signed informed consent, ensuring that participants understood the study's purpose, procedures, and potential implications. Participant privacy was safeguarded by preventing the disclosure of personal information and restricting data use to academic purposes.

The relevant institutional authorizations were also obtained, and the legal and administrative guidelines of the local ethics committee were followed (Presidente del Comité Institucional de Ética para la Investigación, 2025). Principles of academic integrity were upheld throughout: plagiarism was avoided, the authorship of consulted sources was acknowledged, and transparency was promoted in the presentation of findings.

## Results

The analysis proceeded from the specific to the general, addressing the specific objectives first before turning to the overall objective. The variables were first characterized and their distribution described. Correlation levels among the variables were then calculated. The specific steps are detailed below:

**Table 1**

*Descriptive statistics of the study variables*

| | M | SD | Skewness | Kurtosis |
|---|---|---|---|---|
| Self-esteem | 37.07 | 3.355 | -0.930 | -0.311 |
| Psychological Well-Being | 32.25 | 1.407 | -2.074 | 4.462 |
| Projects | 14.66 | 0.741 | -1.929 | 4.649 |
| Control | 8.71 | 0.576 | -2.083 | 4.103 |
| Autonomy | 8.87 | 0.396 | -3.322 | 10.930 |
| Life satisfaction | 22.89 | 2.157 | -0.549 | -0.813 |

As shown in Table 1, self-esteem yielded a mean of 37.07 (SD = 3.355), while psychological well-being reached a mean of 32.25 (SD = 1.407), reflecting relatively high values for both variables. Among its dimensions, projects (M = 14.66), control (M = 8.71), and autonomy (M = 8.87) show consistent levels within the psychological well-being variable. Life satisfaction, in turn, registered a mean of 22.89 (SD = 2.157), pointing to a favorable perception among participants. Regarding the distribution of the data, negative skewness values were observed across all variables, suggesting a tendency toward higher scores. Kurtosis values were also elevated in some dimensions, indicating a concentration of responses around the mean, which is why a nonparametric test (Spearman's rho) was required.

**Table 2**

*Relationship between self-esteem and psychological well-being*

| | | Self-esteem | Psychological Well-Being |
|---|---|---|---|
| Self-esteem | $R_S$ | — | |
| | df | — | |
| | p value | — | |
| Psychological well-being | $R_S$ | 0.211** | — |
| | df | 173 | — |
| | p value | .005 | — |
| **Note.** * p < .05, ** p < .01, *** p < .001 | | | |

Table 2 shows a positive, statistically significant relationship between self-esteem and psychological well-being (rho = .211, p = .005). This finding suggests that as self-esteem increases, psychological well-being tends to rise among older adults as well, although the strength of the relationship is small.

**Table 3**

*Relationship between self-esteem and life satisfaction*

| | Self-esteem | Satisfaction |
|---|---|---|

| | | | |
|---|---|---|---|
| Self-esteem | Rs | — | |
| | df | — | |
| | p value | — | |
| Life satisfaction | Rs | 0.222** | — |
| | df | 173 | — |
| | p value | .003 | — |
| **Note.** * p < .05, ** p < .01, *** p < .001 | | | |

With respect to the second specific objective, Table 3 reveals a positive, significant relationship between self-esteem and life satisfaction (rho = .222, p = .003). This finding indicates that higher self-esteem is associated with greater life satisfaction. The magnitude of the relationship is small, though slightly higher than that found between self-esteem and psychological well-being.

**Table 4**
*Relationship between psychological well-being and life satisfaction*

| | | Well-Being | Life satisfaction |
|---|---|---|---|
| Well-being | Rs | — | |
| | df | — | |
| | p value | — | |
| Life satisfaction | Rs | 0.202** | — |
| | df | 173 | — |
| | p value | .007 | — |
| **Note.** * p < .05, ** p < .01, *** p < .001 | | | |

Regarding the third objective, Table 4 shows a positive, significant correlation between psychological well-being and life satisfaction (rho = .202, p = .007). This finding indicates that higher psychological well-being corresponds to a more favorable evaluation of life among participants, although the magnitude of the association was small.

Overall, the variables under study were positively and significantly related among older adults in Tarapoto. However, the correlations were of low intensity, suggesting that although the measures are associated, they account for limited shared variability, and other external factors not assessed in this study likely play a role.

## Discussion

In line with the results, self-esteem, psychological well-being, and life satisfaction were positively and significantly related in this sample of older adults, though the associations were of small magnitude. This suggests that, while the variables are connected, they do not substantially account for one another's variability, and external factors not examined here (social networks, physical health, or family support, for instance) likely play a role. Conceptually, these findings are partly consistent with classic theoretical frameworks: Rosenberg argues that self-esteem shapes well-being and life satisfaction (Monteiro et al., 2022); Ryff contends that harmony among self-determination, purpose, and social bonds enhances how individuals perceive their existence (Dierendonck & Lam, 2023); and Diener's subjective well-being theory emphasizes the interplay between internal factors and the subjective interpretation of experience (Sewaybricker & Massola, 2023). Taken together, the results confirm the interdependence of these variables while also underscoring their complexity and their dependence on contextual factors.

With respect to the first objective, a positive, significant correlation was found between self-esteem and psychological well-being (rho = .211, p = .005), although of small magnitude. This result is consistent with Arcos et al. (2024), who report that self-esteem influences autonomy and emotional health in older adults. Theoretical support also comes from Leary and Baumeister's sociometer perspective, which links self-esteem to perceived social acceptance (Agyeiwaah & Zhao, 2023). Even so, the low strength of the association indicates that self-esteem is not the sole determinant of psychological well-being; social factors and inclusion, among others, also

play an important role (Carranza, 2023). Self-esteem therefore contributes to psychological well-being, but its effect remains limited unless accompanied by favorable social conditions.

Regarding the second objective, a positive, significant association was identified between self-esteem and life satisfaction (rho = .222, p = .003), again of small magnitude. This finding aligns with Chu and Koo (2023) and Toros et al. (2023), who reported that positive experiences, a sense of accomplishment, and perceived usefulness strengthen both self-esteem and life satisfaction. Rosenberg's theory and the notion of contingent self-esteem support the idea that positive self-appraisal enhances one's overall evaluation of life, though this also depends on social recognition (Fairlamb et al., 2022). The small magnitude observed suggests that life satisfaction does not depend on self-esteem alone; the surrounding social environment and the support received also exert a meaningful influence (Quispe et al., 2022). Self-esteem is therefore an important factor, though not a sufficient one, for explaining life satisfaction.

With respect to the third objective, a positive, significant correlation of small magnitude was established between psychological well-being and life satisfaction (rho = .202, p = .007). This result is consistent with studies linking psychological resources and coping styles to a more favorable appraisal of life in old age (Espinoza et al., 2022). It also aligns with Deci and Ryan's self-determination theory, which ties autonomy and social relationships to life satisfaction (Grenier et al., 2024), and with Fredrickson's broaden-and-build theory of positive emotions, which highlights the role positive experiences play in strengthening well-being (Otto & Laireiter, 2021). Nonetheless, the weak correlation suggests that psychological well-being, while relevant, does not alone explain life satisfaction; other variables, such as functional status, autonomy, and health conditions, are also determinants (Paullo et al., 2022).

Taken together, these findings point to the need for comprehensive interventions for the older adult population. Because the relationships among self-esteem, well-being, and life satisfaction are significant yet small in magnitude, strategies should not focus solely on strengthening self-esteem; a multidimensional approach that addresses emotional, social, and health-related factors is warranted. Institutions such as EsSalud, municipal governments, and care centers should design programs that combine psychoeducational workshops, group activities, occupational therapy, and spaces for reflection to foster self-worth, socialization, and mutual support. Such initiatives can improve older adults' perceptions of their own lives, although it must be acknowledged that life satisfaction also depends on external factors that call for broader interventions.

## Conclusions

Overall, a positive, statistically significant association was found among self-esteem, psychological well-being, and life satisfaction in older adults from Tarapoto: self-esteem–psychological well-being (rho = .211, p = .005), self-esteem–life satisfaction (rho = .222, p = .003), and psychological well-being–life satisfaction (rho = .202, p = .007).

Self-esteem was positively and significantly related to psychological well-being (rho = .211, p = .005), though the strength of the association was small. This indicates that while self-worth contributes to psychological well-being, it does not account for it on its own; social and emotional factors in the surrounding environment also play a role. Similarly, self-esteem showed a positive, significant correlation with life satisfaction (rho = .222, p = .003), again of small magnitude, suggesting that higher self-esteem favors a more positive outlook on life without being its sole determinant.

Psychological well-being was positively associated with life satisfaction (rho = .202, p = .007), with a small effect size. This suggests that although greater psychological well-being is linked to a more favorable perception of life, its explanatory power is limited relative to other variables not assessed in this study.

Taken together, these results can guide health professionals, psychologists, and social workers in designing comprehensive interventions that account for social and contextual conditions alongside psychological variables. Because the correlations were significant yet small, further research into additional factors (physical health, support networks, economic conditions, and functional status, among others) is recommended to better explain the variability observed. Future studies should address these limitations and further explore the contextual determinants that shape the relationship among self-esteem, psychological well-being, and life satisfaction.

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