Determinants of Subjective Well-Being Among Older Adults Living Independently in the Community or in Long-term Care Institutions

Determinantes do Bem-Estar Subjetivo de Pessoas Idosas que Vivem de Forma Independente na Comunidade ou em Instituições de Longa Permanência

Determinantes del Bienestar Subjetivo en Personas Mayores que Viven de Forma Independiente en la Comunidad o en Instituciones de Larga Estancia

RESUMO

Objetivo: Analisar o bem-estar subjetivo (BES) de pessoas idosas residentes de forma independente na comunidade ou em instituições de longa permanência (ILPIs) em um município do meio-oeste de Santa Catarina, identificando fatores sociodemográficos e contextuais associados às percepções de bem-estar. **Métodos:** Estudo observacional, descritivo e comparativo, de abordagem quantitativa, realizado com 44 pessoas idosas, sendo 29 residentes na comunidade e 15 institucionalizadas. Utilizou-se a Escala de Bem-Estar Subjetivo (EBES), de Albuquerque e Tróccoli, composta por três domínios: afetos positivos, afetos negativos e satisfação com a vida. A coleta incluiu ainda o Miniexame do Estado Mental (MEEM) e um questionário sociodemográfico. Os dados foram analisados no software Jamovi 2.4.14, por meio dos testes de Friedman e Durbin-Conover ($p \leq 0,05$). **Resultados:** Observou-se predomínio do sexo feminino e de pessoas autodeclaradas brancas em ambos os grupos. As médias de afetos positivos foram ligeiramente maiores entre os residentes comunitários (3,40±0,58), enquanto a satisfação com a vida foi discretamente superior entre os institucionalizados (3,25±0,36), sem diferença estatística significativa. **Conclusão:** Independentemente do contexto de moradia, as pessoas idosas mantêm percepção positiva de bem-estar subjetivo, influenciada por autonomia, suporte social e vínculos afetivos. Ressalta-se a importância de políticas públicas que promovam o envelhecimento ativo e o fortalecimento das redes de cuidado.

DESCRITORES: Idoso; Bem-estar subjetivo; Saúde coletiva; Qualidade de vida; Institucionalização.

ABSTRACT

Objective: To analyze the subjective well-being (SWB) of older adults living independently in the community or in long-term care institutions (LTCIs) in a municipality in the midwestern region of Santa Catarina, identifying sociodemographic and contextual factors associated with their perceptions of well-being. **Methods:** This is an observational, descriptive, and comparative study with a quantitative approach, conducted with 44 older adults, including 29 community-dwelling and 15 institutionalized participants. The Subjective Well-Being Scale (SWBS), proposed by Albuquerque and Tróccoli, was used, comprising three domains: positive affects, negative affects, and life satisfaction. Data collection also included the Mini-Mental State Examination (MMSE) and a sociodemographic questionnaire. Data were analyzed using Jamovi software version 2.4.14, applying the Friedman and Durbin-Conover nonparametric tests ($p \leq 0.05$). **Results:** A predominance of female and self-declared White participants was observed in both groups. Mean positive affect scores were slightly higher among community residents (3.40±0.58), while life satisfaction was marginally greater among institutionalized participants (3.25±0.36), with no statistically significant differences. **Conclusion:** Regardless of living context, older adults maintained a positive perception of subjective well-being, influenced by autonomy, social support, and affective bonds. Public policies promoting active aging and the strengthening of social support networks are recommended.

DESCRIPTORS: Older adults; Subjective well-being; Public health; Quality of life; Institutionalization.

RESUMEN

Objetivo: Analizar el bienestar subjetivo (BS) de las personas mayores que viven de forma independiente en la comunidad o en instituciones de larga estancia (ILEs) en un municipio del medio-oeste de Santa Catarina, identificando factores sociodemográficos y contextuales asociados a sus percepciones de bienestar. **Méto-**

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dos: Estudio observacional, descriptivo y comparativo, con enfoque cuantitativo, realizado con 44 personas mayores, de las cuales 29 residían en la comunidad y 15 estaban institucionalizadas. Se utilizó la Escala de Bienestar Subjetivo (EBS), propuesta por Albuquerque y Tróccoli, compuesta por tres dominios: afectos positivos, afectos negativos y satisfacción con la vida. La recolección de datos incluyó además el Miniexamen del Estado Mental (MEEM) y un cuestionario sociodemográfico. Los datos fueron analizados con el software Jamovi versión 2.4.14, mediante las pruebas no paramétricas de Friedman y Durbin-Conover ($p \leq 0,05$). **Resultados:** Se observó predominio del sexo femenino y de personas autodeclaradas blancas en ambos grupos. Las medias de afectos positivos fueron ligeramente mayores entre los residentes comunitarios (3,40±0,58), mientras que la satisfacción con la vida fue discretamente superior entre los institucionalizados (3,25±0,36), sin diferencias estadísticas significativas. **Conclusión:** Independientemente del contexto de residencia, las personas mayores mantuvieron una percepción positiva de bienestar subjetivo, influenciada por la autonomía, el apoyo social y los vínculos afectivos. Se resalta la importancia de políticas públicas que fomenten el envejecimiento activo y el fortalecimiento de las redes de apoyo.
DESCRIPTORES: Persona mayor; Bienestar subjetivo; Salud colectiva; Calidad de vida; Institucionalización.

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INTRODUCTION

Population aging is a global phenomenon that challenges health systems, family structures, and social management models. In Brazil, there has been significant growth in the elderly population, driven by increased life expectancy and reduced fertility rates. This scenario has reshaped the age pyramid and significantly altered family and social coexistence patterns[1].

As they age, many elderly people begin to live alone or in long-term care facilities, which can affect their social relationships, sense of belonging, and psychological well-being. Community interaction and maintaining emotional bonds are recognized as protective factors against isolation and loneliness, conditions associated with worsening mental health and reduced quality of life[2].

Studies have shown that the well-being of older adults is multidimensional, involving psychological, social, environmental, and spiritual aspects. Contemporary models of well-being assessment include domains such as autonomy, personal growth, interpersonal relationships, life satisfaction, existential purpose, and perception of happiness[3].

In this context, positive psychology and mental health develop the

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concept of subjective well-being (SWB), understood as the cognitive and affective assessment that individuals make of their own lives. According to Diener (1984)[4], SWB refers to the balance between positive and negative affections and overall satisfaction with existence. Positive affect includes emotions and feelings such as joy, enthusiasm, interest, tranquility, and contentment, which reflect pleasurable experiences and perceptions of personal fulfillment. Negative affect, on the other hand, encompasses states such as sadness, anxiety, irritability, fear, and discouragement, associated with frustration, dissatisfaction, or emotional suffering. Therefore, it reflects the individual's internal perception of their emotions and experiences, constituting one of the main indicators of mental health and quality of life[5].

The theoretical basis of BES derives from the philosophical strands of hedonism and eudaimonism. Hedonism associates happiness with the experience of pleasure and the absence of suffering, while eudaimonism, inspired by Aristotle, links well-being to the full functioning of human potential and personal fulfillment[6]. These perspectives are articulated in *bottom-up* and *top-down* approaches, where the former maintains that well-being results from the satisfaction of basic needs and favorable external conditions, and the latter highlights internal predispositions and coping styles as determinants of the perception of happiness[3].

In Brazil, one of the main tools for measuring SWB is the Subjective Well-Being Scale (EBES), developed by Albuquerque and Tróccoli (2004)[7], composed of 69 items distributed across three domains: positive affect, negative affect, and life satisfaction. This widely validated scale allows for an integrated assessment of the emotional and cognitive dimensions of well-being, constituting a relevant instrument for research in health and psychology.

Given this scenario, understanding how the housing context affects the perception of well-being in old age is essential to guide health promotion actions and public policies aimed at the quality of life of the elderly population. Thus, the objective of this study was to compare the subjective well-being of elderly people living independently in the community with those residing in long-term care facilities in a city in the interior of Santa Catarina, seeking to contribute to the understanding of the factors that sustain healthy aging and emotional balance in old age.

METHOD

This study is characterized as an analytical, observational, and cross-sectional research to compare the subjective well-being of older adults living independently in the community with that of residents in long-term care facilities. The methodological approach adopted a non-probabilistic design, with intentional and representative selection of the target population, according to the assumptions of Freire and Pattussi (2018)[8].

The research was conducted in the municipality of Caçador, located in the midwestern region of the state of Santa Catarina, characterized by a predominantly urban population and an economy focused on the timber, agricultural, and service sectors. The study included three long-term care facilities for older adults (ILPIs), one located in a rural area and two in urban areas, one public philanthropic and the other private. In addition, data collection included a Basic Health Unit (UBS) belonging to the urban area of the municipality, where participants residing in the community were selected, that is, elderly people who live in their own homes and are not institutionalized.

The municipality of Caçador has a population of approximately 73,720 inhabitants, of whom 10,221 are elderly, representing 13.86% of the total population[9]. All participants were aged 60 years or older, of both sexes, and were selected according to pre-established inclusion and exclusion criteria. Individuals aged ≥ 60 years who agreed to participate in the study by signing the Free and Informed Consent Form (FICF) and who scored 10 or higher on the Mini-Mental State Examination (MMSE) were included in the study. The use of the MMSE within the inclusion criteria is due to the fact that, as these are elderly people, it is necessary to assess their preserved cognitive ability to respond to data collection instruments, including in the study only those who were considered to have normal performance. The exclusion criteria were: elderly people with diagnosed neurodegenerative diseases or severe cognitive limitations; individuals who were unable to complete the Subjective Well-Being Scale (EBES) interview. The sample consisted of 44 elderly individuals, 29 of whom were residents of the community belonging to the urban area of the municipality, and 15 of whom were residents of ILPIs.

All procedures complied with the principles of ethics in research involving human subjects, ensuring anonymity and confidentiality of information. The research followed the guidelines of Resolution No. 466/2012 of the National Health Council and was approved by the Research Ethics Committee of the Alto Vale do Rio do Peixe University (UNIARP), under opinion No. 6,077,664. All participants were informed about the objectives of the study and signed the informed consent form before data collection began.

The Mini-Mental State Examination (MMSE) was used for initial cognitive screening, as recommend-

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ed by the Ministry of Health[10]. The instrument assesses domains such as temporal and spatial orientation, memory, attention, language, and calculation skills, with a total score ranging from 0 to 30 points. Only participants with scores ≥ 25, corresponding to normal cognitive performance, were considered eligible for the study. Participants who scored below 25 points were excluded because they showed signs of mild, moderate, or severe cognitive impairment, which could interfere with the understanding and reliability of the responses to the instruments applied.

A semi-structured sociodemographic questionnaire, adapted to the elderly population, was applied, containing items on age, gender, marital status, education, health conditions, medication use, religious practices, family life, and leisure activities. The instrument was answered by the participants themselves, through individual interviews conducted by the researcher, which ensured the understanding of the questions and the reliability of the responses.

The main assessment tool was the Subjective Well-Being Scale (EBES), proposed by Albuquerque and Tróccoli (2004)[7] , consisting of 69 items distributed across three factors: positive affect (21 items), negative affect (26 items), and life satisfaction/dissatisfaction (15 items). The answers were recorded on a five-point *Likert* scale, ranging from 1 ("not at all") to 5 ("extremely"), in which participants indicated their degree of agreement with each statement. This format allows for measuring the intensity of positive and negative affect, as well as the level of life satisfaction. The total score was obtained by adding the scores for positive affect and life satisfaction, which should be higher than negative affect to indicate greater subjective well-being. Higher scores reflect a better perception of well-being, while lower scores indicate a predominance of negative affect. The EBES was administered individually, in a private setting, with the researcher in charge present, in an interview format to ensure accessibility and understanding of the responses.

The collected data were organized in Microsoft® Excel 2010 and analyzed using Jamovi® statistical software (version 2.4.14). The Shapiro-Wilk normality test was performed, which indicated a non-normal distribution of the variables, and non-parametric tests were chosen. The Friedman test was applied to identify differences between the domains of subjective well-being (positive and negative affect and life satisfaction). When significant differences were identified ($p < 0.05$), the Durbin-Conover post-hoc analysis was performed for multiple pair-wise comparisons. The results were expressed by measures of central tendency and dispersion (median, minimum, and maximum), as recommended by Darski et al. (2020)[11]for nonparametric samples.

RESULTS

The results obtained allowed us to outline the sociodemographic and subjective well-being profile of the elderly participants in the study, distinguishing the characteristics between those living in the community and those living in long-term care facilities. The analysis of these data provides an understanding of how individual and contextual factors such as gender, age, socioeconomic conditions, and religious beliefs can influence subjective perceptions of well-being and quality of life at this stage of the life cycle.

The data, presented in Table 1, provide an understanding of the sociodemographic profile of the participants and its possible implications for subjective well-being. The differences identified between the housing contexts indicate that social and relational factors such as family support, financial situation, and community participation play a significant role in the perception of well-being. The predominant age group among community residents was between 71 and 75 years old, while among ILPI residents, it was more frequent between 60 and 65 years old.

Table 1 - Socioeconomic characterization of groups of elderly people living in the community and ILPIs

Variables	Community		ILPIs	
	N	%	N	%
Total	29	65,90	15	34,09
Gender				
Male	13	29,54	06	13,63
Female	16	36,36	09	20,45
Age group				
60 to 65	06	13,63	07	15,90
66 to 70 years old	07	15,90	05	11,36
71 to 75 years old	09	20,45	02	4,54
76 to 80 years old	06	13,63	01	2,27
81 to 85 years	01	2,27	-	-

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Race or Color				
White	23	52,27	14	31,81
Black	05	11,36	-	-
Brown	01	2,27	01	2,27
Religion				
Catholic	26	59,09	14	31,81
Evangelical	03	6,81	01	2,27
Marital status				
Single	-	-	08	18,18
Married	21	47,72	02	4,54
Widowed	08	18,18	02	4,54
Separated	-	-	03	6,81
Income				
Up to 1 salary	03	6,18	10	22,72
Between 01 and 03 salaries	16	36,36	05	11,36
Between 3 and 5 salaries	07	15,90	-	-
+ 5 salaries	03	6,81	-	-

Regarding religion, Catholicism was the most prevalent faith, and in terms of marital status, married individuals predominated in the community, while single individuals predominated in ILPIs. Average income differed between the groups, with a higher concentration of incomes up to one minimum wage among institutionalized individuals.

Table 2 shows the results of the self-assessment of quality of life carried out by the participants. It was observed that both community residents and ILPI residents mostly rated their quality of life as "good." No community resident rated their quality of life as "excellent," while three elderly ILPI residents gave this rating.

Table 2 - Self-assessment of quality of life conducted by elderly people living in the community and ILPIs

Variables	Community		ILPIs	
	N	%	N	%
Self-assessment of quality of life				
Very poor	-	-	01	6,66
Average	08	27,59	03	20
Good	21	72,41	08	53,33
Excellent	-	-	03	20
Total				

Next, the BES was analyzed according to the model proposed by Albuquerque and Tróccoli (2014), which suggests that the sum of positive affect and life satisfaction scores is indicative of well-being. In this context, the greater the difference between positive and negative aspects, the higher the level of perceived subjective well-being. Table 3 shows the mean values obtained for the different domains of the scale among the groups evaluated.

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Table 3 - Scores by domains of the subjective well-being scale in elderly people living in the community and ILPIs

Sample	Positive		Negative		Life satisfaction		Positive+ life satisfaction	
	Comm. *	ILPIs. * *	Comm. *	ILPIs. * *	Comm. *	ILPIs. * *	Comm. *	ILPIs.
Patient 1	2,57	3,04	2,26	2,03	3,13	3,40	5,70	6,44
Patient 2	3,61	3,23	2,11	2,15	3,33	3,13	6,94	6,38
Patient 3	3,66	2,66	1,84	2,26	3,46	3,06	7,12	5,72
Patient 4	3,23	2,95	2,64	1,53	3,26	3,20	6,49	6,15
Patient 5	2,47	4,04	3,42	1,19	3,53	3,86	6,00	7,90
Patient 6	3,04	3,57	2,11	3,34	3,40	4,00	6,44	7,57
Patient 7	3,42	2,14	1,07	2,38	2,50	3,20	5,92	5,34
Patient 8	3,52	2,61	1,11	1,42	3,13	2,60	6,65	5,21
Patient 9	2,85	2,71	1,42	1,34	3,13	2,80	5,98	5,51
Patient 10	2,76	2,61	2,00	2,26	3,46	3,20	6,22	5,81
Patient 11	4,41	2,47	1,15	2,38	3,09	3,00	7,50	5,47
Patient 12	2,71	2,85	2,57	1,65	3,46	3,40	6,17	6,25
Patient 13	3,76	2,71	1,69	1,42	3,13	3,20	6,89	5,91
Patient 14	2,72	3,71	3,46	2,19	3,33	3,46	6,05	7,17
Patient 15	3,04	2,61	2,61	2,26	3,46	3,20	6,70	5,81
Patient 16	4,14		1,61		3,27		7,40	
Patient 17	3,42		1,26		3,20		6,62	
Patient 18	3,66		1,15		3,33		6,99	
Patient 19	3,04		2,38		3,46		6,50	
Patient 20	3,47		1,07		3,20		6,67	
Patient 21	2,52		1,80		3,60		6,12	
Patient 22	3,42		2,42		2,66		6,08	
Patient 23	3,42		1,30		2,70		6,12	
Patient 24	2,95		3,23		3,53		6,48	
Patient 25	3,80		2,00		2,80		6,60	
Patient 26	4,19		1,65		3,33		7,52	
Patient 27	4,23		2,38		3,33		7,56	
Patient 28	4,04		1,18		3,00		7,04	
Patient 29	4,52		1,00		3,13		7,65	

Legend: * Community: Community residents. ** ILPIs: Residents in long-term care facilities.

As shown in Table 4, in the group of institutionalized elderly people, the scores for the domain of positive aspects ranged from 2.14 (minimum) to 4.04 (maximum), while among community residents, these scores ranged from 2.47 to 4.52. The overall mean was 2.93 (± 0.512) for residents in ILPIs and 3.40 (± 0.587) for community-dwelling older adults.

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Table 4 - Descriptive statistics of the subjective well-being of elderly people living in the community and ILPIs

	Positive aspects		Negative aspects		Life satisfaction	
	Community	Nursing homes **	Community	ILPIs.	Comm.*	ILPIs.
Average	3.40 ±	2.93 ±	1.93 ±	1.99 ±	3.23 ±	3.25 ±
Standard deviation	0.587	0.512	0.722	0.546	0.283	0.356
Minimum	2.48	2.14	1.00	1.19	2.50	2.60
Maximum	4.52	4.04	3.46	3.34	3.66	4.00
Total						
W Shapiro Wilk	0.963	0.916	0.928	0.906	0.926	0.933
P Shapiro	0.963	0.169	0.048	0.116	0.044	0.305

Legend: * Common: Community residents. **
ILPIs: Residents in long-term care facilities.

In order to verify whether the differences observed between the domains of the Subjective Well-Being Scale (positive affect, negative affect, and life satisfaction) were statistically significant, a nonparametric analysis was performed using the Friedman test, followed by the Durbin-Conover post-hoc test. The results are described in Table 5.

Table 5 - Durbin-Conover test applied to the domains of the Subjective Well-Being Scale (EBES)

	Community residents		ILPIs	
	Statistics	P	Statistics	P
Positive – Negative	7.58	<0.001	5.71	<0.001
Positive – Life satisfaction	0.58	0.584	2.69	0.012
Negatives – Life satisfaction	7.00	<0.001	8.40	<0.001

The results of the Durbin-Conover test (Table 5) indicated significant differences between the domains of positive and negative affect, and between negative affect and life satisfaction, both for community residents and institutionalized individuals ($p < 0.001$). These findings suggest that the greater the presence of positive affect, the lower the intensity of negative affect and the greater the life satisfaction.

The comparison between positive affect and life satisfaction did not show a significant difference among community residents ($p = 0.584$), but it was significant for residents in ILPIs ($p = 0.012$), indicating that institutional support may be associated with a more favorable perception of life, even in the face of less autonomy.

DISCUSSION

The results reveal that, despite small numerical differences between the groups, there was no statistically significant difference in subjective well-being levels. The predominance of positive affect and the balance between domains indicate a satisfactory perception of well-being among the elderly evaluated. Current studies highlight that, for older adults living in ILPI (Institutions for the Care of the Elderly) s, vitality, mental health, physical and social functioning appear as the main determinants of subjective well-being, which shows that quality of life and SWB are strongly associated in older adult populations, regardless of the housing context. In this sense, empirical evidence shows that higher levels in these domains correlate positively with positive emotions and satisfying experiences, minimizing negative experiences and feelings of loneliness, which reinforces the importance of institutional practices that promote autonomy and social integration, even in environments with physical or functional restrictions[12].

Among the participants who responded to the EBES, 29 (65.9%) were community residents, while 15 (34.1%) resided in ILPIs. There was a predominance of females among participants in both groups, which is in line with national demographic trends, which indicate higher life expectancy among women and, consequently, a greater female presence in older age groups[9,13] .

The age difference between community residents and those in ILPIs may reflect the early admission of some elderly people to institutions, often related to factors such as physical frailty, lack of family support, and

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functional dependence, which reinforces the importance of the support network and family and social planning for dignified aging[14] .

The predominant self-declared race or color was white in both groups, a result that is consistent with the majority ethnic composition of southern Brazil (IBGE, 2022). Regarding religion, there was a significant prevalence of the Catholic faith, reaffirming the role of religious beliefs as a factor of emotional and spiritual protection in the aging process, favoring the coping with situations of loss, loneliness, and dependence[3] .

There were important differences in average income between the groups: community residents had incomes between one and three minimum wages, while ILPI residents mostly had incomes of up to one minimum wage. This disparity reinforces that socioeconomic vulnerability is one of the factors that can influence institutionalization, as pointed out by Ribeiro et al. (2023)[15] , and is also a determining factor in maintaining autonomy and access to health and leisure services.

Regarding marital status, it was found that most elderly people living in the community declared themselves married, while among ILPI residents, single people predominated. This difference highlights the central role of the family as a support network and as a variable associated with the elderly person's permanence at home, an aspect widely recognized in studies on care management and active aging[16,17] .

The sociodemographic profile identified in this study is similar to that described in other studies on the aging of the Brazilian population, in which a predominance of females among the elderly is observed[3,18,19] . Similarly, the study conducted by Souza and Silva (2023)[20] on subjective well-being in the elderly also highlighted a predominant age group close to that observed in this sample and the predominance of the Catholic religion as a striking characteristic.

In addition to sociodemographic variables, self-perception of quality of life was investigated, an essential dimension for understanding the factors that influence subjective well-being. This perception is considered a relevant indicator for coping with negative factors, strengthening positive emotions, and recognizing intrinsic aspects that contribute to personal satisfaction and meaning in life in old age[21,22,23,24,25] .

The predominance of the "good" rating in the self-assessment of quality of life suggests that, regardless of the type of housing, older adults perceive their living conditions positively. This perception, however, manifests itself in different ways: among community residents, it is associated with the preservation of autonomy and family relationships; among institutionalized residents, it reflects the protective role of social support and daily care provided by ILPIs[22,23,24,25] . These factors are fundamental for emotional strengthening and the preservation of positive mental health, directly reflecting on subjective well-being.

Overall, the averages obtained in the different domains of the Subjective Well-Being Scale reveal positive levels of well-being among the groups evaluated, indicating that both community-dwelling and institutionalized older adults maintain satisfactory perceptions of their own lives and emotional balance. These results reinforce the understanding that the type of housing alone does not determine subjective well-being, but interacts with individual, social, and environmental factors that modulate this experience in old age[4,5,7] . Additionally, an international systematic review showed that factors such as social support, religious participation, income satisfaction, and involvement in enjoyable activities are associated with higher levels of SWB in institutionalized older adults. These variables have equal or even greater weight than the physical environment in terms of their impact on these individuals' sense of belonging and social usefulness, and interdisciplinary interventions that value these dimensions in the daily life of ILPIs are recommended[26] .

In this context, the slight superiority observed in the average scores of positive affect among older adults living in their homes suggests that these participants experience pleasant emotions and favorable perceptions about daily life more frequently. However, as the standard deviations overlap and the difference was not statistically significant, this result should be interpreted only as a numerical variation and not as a real effect between the groups.

In practical terms, this slight advantage may be related to the greater degree of autonomy, family life, and control over daily routines of community residents, factors that favor the expression of positive affect, a sense of belonging, and the perception of social utility[3,19,27] . On the other hand, the institutional environment, although it implies less independence, may offer compensatory benefits, such as continuous professional support, security, and stability, which also contribute to the maintenance of subjective well-being and life satisfaction[28,29] .

This interpretation is corroborated by the numerical results obtained, in which the sum of the scores for positive aspects and life satisfaction was higher than that for negative aspects in all participants, according to the model proposed by Albuquerque and Tróccoli (2004)[7]. This predominance of positive emotions and personal satisfaction confirms satisfactory levels of subjective well-being among the elderly evaluated, regardless of the type of housing.

Despite the difference observed in the means of positive aspects, the

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analysis of standard deviations indicates no statistically significant difference between the groups. Even so, there is greater expressiveness of positive affect among community residents, which may be related to autonomy, the preservation of family ties, and a sense of social belonging. These results are consistent with evidence in the literature that points to positive emotions as determinants of quality of life, the ability to cope with finitude, and emotional resilience[5,19,20] . In addition, physical activity and involvement in enjoyable daily activities have been associated with increased positive emotions and improved cognitive and physical functioning, reinforcing the role of these experiences in strengthening psychological well-being[27] .

In the present study, negative aspects had lower means than positive ones, with a relatively homogeneous distribution (σ = 0.72 for residents and σ = 0.54 for residents in ILPIs). These results, also observed by Albuquerque and Tróccoli (2014)[7] and Teixeira et al. (2019)[30] , indicate moderate levels of negative affect in both groups, with no significant differences. The literature highlights that negative affect may be associated with clinical conditions such as chronic diseases, functional decline, and social isolation[3,18,19] , although these variables were not investigated in this study.

The presence of negative emotions is also related to variables such as advanced age, widowhood, and lack of a social support network, factors that can directly impact the perception of quality of life and increase emotional vulnerability. Despite this, the predominance of positive emotions suggests that participants have important emotional skills, such as resilience and affective regulation, which enable them to face adversity and maintain subjective balance[31,32] .

The dimension of life satisfaction, composed of items such as "I consider myself a happy person," "I am satisfied with my life," and "my living conditions are very good"[7], showed similar averages between the groups, with slightly higher values among residents of ILPIs. This perception may be related to the support structure offered in institutions, including recreational activities, monitoring by health professionals, and food security, factors that contribute to a sense of well-being and stability[28] . It is important to note that researchers have shown that, despite the functional limitations often present in ILPIs, the perception of subjective well-being tends to be modulated less by the presence or absence of disease than by the degree of involvement in meaningful social interactions and the psychological support available in the institution, showing that relational and contextual factors play a decisive role in SWB[33].

In general, the results indicate that both community residents and ILPI residents in the city of Caçador have positive levels of subjective well-being, with a slight average advantage for the community group in positive affect and for the institutionalized group in life satisfaction. These findings reinforce the understanding that subjective well-being is a multifactorial phenomenon, dependent on individual, contextual, and emotional variables, and not just on the type of housing. Another relevant finding concerns the influence of optimism, gratitude, and continuous professional support in the institutional context, which are associated with better levels of SWB in elderly residents in institutions. The literature suggests that institutional programs promoting positive emotions and strengthening bonds, including psychological counseling and activities expressing gratitude and optimism, can serve as effective strategies for coping with loss and feelings of dependence[34].

In line with the National Health Policy for Older Adults[35] , the data reinforce the importance of promoting autonomy, strengthening social bonds, and creating protective environments as fundamental strategies for maintaining well-being and quality of life in old age. In this regard, there are clear recommendations in [the] literature regarding the implementation of educational practices aimed at promoting self-care, autonomy, and the integration of social support networks in ILPIs, since such strategies have proven effective in raising BES, as recent interdisciplinary studies suggest. This is something that can not only improve overall health, but also promote active aging and social inclusion in institutional environments.

However, the small sample size and cross-sectional design of the study are limitations that do not allow causal relationships to be established. Similar limitations are reported by several authors[37,38,39] , who point out that small samples can compromise the accuracy of estimators and restrict the generalization of results, in addition to requiring caution in statistical inferences, especially when samples are convenience samples or restricted to specific segments of the elderly. Cross-sectional studies, in turn, make it difficult to monitor well-being dynamics throughout aging and identify temporal or causal factors. The literature recommends longitudinal designs and more comprehensive samples for greater scientific robustness.

Despite these limitations, the findings provide relevant insights into subjective well-being in different housing contexts, which corroborates research showing that even studies with sample limitations can contribute significantly to informing public policies and interventions aimed at promoting mental health and quality of life among older adults, especially when the analyses involve aspects of resilience, social support, perceived health, and community participation.

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CONCLUSION

The results of this study showed slightly higher averages of positive affect among older adults living in the community, while negative affect was slightly more prevalent among residents of ILPIs, with no statistically significant differences between the groups. In the domain of life satisfaction, a tendency toward higher scores was observed among institutionalized older adults, possibly due to the support offered by institutions, which includes multidisciplinary care, recreational activities, and a structured environment.

The similar standard deviations between the groups suggest statistical balance and indicate that, regardless of the housing context, the elderly people evaluated maintain satisfactory and comparable levels of subjective well-being. This finding reinforces the understanding that well-being in old age is a multidimensional phenomenon, resulting from the interaction between emotional, relational, and contextual factors, rather than the type of residence.

The positive perception of quality of life observed among participants reflects attitudes of social engagement, autonomy, and active participation in daily activities, highlighting the role of interpersonal relationships and social interaction in maintaining mental and emotional health. These elements show that the family and community support network plays a fundamental role in healthy aging and the prevention of psychosocial disorders.

It can therefore be concluded that older adults living in the city of Caçador-SC have satisfactory levels of subjective well-being, both among those who live independently in the community and among those who are institutionalized. These results reinforce the importance of understanding aging as an integrated process that goes beyond biological aspects and encompasses social, emotional, and cultural dimensions.

Given the continuous growth of the elderly population in the municipality and in the country, there is a reinforced need for public policies that encourage active aging, social inclusion, and the strengthening of support and care networks. It is also recommended that longitudinal and multicenter studies be conducted, with larger samples and the integration of psychological, social, and contextual variables, capable of supporting intersectoral strategies for promoting the mental and emotional health of the elderly population.

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