THE GERONTOLOGICAL SOCIETY OF AMERICA®

Journals of Gerontology: Social Sciences
cite as: *J Gerontol B Psychol Sci Soc Sci*, 2021, Vol. 76, No. 2, 425–434
doi:10.1093/geronb/gbaa172
Advance Access publication November 28, 2020

OXFORD

Research Article

Social Exclusion and Subjective Well-being Among Older Adults in Europe: Findings From the European Social Survey

Sunwoo Lee, PhD*

Faculty of Physical Education and Sport, Charles University, Prague, Czech Republic.

*Address correspondence to: Sunwoo Lee, PhD, Faculty of Physical Education and Sport, Charles University, José Martího 31, Prague 6, 162 52, Czech Republic. E-mail: lee@ftvs.cuni.cz

Received: May 26, 2020; Editorial Decision Date: September 28, 2020

Decision Editor: James M. Raymo, PhD

Abstract

Objectives: The current study aims to examine how social exclusion is related to subjective well-being in older adults across different European regions.

Methods: European population-based cross-sectional study design was employed using data sampled from the eighth round of the European Social Survey (ESS). Multiple items for social exclusion were used in this round, including household income, civic participation, frequent meetings with friends and relatives, basic health services, and neighborhood cohesion. Life satisfaction, happiness, and self-rated general health were also assessed. An ANOVA was performed to examine the regional differences related to social exclusion and subjective well-being, while a regression analysis was used to examine the relationship between the social exclusion and subjective well-being.

Results: There were significant regional differences in the social exclusion and subjective well-being of older Europeans. In addition, older adults in the Nordic nations are more likely to indicate higher levels of subjective well-being and lower levels of social exclusion, while older adults from Central and Eastern European nations tend to report lower levels of subjective well-being and higher levels of social exclusion. Material resources and basic services are highlighted as the most important domains pertaining to life satisfaction, happiness, and general health.

Discussion: The study findings reinforce the inequality in subjective well-being linked to social exclusion across different societies. Both global and country-specific exclusion models in later life should be implemented in order to enhance comparable research and provide insight into EU and national guidelines for interventions to diminish social exclusion.

Keywords: Cross-cultural difference, Life satisfaction, Self-rated health, Social exclusion

Old age social exclusion involves multiple disadvantages that are derived from various factors including ageism, low socioeconomic status, declined social network, poor health, and urbanization (Ellwardt et al., 2014; Fokkema et al., 2012; Tavernier & Aartsen, 2019; Walsh et al., 2017). Studies have shown that poor socioeconomic status significantly influences old age poverty, which, in turn, limits opportunities for travel, social participation, and interaction (e.g., Burholt et al., 2020; Chen et al., 2015). Negative life events, such as spousal bereavement, also significantly worsen the experience of social exclusion, including feelings of isolation and loneliness (Cavalli & Bickel, 2007; MacLeod et al., 2019). Moreover, the prevalence of ageism and poor socioeconomic status in the neighborhood negatively contributes to neighborhood social integration above and beyond the effects of one's health and mobility limitations (Vitman et al., 2014). These studies have suggested that old age social exclusion involves multifaceted aspects that are also intercorrelated.

Scharf and Keating (2012) suggested five underlying domains of social exclusion that pertain to different aspects of exclusion in old age: material and financial resources (e.g., income, material security), civic activities (e.g., political decision-making, community volunteering), social relations (e.g., meaningful relationships with family and friends, social support), basic services (e.g., social and health care, access to information), and neighborhood cohesion (e.g., favorable residential setting). Each exclusion domain helps to explain an individual's different experience and levels of social exclusion. For example, some older adults may display all of the underlying aspects of social exclusion, while others may show greater levels in one aspect than in others (e.g., affluent in materials and service, but lack informal social support). Therefore, it is assumed that older adults who tend to exhibit high levels across the five underlying domains of social exclusion are more likely to be at greater risk of old age social exclusion.

It is further important to note that the discourse of old age exclusion should reflect the complexity of historical, sociocultural, and political contexts. For example, European older cohort aged 65 years and older have experienced drastic social and political changes throughout their whole lifespan from World War II to the formation of the European Union (EU) between the 1930s and1950s (van Herk & Poortinga, 2012). In particular, after the end of the World War II, economic and military confrontation between the United States and the Soviet Union, so called Cold War, significantly formed the *economic and social* polarization between Western and Central/Eastern European nations. Roughly speaking, being supported by the United States, Western parts of Europe achieved rapid economic recovery and developed democratic or polyarchic political systems and effective governments; while countries of the former Soviet Union faced a severe recession and social instability. Older cohort in those post-communist societies spent their majority of adulthood in turbulent times of transitioning to democratic governance and acceding to the EU. On the other hand, those European nations which remained under the policy of neutrality during the World War II such as Denmark, Sweden, Norway, and Switzerland, more effectively rebuilt the shattered economy because they were less affected by the war. Also, Scandinavian identity facilitated a strong economic growth and advanced welfare regimes by strengthening the solidarity between Nordic nations.

While the EU gradually assimilated more Central and Eastern countries, economic reformation and educational and cultural supports significantly increased to tackle the socioeconomic gap between the EU member states and EU-associated nations. However, studies show that socioeconomic inequality in Europe has been little abating (Rakauskiene & Volodzkiene, 2017). Also, overflowing immigration to the affluent Western societies led to induce the institutional and structural discrimination across European societies such as growing aversion to immigrants (Law & Kovats, 2018). That is, diverse historical background and socioeconomic gap of many years' standing between Western/Nordic and East Bloc nations are an underlying cause in determining old age social exclusion in Europe today.

Scholars argue that historical, cultural, economic, and policy differences and similarities between the nations shape variation in European older cohort's life trajectory, material living, emotional processes, and coping with aging adversities (Craveiro, 2017; Dobewall et al., 2017; Gil-Lacruz et al., 2017; Meñaca et al., 2012; Westerhof et al., 2003). Swift et al. (2018) stress that cultural meaning of old age, such as stereotyped ways to perceive old age in a society, and social system significantly inform older adults' age identities, later-life social roles, and aging experience either positively or negatively. Meñaca et al. (2012) revealed that cultural factors such as the importance of religion and family ties in Southern Europe greatly affect older adults' preference for end-of-life care such as a higher preference for dying at home and low prevalence of using advance directives compared to northern European countries. Ogg (2005) showed that different types of welfare from the Nordic, Mediterranean, and post-socialist European nations were significantly related to old age social exclusion in later life. Older adults in the Nordic nations, as well-known for the advanced welfare regimes, were less likely to be socially excluded compared to their counterparts in Mediterranean and post-socialist nations. A recent study also revealed that older adults from Western nations are more likely to use preventive health services and health care services compared to their counterparts from Southern Europe (Borboudaki et al., 2020). Walsh et al. (2017) pointed out that social-cultural aspects are crucial to understanding old age exclusion that involves ageism, discrimination, and identity exclusion. They further argued that existent literature has focused more on neighborhood cohesion, provision of and access to services, social relations, and material resources, but sociocultural aspects and civic participation related to the social exclusion in old age should be further examined.

The literature has shown that later-life social exclusion is significantly and negatively associated with health and quality of life outcomes of the older adults (e.g., Croda, 2015; Lee & Cagle, 2018; Papazoglou & Galariotis, 2019; Precupetu et al., 2019; Sacker et al., 2017; Wethington et al., 2016). Sacker et al. (2017) examined a longitudinal association between social exclusion (service provision and access, civic participation, and social relations and resources) and health outcomes among older adults in the United Kingdom. They found that those individuals who were socially excluded were more likely to report long-term illness/disability and score lower on a general health index and for self-rated health. Hajek and König (2019) similarly reported that

social exclusion was significantly related to self-rated health among German older adults. Croda (2015) found that those older adults who experienced material and social deprivation were more likely to show perceived pain. Precupetu et al. (2019) examined four subdimensions of social exclusion (i.e., social relations, material resources, services, and neighborhood) and showed that declined mental well-being was significantly related to different social exclusion measures among older adults in Romania above the effects from marital status, chronic illness, having children, and education. According to Scharf et al. (2005), nearly 70% of older adults in deprived urban areas, where ranked as above-average rates of unemployment and crime, poor housing conditions, and a lack of amenities and services, reported that they experienced social exclusion to some extent across such as feeling very unsafe when out alone after dark and non-participation in civic activities. The respondents' sociodemographic variables (i.e., education, ethnicity, housing), health, and quality of life were significantly associated with multiple forms of social exclusion.

Moreover, studies have shown that a significant gap exists in the relationship between social exclusion and quality of life outcomes within *and* across societies (Mackenbach, 2006; Ogg, 2005; Präg et al., 2016; van Groenou et al., 2006; Von Dem Knesebeck et al., 2007). Similarly, Dahlberg and McKee (2018) revealed a significant association between social exclusion and well-being, but, more importantly, they showed that, in rural areas, neighborhood exclusion explained more variance in self-rated health and psychological well-being, while, in urban areas, exclusion from services explained more variance in well-being. According to Tomini et al. (2016), older adults in Western and Northern European nations tend to report larger social networks of family and friends compared to their counterparts in Eastern and Southern European countries; while the positive relationship between the network size and life satisfaction is consistent across different nations.

Interestingly, however, Niedzwiedz et al. (2014) found that socioeconomic disparity in life satisfaction varied depending on different welfare regimes. For example, socioeconomic inequalities in older adults' life satisfaction were meager in Scandinavian (Denmark, Sweden) and Bismarckian regions (Austria, Belgium, France, Germany, The Netherlands, Switzerland); while older adults in some post-communist (Czech Republic, Poland) and Southern (Greece, Italy, Spain) nations were more likely to report lower life satisfaction and greater socioeconomic disparities in life satisfaction as well. Samuel and Hadjar (2016) argued that advanced and larger welfare states (e.g., social-democratic welfare-state) help facilitate more equitable distribution of well-being in aging populations. It is also often observed that older adults' isolation is significantly related to different cultural norms and welfare regimes; prevalence of loneliness in older adults is significantly higher in Southern and Eastern Europe compared to their counterparts in Western and Northern Europe (Hansen & Slagsvold, 2016; Nyqvist et al., 2019). All of this suggests that a significant difference would exist in the association of social exclusion and subjective well-being in European older adults.

Incorporating cross-cultural perspectives on old age social exclusion and well-being, the current study (a) provides a greater information about different forms of social exclusion experienced by European older adults, (b) examines the complex relationships between the underlying domains of old age social exclusion, and (c) further investigates how social exclusion is related to subjective well-being across different European nations. The study findings contribute to the existing knowledge about social exclusion in older age by measuring varied forms of social exclusion and its association with subjective well-being.

Research Design and Methods

Study Design and Sample Frame

A cross-sectional study design was used. The study data were sampled from the European Social Survey (ESS8-2016) and a total number of 10,768 individuals aged 65+ from 23 European countries were analyzed (mean = 73.75 years, *SD* = 6.67; male 43%). Among the respondents, 66% were married, 23% were widowed, 5.6% were separated or divorced, and 3.7% were never married. The respondents' education levels were recorded using the International Standard Classification of Education 1997 (ISCED 97): ISCED 1—Primary level of education (27.25%); ISCED 2—Lower secondary level of education (23.3%); ISCED 3—Upper secondary level of education (28.8%); ISCED 4—Post-secondary, non-tertiary education (8.8%); ISCED 5—First stage of tertiary education (3.9%); and ISCED 6—Second stage of tertiary education (7.7%).

The study sample was divided into four categories based on geo-political distribution: Nordic (Finland, Iceland, Norway, Sweden; 3.7%); Western (Austria, Belgium, Switzerland, the Netherlands, Germany, France, United Kingdom, Ireland; 45.2%); Central and Eastern (Czech Republic, Poland, Hungary, Lithuania, Estonia, Slovenia, Russia Federation; 29.3%); and Southern (Spain, Italy, Portugal; 21.8%).

Measurement

Multiple items were used to assess the five domains of social exclusion.

Material resources

The respondents were asked to indicate how they felt about their households' incomes using a 4-point Likert scale,

between 1 (very difficult) and 4 (living comfortably on present income).

Civic participation
The respondents were asked to indicate their confidence level in their abilities to participate in politics using a 5-point Likert scale, between 1 (not at all confident) and 5 (completely confident).

Social relations
The respondents were asked to indicate how often they socially met with friends, relatives, or colleagues using a 7-point Likert scale, between 1 (never) and 7 (every day).

Basic services
The respondents were asked to indicate how they perceived the state of the health services in their countries using a 10-point Likert scale, 0 (extremely bad) and 10 (extremely good).

Neighborhood cohesion
The respondents were asked to indicate how they felt about the safety of walking alone in local areas after dark using a 4-point Likert scale, 1 (very unsafe) and 4 (very safe).

Three questionnaire items were used to measure the respondents' subjective well-being: life satisfaction, happiness, and self-rated general health. Life satisfaction was measured using a single questionnaire item (i.e., How satisfied with life as a whole as you?) with a 10-point Likert scale, ranging from 0 (extremely dissatisfied) to 10 (extremely satisfied). Happiness was measured using a single questionnaire item (i.e., How happy are you?) with a 10-point Likert scale, ranging from 0 (extremely unhappy) to 10 (extremely happy). The respondents were also asked to indicate their general health conditions using a 5-point Likert scale, ranging from 1 (very bad) to 5 (very good). The measured variables were weakly to moderately correlated with one another, between .056 and .671 (see Supplementary Appendix A).

Data Analysis

An ANOVA test was performed to examine the differences in social exclusion and subjective well-being across the four European regions, while regression analyses were performed to examine the relationship between social exclusion and subjective well-being. The covariates in the regression analyses included major predictor variables and sociodemographic variables, such as gender, age, marital status, household size, and education level. The supplied weights (i.e., population size weight and design weight) were applied to adjust for selective nonresponse. The data preparation and analyses were conducted using IBM SPSS Statistics 20.

Results

Cross-cultural Differences in Social Exclusion and Subjective Well-being

The ANOVA test indicated that significant differences existed in regard to social exclusion and subjective well-being across the Nordic nations as well as Western, Central and Eastern, and Southern Europe (see Table 1). Older adults in the Nordic societies were less likely to experience social exclusion, while older adults from the Central and Eastern societies were more likely to report social exclusion in material resources, civic activities, social relations, and basic services. The Southern nations indicated below average perceived neighborhood cohesion. Regarding subjective well-being, older adults from the Nordic nations were more likely to score high on satisfaction and general health compared to their counterparts from other European regions.

Table 1. Mean Differences in Social Exclusion and Subjective Well-being

	Mean (*SD*)					
	All	Nordic	Western	Central and Eastern	Southern	Significance
Social exclusion						
Material resources	2.94 (0.87)	3.44 (0.65)	3.34 (0.67)	2.31 (0.79)	2.85 (0.84)	.000
Civic participation	1.90 (0.95)	2.09 (0.97)	2.18 (1.01)	1.55 (0.89)	1.74 (0.91)	.000
Social relations	4.47 (1.74)	5.07 (1.40)	4.83 (1.49)	3.59 (1.83)	4.75 (1.76)	.000
Basic services	5.45 (2.63)	6.53 (2.22)	6.43 (2.19)	3.71 (2.47)	5.51 (2.59)	.000
Neighborhood cohesion	2.90 (0.34)	3.20 (0.76)	2.88 (0.86)	3.02 (0.76)	2.70 (0.84)	.000
Subjective well-being						
Being satisfied with life	6.83 (2.34)	8.06 (1.50)	7.58 (1.71)	5.95 (2.17)	6.92 (1.96)	.000
Being happy	7.14 (2.11)	8.09 (1.56)	7.72 (1.74)	6.12 (2.35)	7.13 (2.11)	.000
General health	3.20 (0.92)	3.63 (0.87)	3.50 (0.87)	2.74 (0.79)	3.14 (0.88)	.000

Note: Material resources (feeling about household's income); civic engagement (ability to participate in politics); social relations (meeting with friends, relatives or colleagues); basic services (state of health services); and neighborhood cohesion (feeling of safety in local area after dark).

In addition, Scheffe post hoc tests provide detailed information on which pairs of means are statistically significant (see Supplementary Appendix B).

Relationship Between Social Exclusion and Subjective Well-being

The regression analysis showed that the social exclusion variables were significantly related to life satisfaction across the four European populations, while the magnitude and significance of the association between social exclusion and subjective well-being varied. Specifically, among older adults in Western and Central and Eastern nations, life satisfaction was significantly associated with the five indicators of social exclusion. In Nordic and Southern nations, however, civic engagement did not predict life satisfaction. Of the social exclusion indicators, material resources (i.e., household income) and basic services (i.e., state of health services) were highly related to life satisfaction among older Europeans. Social exclusion indicators explained 28.5% of the variance in life satisfaction in the total sample, 14.4% for the Nordic nations, 19.5% for Western nations, 26.7% for Central and Eastern nations, and 21.6% for Southern nations. Table 2 provides a summary of the statistically significant standardized estimates of the path coefficients between social exclusion and life satisfaction across the European populations.

Similarly, the regression analysis showed that the social exclusion variables were significantly related to a sense of happiness across the four European populations. Among older adults from Western and Central and Eastern nations, happiness was significantly associated with the five indicators of social exclusion. In Nordic and Southern nations, however, civic engagement did not predict happiness among older adults. Additionally, in the Nordic populations, social relations were not associated with happiness. In Western and Central and Eastern nations, material resources were highly related to happiness, while, in Southern nations, social relations were the most important predictor of happiness. In Nordic nations, material resources, basic services, and neighborhood cohesion were also predicted for happiness. The social exclusion indicators explained 24.2% of the variance in happiness in the total sample, 10.4% for the Nordic nations, 14.3% for Western nations, 18.1% for Central and Eastern nations, and 23.0% for Southern nations. Table 3 provides a summary of the statistically significant standardized estimates of the path coefficients between social exclusion and happiness across the European populations.

Self-rated general health was significantly related to social exclusion in European older adults. In Nordic nations, material resources and neighborhood cohesion were predictive of general health. In Western nations, material resources, social relations, basic services, and neighborhood cohesion were significantly associated with general health, but civic engagement was not associated with it. In Southern nations, material resources, civic engagement, basic services, and neighborhood cohesion were related to general health, but social relations was not associated with it. For the respondents from Central and Eastern nations, all of the social exclusion indicators were significantly related to general health. Material resources (i.e., household's income) and basic services (i.e., state of health services) appeared to be the strongest predictors of general health in European older adults. The social exclusion indicators explained 21.2% of the variance in general health in the total sample, 12.1% for the Nordic nations, 9.3% for Western nations, 18.6% for Central and Eastern nations, and 15.2% for Southern nations. Table 4 provides a summary of the statistically significant standardized estimates of the path coefficients between social exclusion and general health across the European populations.

Discussion and Implications

This study examined social exclusion and subjective well-being among older adults in Europe. The results reinforced that a high discrepancy exists in regard to old age social exclusion across European regions. As expected, older adults from Nordic nations were more likely and significantly to score low for social exclusion, and high

Table 2. Summary of the Statistically Significant Standardized Estimates of Path Coefficients Between Social Exclusion Indicators and Life Satisfaction

	Dependent variable—life satisfaction				
Predicting variables	All	Nordic	Western	Central and Eastern	Southern
Material resources	.33 (33.65)***	.19 (3.77)***	.30 (21.98)***	.33 (18.98)***	.23 (10.67)***
Civic participation	.04 (4.60)***	*ns*	.05 (3.44)**	.05 (2.84)**	*ns*
Social relations	.11 (14.58)***	.11 (2.14)*	.09 (6.89)***	.08 (4.92)***	.16 (7.57)***
Basic services	.22 (23.11)***	.25 (5.07)***	.23 (16.23)***	.22 (13.38)***	.18 (8.40)***
Neighborhood cohesion	.09 (9.57)***	.13 (2.57)*	.05 (3.33)**	.16 (9.43)***	.08 (3.85)***
R^2	.285	.144	.195	.267	.216

Notes: ns = nonsignificant. Analysis controlled for demographic variables. Sample data were appropriately weighted.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 3. Summary of the Statistically Significant Standardized Estimates of Path Coefficients Between Social Exclusion Indicators and Happiness

	Dependent variable—being happy				
Predicting Variables	All	Nordic	Western	Central and Eastern	Southern
Material resources	.27 (26.50)***	.15 (2.95)**	.21 (14.80)***	.29 (15.66)***	.15 (7.00)***
Civic participation	.03 (3.44)**	*ns*	.03 (2.18)*	.06 (3.09)**	*ns*
Social relations	.13 (14.67)***	*ns*	13 (9.18)***	.07 (3.61)***	.22 (10.69)***
Basic services	.16 (16.56)***	.17 (3.51)**	.16 (11.66)***	.11 (6.09)***	.12 (6.01)***
Neighborhood cohesion	.07 (7.92)***	.12 (2.82)*	.04 (2.72)**	.16 (8.85)***	.09 (4.35)***
R^2	.242	.104	.143	.181	.230

Notes: : ns = nonsignificant. Analysis controlled for demographic variables. Sample data were appropriately weighted.
*p < .05. **p < .01. ***p < .001.

Table 4. Summary of the Statistically Significant Standardized Estimates of Path Coefficients Between Social Exclusion Indicators and Subjective General Health

	Dependent variable—general health				
Predicting variables	All	Nordic	Western	Central and Eastern	Southern
Material resources	.24 (22.90)***	.23 (4.57)***	.18 (12.49)***	.18 (9.58) ***	.12 (5.19)***
Civic participation	.07 (7.59)***	*ns*	*ns*	.09 (5.06)***	.12 (5.38)***
Social relations	.09 (9.42)***	*ns*	.06 (3.88)***	.08 (4.41)***	*ns*
Basic services	.12 (11.94)***	*ns*	.08 (5.85)***	.07 (3.94)***	.08 (3.82)***
Neighborhood cohesion	.05 (5.54)***	.17 (3.28)**	.10 (6.88)***	.07 (3.91)***	.12 (5.46)***
R^2	.212	.121	.093	.186	.152

Notes: : ns = nonsignificant. Analysis controlled for demographic variables. Sample data were appropriately weighted.
**p < .01. ***p < .001.

for subjective well-being. Older adults from Central and Eastern European nations were more likely to score low for subjective well-being and high for social exclusion. For example, older adults in Western and Nordic nations were more likely to be satisfied with the state health services compared to their peers in Central and Eastern European nations. Accessibility, affordability, and quality of health services are significantly related to older adults' positive health outcomes, particularly, in materially deprived older adults (Mackenbach, 2006; Myck et al., 2019; Präg et al., 2016). Policy makers and public health authorities in Central and Eastern nations should improve aging policy including pensions and social and health care services in order to better compensate for the status differences in health and quality of life.

Results also revealed that social exclusion was closely associated with the older adults' subjective well-being regardless of different geopolitical regions. However, the social exclusion pathway to subjective well-being varied across different European regions. Of the five exclusion domains, material resources and basic health services largely accounted for European older adults' subjective well-being. In Nordic nations, basic health services were the most significant factor in regard to life satisfaction and happiness. Although retirement pensions and social insurance were well guaranteed across the social care regimes in Europe, household income tends to decrease after retirement. In addition, many older adults who were unemployed (e.g., housewife); were employed, but in an unstable way (e.g., casual laborer); or involuntarily retired early, might experience very limited financial support and material resources in old age. Furthermore, as extended life expectancy allows for prolonged workforce participation by older adults, ageist policy and employment discrimination may worsen older adults' material living standards. Study results suggest that older adults' basic livelihoods and access to care services should be secured through national social security systems so that they can lead independent lives. Advanced pay and conditions for aging workforce should be better promoted via active aging policy and cultural advocacy in the long-term perspective.

Perceived neighborhood cohesion appeared to be consistently associated with life satisfaction, happiness, and general health across the European populations. Previous studies have shown that poor neighborhood environments are a risk factor for old age exclusion (e.g., Chen et al. 2015; Scharf et al., 2005; Vitman et al., 2014). According to Chen et al. (2015), for example, older adults who have long-term illnesses or disabilities, living alone, and have low economic status are more likely to be concentrated

in neighborhoods with higher rates of crime and poverty, which, in turn, increases old age exclusion. Baranyi et al. (2020) also showed that the significant relationship between perceived neighborhood disorder and social cohesion and mental health was consistent among older adults in United Kingdom, United States, and other European nations. Although our study results reinforce the role of the neighborhood in old age social exclusion, interestingly, neighborhood cohesion was the least important factor compared to other forms of social exclusion. This result, however, does not necessarily underestimate the impact of neighborhood characteristics on old age social exclusion, but, rather, suggests that, when other adversities are combined, older adults' subjective well-being is more likely to be influenced by different forms of exclusion that are directly associated with their daily living such as financial resources and basic services.

The role of social relations in older adults' subjective well-being varied across different regions. Results showed that social relations were the most important predictor of happiness in Southern nations, and were also significantly related to perceived health in Western and Central and Eastern European nations. Sufficient empirical evidence exists to show the impact of positive social interaction and support on health and quality of life among older adults (e.g., Andrews & Withey, 2012; Huxhold et al., 2013; Netuveli et al., 2006; Nyqvist et al., 2019). However, this may not always the case. Results indicated a contradictory finding that social relations were not associated with happiness in Nordic nations, and were not associated with general health in both Nordic and Southern nations. The difference in the results between the Nordic and Southern sample in relation to happiness might be because of the different attitudes toward and meaning of social networks. For example, due to highly valued individualism and independency as a preferred way of life for Nordic Europeans, older adults in Nordic nations might not consider social interactions and social support as key elements of good later life. On the contrary, Southern nations are considered to be highly family-oriented and spending time in the company of family and friends is an important daily and leisure activity for older adults. Therefore, the presence of close social networks and interactions with them play an important role in experiencing positive emotions, such as feeling happiness.

Civic engagement appeared to be the least important factor for subjective well-being in European older adults. Specifically, perceived confidence to participate in politics was not related to life satisfaction and happiness in Nordic and Southern nations. In Nordic and Western nations, civic participation was not related to general health. An ANOVA analysis showed that older adults from Nordic and Western nations were more likely to express confidence in their abilities to engage in politics than their counterparts in Southern and Central and Eastern Europe.

Putting it all together, in Nordic nations, citizenship might be highly congruous with the practices of daily life. A higher sense of gender equity and the relations between the labor, management, and government also positively promote senior citizens' empowerment and civic engagement in Nordic nations. Therefore, civic participation may not necessarily play a role in determining the subjective well-being of aging populations in Nordic societies.

On the other hand, as Southern nations were less likely to express confidence in their abilities to participate in politics, it is likely that they consider civic participation less relevant to satisfaction with their everyday life or a sense of happiness. Further, older adults in Central and Eastern nations experienced state socialism longer than their current post-socialist politics and economics. Therefore, many older adults in many post-socialist European societies (e.g., Poland, Czech Republic) may lack experience practicing democratic legitimacy (e.g., voting, protesting). Relatively lower level of education and gender equity among older cohort in Central and Eastern Europe might also degrade older adults' confidence to engage in political decisions (Ekman et al., 2016). Studies often noted that older adults in Central and Eastern nations are less likely to participate in other forms of civic activities such as volunteering and community service compared to their counterparts in Nordic and Western Europe (e.g., Hank & Erlinghagen, 2010). This result, however, should be interpreted cautiously not to intensify perceived stereotypes of cultural superiority across Europe. Older adults' civic participation should be further explored based on a deeper understanding of the different historical backgrounds and political situations of the specific national contexts.

The current study empirically documents different patterns in social exclusion and subjective well-being across Europe's aging populations. Study findings well-support a global model of social exclusion in later life that includes multiple items for financial and material exclusion, neighborhood exclusion, civic participation, access to services, and social relations (Scharf & Keating, 2012; van Regenmortel et al., 2016; Walsh et al., 2017). Despite convergence in economic growth in Central and Eastern Europe, study findings provide clear indications of development divergence and gap in perceived health and well-being between nations in Europe. In Central and Eastern European regions, all five domains of social exclusion were significantly related to life satisfaction, happiness, and general health, while, in Western nations, life satisfaction and happiness were associated with all five domains. The results also revealed variations in the availability of material resources and basic services, and their impact on subjective well-being among the different European regions. Building on this findings, different needs and priorities should be incorporated into the structural and policies provisions, particularly, in those countries with stronger links between social exclusion and subjective well-being.

Yet beyond the study findings, several limitations should be discussed. First, as the current study is built on a secondary database employing a cross-sectional analysis, the measure of social exclusion was limited. In the current study, each exclusion domain was assessed using a single questionnaire item. Therefore, it might be questionable as to whether the semantic meaning of each exclusion domain was adequately assessed. Further, other salient forms of age discrimination and old age social exclusion (e.g., ageism) were not examined because our data provided insufficient information. Future studies should employ multiple items that better pertain to the meaning of each domain of social exclusion, both conceptually and empirically.

A second limitation arises from the geo-political categorization of the sample data; Nordic, Western, Central and Eastern, and Southern. Nations clustered together tend to share relatively similar economic levels and sociocultural characteristics. However, the association between social exclusion and subjective well-being may not be equally applicable to the nations in the same category. For example, the current study considered German, Switzerland, and France in the same category that represents Western nations. According to Von Dem Knesebeck et al. (2007), a relatively small socioeconomic differences in regard to quality of life existed in a sample for Switzerland, while comparatively large differences existed in Germany. Albertini and Pavolini (2017) revealed that income significantly predicted older adults' use of formal care in German, but not in France; home ownership was reversely associated with the likelihood of formal care utilization in German. That is, the relationship between material resources and the use of formal care might vary between Western European nations, and heterogeneity might exist in a society. Some may also argue that the British Isles, such as Ireland and United Kingdom, should be considered to be distinguished from Western Europe because Ireland and United Kingdom more correspond to different social regime (i.e., liberal) compared to other Western European nations with strong conservative welfare regimes such as Germany (van Hoof et al., 2009; van Regenmortel et al., 2016; Wallace et al., 2015). In this respect, the current study motivates future research that examines both global and country-specific exclusion models in order to better examine the regional inequality and social exclusion, which would enhance comparable research and provide insight into EU and national guidelines related to interventions aimed at diminishing social exclusion.

Lastly but also importantly, the effect of sociodemographic and health variables was deemphasized in the current investigation. Social exclusion has been significantly associated with sociodemographic and health variables, such as gender, age, nationality, socioeconomic status, marital status, presence of chronic illness, and limitations of daily living activities (Ellwardt et al., 2014; Präg et al., 2016; van Groenou et al., 2006). In our investigation, significant associations between social exclusion and subjective well-being remained when sociodemographic variables were controlled for, but these variables were not taken into account when interpreting the results. Further, study findings lack consideration of the cultural characteristics, such as religion, language, ethics and value, that are more subtle, but also important factors to explain social exclusion in old age, in particular, among those older immigrants in Europe. Therefore, study results were discussed from a more general standpoint (i.e., differences between four European regions), but barely discussed from older adults' understanding of specific position in his or her society. Future studies may use such variables to better contextualize old age social exclusion and its various pathways to well-being.

Supplementary Material

Supplementary data are available at *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* online.

Funding

The current study was funded by the Primus Research Programme at Charles University [Primus/19/HUM/12]. None of the funding bodies had any role in study design, data collection, data analysis, data interpretation, or writing of the report.

Conflict of Interest

None declared.

Author Contribution

S. Lee conceptualized and designed the study, performed all statistical analyses, and wrote and revised the manuscript.

References

Albertini, M., & Pavolini, E. (2017). Unequal inequalities: The stratification of the use of formal care among older Europeans. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, **72**(3), 510–521. doi:10.1093/geronb/gbv038

Andrews, F. M., & Withey, S. B. (2012). *Social indicators of well-being: Americans' perceptions of life quality*. Springer Science & Business Media.

Baranyi, G., Sieber, S., Cullati, S., Pearce, J. R., Dibben, C. J. L., & Courvoisier, D. S. (2020). The longitudinal associations of perceived neighborhood disorder and lack of social cohesion with depression among adults aged 50 years or older: An individual-participant-data meta-analysis from 16 high-income countries. *American Journal of Epidemiology*, **189**(4), 343–353. doi:10.1093/aje/kwz209

Borboudaki, L., Linardakis, M., Markaki, A. M., Papadaki, A., Trichopoulou, A., & Philalithis, A. (2020). Health service utilization among adults aged 50+ across eleven European countries (the SHARE study 2004/5). *Journal of Public Health*, 1–11. doi:10.1007/s10389-019-01173-2

Burholt, V., Winter, B., Aartsen, M., Constantinou, C., Dahlberg, L., Feliciano, V., De Jong Gierveld, J., Van Regenmortel, S., & Waldegrave, C.; Working Group on Exclusion from Social Relations, part of the COST-financed Research Network 'Reducing Old-Age Exclusion: Collaborations in Research and Policy' (ROSENet). (2020). A critical review and development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*, **17**(1), 3–19. doi:10.1007/s10433-019-00506-0

Cavalli, S., & Bickel, J. F. (2007). Exclusion in very old age: The impact of three critical life events. *International Journal of Ageing and Later Life*, **2**(1), 9–31. doi:10.3384/ijal.1652-8670.07219

Chen, Y., Edossa, A., & Morrow-Howell, N. (2015). Social exclusion among older adults: A spatial analysis using geographic information system (GIS). *The Gerontologist*, **55**(Suppl. 2), 93. doi:10.1093/geront/gnv499.02

Craveiro, D. (2017). Ties and inequalities in later life: Welfare state regime and the role of social networks in health inequalities in later life in Europe. *European Societies*, **19**(3), 268–291. doi:10.1080/14616696.2016.1258084

Croda, E. (2015). Pain and social exclusion among the European older people. In Börsch-Supan, A., Kneip, T., Litwin, H., Myck, M., & Weber, G. (Eds.). *Ageing in Europe-supporting policies for an inclusive society*. Walter de Gruyter GmbH & Co KG. (pp. 313–320). Walter de Gruyter GmbH & Co KG.

Dahlberg, L., & McKee, K. J. (2018). Social exclusion and well-being among older adults in rural and urban areas. *Archives of Gerontology and Geriatrics*, **79**, 176–184. doi:10.1016/j.archger.2018.08.007

Dobewall, H., Tormos, R., & Vauclair, C. M. (2017). Normative value change across the human life cycle: Similarities and differences across Europe. *Journal of Adult Development*, **24**(4), 263–276.

Ekman, J., Gherghina, S., & Podolian, O. (2016). Challenges and realities of political participation and civic engagement in central and eastern Europe. *East European Politics*, **32**(1), 1–11. doi:10.1080/21599165.2016.1141091

Ellwardt, L., Peter, S., Präg, P., & Steverink, N. (2014). Social contacts of older people in 27 European countries: the role of welfare spending and economic inequality. *European Sociological Review*, **30**(4), 413–430.

Fokkema, T., De Jong Gierveld, J., & Dykstra, P. A. (2012). Cross-national differences in older adult loneliness. *The Journal of psychology*, **146**(1–2), 201–228.

Gil-Lacruz, A. I., Marcuello, C., & Saz-Gil, I. (2017). Individual and social factors in volunteering participation rates in Europe. *Cross-Cultural Research*, **51**(5), 464–490. doi:10.1177/1069397117694135

Hajek, A., & König, H. H. (2019). Self-rated health and social exclusion: Does gardening moderate this relation? Evidence from the German Ageing Survey. *International Journal of Environmental Research and Public Health*, **16**(10), 1834. doi:10.3390/ijerph16101834

Hank, K., & Erlinghagen, M. (2010). Dynamics of volunteering in older Europeans. *The Gerontologist*, **50**(2), 170–178. doi:10.1093/geront/gnp122

Hansen, T., & Slagsvold, B. (2016). Late-life loneliness in 11 European countries: Results from the generations and gender survey. *Social Indicators Research*, **129**(1), 445–464. doi:10.1007/s11205-015-1111-6

Huxhold, O., Fiori, K. L., & Windsor, T. D. (2013). The dynamic interplay of social network characteristics, subjective well-being, and health: The costs and benefits of socio-emotional selectivity. *Psychology and Aging*, **28**(1), 3–16. doi:10.1037/a0030170

Law, I., & Kovats, M. (2018). Rethinking Roma. Identities, politicisation and new agendas–Mapping global racism (pp. 1–20). Palgrave Macmillan.

Lee, J., & Cagle, J. G. (2018). Social exclusion factors influencing life satisfaction among older adults. *Journal of Poverty and Social Justice*, **26**(1), 35–50. doi:10.1332/175982717X15127351091521

Mackenbach, J. P. (2006). *Health inequalities: Europe in profile*. Produced by COI for the Department of Health.

MacLeod, C. A., Ross, A., Sacker, A., Netuveli, G., & Windle, G. (2019). Re-thinking social exclusion in later life: A case for a new framework for measurement. *Ageing & Society*, **39**(1), 74–111. doi:10.1017/S0144686X17000794

Meñaca, A., Evans, N., Andrew, E. V., Toscani, F., Finetti, S., Gómez-Batiste, X., Higginson, I. J., Harding, R., Pool, R., & Gysels, M. (2012). End-of-life care across Southern Europe: A critical review of cultural similarities and differences between Italy, Spain and Portugal. *Critical Reviews in Oncology/Hematology*, **82**(3), 387–401. doi:10.1016/j.critrevonc.2011.06.002

Myck, M., Najsztub, M., & Oczkowska, M. (2019). Implications of social and material deprivation for changes in health of older people. *Journal of Aging and Health*, **32**(5-6), 371–383. doi:10.1177/0898264319826417

Netuveli, G., Wiggins, R. D., Hildon, Z., Montgomery, S. M., & Blane, D. (2006). Quality of life at older ages: Evidence from the English Longitudinal Study of Aging (wave 1). *Journal of Epidemiology and Community Health*, **60**(4), 357–363. doi:10.1136/jech.2005.040071

Niedzwiedz, C. L., Katikireddi, S. V., Pell, J. P., & Mitchell, R. (2014). Socioeconomic inequalities in the quality of life of older Europeans in different welfare regimes. *European Journal of Public Health*, **24**(3), 364–370. doi:10.1093/eurpub/cku017

Nyqvist, F., Nygård, M., & Scharf, T. (2019). Loneliness amongst older people in Europe: A comparative study of welfare regimes. *European Journal of Ageing*, **16**(2), 133–143. doi:10.1007/s10433-018-0487-y

Ogg, J. (2005). Social exclusion and insecurity among older Europeans: The influence of welfare regimes. *Ageing & Society*, **25**(1), 69–90. doi:10.1017/S0144686X04002788

Papazoglou, M., & Galariotis, I. (2019). Revisiting the effect of income on health in Europe: Evidence from the 8th round of the European Social Survey. *Social Indicators Research*, **148**, 281–296. doi:10.1007/s11205-019-02193-x

Präg, P., Mills, M. C., & Wittek, R. (2016). Subjective socio-economic status and health in cross-national comparison.

Social Science & Medicine (1982), **149**, 84–92. doi:10.1016/j.socscimed.2015.11.044

Precupetu, I., Aartsen, M., & Vasile, M. (2019). Social exclusion and mental wellbeing in older Romanians. *Social Inclusion*, **7**(3), 4–16. doi:10.17645/si.v7i3.2008

Rakauskiene, O. G., & Volodzkiene, L. (2017). The inequality of material living conditions in EU countries. *Economics & Sociology*, **10**(1), 265. doi:10.14254/2071-789X.2017/10-1/19

Sacker, A., Ross, A., MacLeod, C. A., Netuveli, G., & Windle, G. (2017). Health and social exclusion in older age: Evidence from Understanding Society, the UK household longitudinal study. *Journal of Epidemiology and Community Health*, **71**(7), 681–690. doi:10.1136/jech-2016-208037

Samuel, R., & Hadjar, A. (2016). How welfare-state regimes shape subjective well-being across Europe. *Social Indicators Research*, **129**(2), 565–587. doi:10.1007/s11205-015-1125-0

Scharf, T., & Keating, N. C. (Eds.). (2012). *From exclusion to inclusion in old age: A global challenge*. Policy Press.

Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, **2**(2), 76–87. doi:10.1007/s10433-005-0025-6

Swift, H. J., Abrams, D., Marques, S., Vauclair, C. M., Bratt, C., & Lima, M. L. (2018). Agisem in the European region: Finding from the European Social Survey. In Ayalon, L., & Tesch-Römer, C. (Eds.) *Contemporary perspectives on ageism* (pp. 441–459). Springer.

Tavernier, W. D., & Aartsen, M. (2019). Old-age exclusion: Active ageing, ageism and agency. *Social Inclusion*, **7**(3), 1–3. doi:10.17645/si.v7i3.2372

Tomini, F., Tomini, S. M., & Groot, W. (2016). Understanding the value of social networks in life satisfaction of elderly people: a comparative study of 16 European countries using SHARE data. *BMC geriatrics*, **16**(1), 203.

van Groenou, M. B., Glaser, K., Tomassini, C., & Jacobs, T. (2006). Socio-economic status differences in older people's use of informal and formal help: A comparison of four European countries. *Ageing & Society*, **26**(5), 745–766. doi:10.1017/S0144686X06005241

van Herk, H., & Poortinga, Y. H. (2012). Current and historical antecedents of individual value differences across 195 regions in Europe. *Journal of Cross-Cultural Psychology*, **43**(8), 1229–1248. doi:10.1177/0022022111429719

van Hoof, J., Kort, H. S., & Van Waarde, H. (2009). Housing and care for older adults with dementia: A European perspective. *Journal of Housing and the Built Environment*, **24**(3), 369. doi:10.1007/s10901-009-9143-3

van Regenmortel, S., De Donder, L., Dury, S., Smetcoren, A. S., De Witte, N., & Verté, D. (2016). Social exclusion in later life: A systematic review of the literature. *Journal of Population Ageing*, **9**(4), 315–344. doi:10.1007/s12062-016-9145-3

Vitman, A., Iecovich, E., & Alfasi, N. (2014). Ageism and social integration of older adults in their neighborhoods in Israel. *The Gerontologist*, **54**(2), 177–189. doi:10.1093/geront/gnt008

Von Dem Knesebeck, O., Wahrendorf, M., Hyde, M., & Siegrist, J. (2007). Socio-economic position and quality of life among older people in 10 European countries: results of the SHARE study. *Ageing & Society*, **27**, 269.

Wallace, L. M., Theou, O., Pena, F., Rockwood, K., & Andrew, M. K. (2015). Social vulnerability as a predictor of mortality and disability: Cross-country differences in the survey of health, aging, and retirement in Europe (SHARE). *Aging Clinical and Experimental Research*, **27**(3), 365–372. doi:10.1007/s40520-014-0271-6

Walsh, K., Scharf, T., & Keating, N. (2017). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, **14**(1), 81–98. doi:10.1007/s10433-016-0398-8

Westerhof, G. J., Barrett, A. E., & Steverink, N. (2003). Forever young? A comparison of age identities in the United States and Germany. *Research on Aging*, **25**(4), 366–383. doi:10.1177/0164027503025004002

Wethington, E., Pillemer, K., & Principi, A. (2016). Research in social gerontology: Social exclusion of aging adults. In P. Riva, & J. Eck, (Eds.), *Social exclusion* (pp. 177–195). Springer. doi:10.1007/978-3-319-33033-4_9