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Effects of Expectations Regarding Aging and SOC Coping on Quality of Life in Middle-Aged Women: A Mixed-Methods Study

Do-Young LEE¹, Yoo Rim KWEON²

1. First Author Associate Professor, College of Nursing, Changshin University, Republic of Korea.

Email: shine@cs.ac.kr

2 Corresponding Author Associate Professor, Department of Nursing, Ansan University, Republic of Korea.

Email: kyr1016@ansan.ac.kr

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Abstract

Purpose: This study aimed to comprehensively examine the effects of expectations regarding aging and SOC (Selection, Optimization, and Compensation) coping strategies on the quality of life among middle-aged women. **Research design, data and methodology:** An explanatory sequential mixed-methods design was employed. For the quantitative phase, a survey was conducted with 188 middle-aged women aged 40–65, and the data were analyzed using descriptive statistics, correlation analysis, and multiple regression analysis. For the qualitative phase, focus group interviews were conducted with 12 participants and analyzed using Colaizzi's phenomenological method. **Results:** Expectations regarding aging and SOC coping strategies showed significant positive correlations with quality of life. The major factors influencing quality of life were SOC coping strategies and expectations regarding aging, with living standard also identified as a significant factor. Qualitative findings revealed differences in perceptions of aging and coping strategies according to living standards; participants with higher living standards demonstrated proactive self-management and positive perceptions of aging, whereas those with lower living standards exhibited economic insecurity and more dependent attitudes. **Conclusion:** To improve the quality of life of middle-aged women, interventions that strengthen SOC coping strategies and enhance positive expectations regarding aging are needed. Additionally, the development of tailored programs that consider living standards is required.

Keywords: Middle-aged women, expectations regarding aging, SOC coping strategies, quality of life

JEL Classification Code: A10, A19, I14, I20, I31

1. Introduction

1.2. Necessity of the Study

Middle adulthood is an important developmental transition between early adulthood and older age and

represents a significant stage in the life course. During this period, individuals experience progressive physical aging and an increased risk of chronic disease while simultaneously encountering considerable stress associated with fulfilling diverse roles within family and society (Kim et al., 2019). In addition, middle adulthood is widely recognized as a critical period for preparing for health and

quality of life in later adulthood (Park & Choi, 2022). According to a report published by the World Health Organization (2020), the average life expectancy in Korea was 83.3 years, whereas healthy life expectancy was 73.1 years, indicating that individuals may spend approximately ten years living with illness or functional limitations. This gap highlights the importance of proactive interventions aimed at health promotion and improving quality of life during middle adulthood.

In particular, middle-aged women are likely to experience psychological burden and identity-related challenges while undergoing physiological changes such as menopause and fulfilling family and social responsibilities (Lee & Heo, 2019). Despite being vulnerable to various health-related problems caused by physical and physiological changes, middle-aged women often tend to neglect their own health management, resulting in higher morbidity rates than men in some areas (Kim et al., 2019). Furthermore, women who are full-time homemakers may experience uncertainty regarding self-fulfillment, whereas employed women often face psychological exhaustion due to the dual burden of work and family responsibilities (Lee & Heo, 2019). At the same time, Korean society continues to maintain negative perceptions toward aging and older adults (Kim, 2009). Accordingly, systematic investigation is needed to better understand how attitudes toward aging and coping strategies developed during middle adulthood influence quality of life.

Expectations regarding aging refer to individuals' cognitive and emotional perspectives concerning the aging process they expect to experience in the future and are closely associated with health behaviors and quality of life (Ko, 2015). Previous studies have demonstrated that individuals with more positive expectations regarding aging are more likely to engage actively in preventive health behaviors and tend to report better physical activity and mental health outcomes in later life (Cho et al., 2015; Ko, 2015). In addition, higher expectations regarding aging have been associated with stronger health responsibility and greater willingness to engage in health-promoting practices (Bae et al., 2014). These findings suggest that examining expectations regarding aging among middle-aged women is particularly important.

Meanwhile, Paul B. Baltes and Margret M. Baltes (1995) proposed the Selection, Optimization, and Compensation (SOC) model as a theoretical framework for successful aging. The SOC model explains that individuals can achieve adaptive development despite age-related decline by efficiently utilizing available resources and compensating for limitations through strategic adjustment. Lee and Noh (2021) suggested that SOC coping strategies play a meaningful role in helping middle-aged women respond effectively to aging-related changes. Quality of life

among middle-aged women is associated not only with individual subjective well-being but also with family stability and social functioning and may ultimately influence quality of life in older adulthood (Cho, 2024). Therefore, continued research is required to identify and comprehensively understand factors related to quality of life among middle-aged women.

Accordingly, this study applied a mixed-methods approach to comprehensively examine the effects of expectations regarding aging and SOC coping strategies on quality of life among middle-aged women. Mixed-methods research integrates quantitative and qualitative approaches to facilitate a deeper understanding of research phenomena (Creswell & Plano Clark, 2011). In particular, the explanatory sequential design is appropriate because qualitative inquiry conducted after quantitative analysis can complement and deepen interpretation of the quantitative findings. In this study, quantitative analysis was first conducted to identify relationships among key variables, followed by qualitative interviews to explore participants' experiences and perceptions in greater depth. Through this approach, the present study aimed to provide foundational evidence for the development of intervention programs and practical strategies to improve the quality of life of middle-aged women.

1.2. Purpose of the Study

The purpose of this study was to comprehensively examine the relationships among expectations regarding aging, Selection–Optimization–Compensation (SOC) coping strategies, and quality of life among middle-aged women using a mixed-methods approach.

The specific objectives of this study were as follows:

First, to identify the levels of expectations regarding aging, SOC coping strategies, and quality of life among middle-aged women.

Second, to examine differences in expectations regarding aging, SOC coping strategies, and quality of life according to participants' general characteristics.

Third, to investigate the relationships among expectations regarding aging, SOC coping strategies, and quality of life.

Fourth, to identify factors influencing quality of life among middle-aged women.

Fifth, to integrate and analyze quantitative and qualitative findings related to the quality of life of middle-aged women.

2. Methods

2.1. Study Design

This study employed an explanatory sequential mixed-methods design to identify the effects of expectations regarding aging and Selection–Optimization–Compensation (SOC) coping strategies on quality of life among middle-aged women.

A mixed-methods approach was selected to comprehensively explore the phenomenon by integrating quantitative and qualitative findings while considering participants' diverse experiences and characteristics. Quantitative data were collected and analyzed first, followed by qualitative data collection and analysis to further explain and complement the quantitative findings [Figure 1].

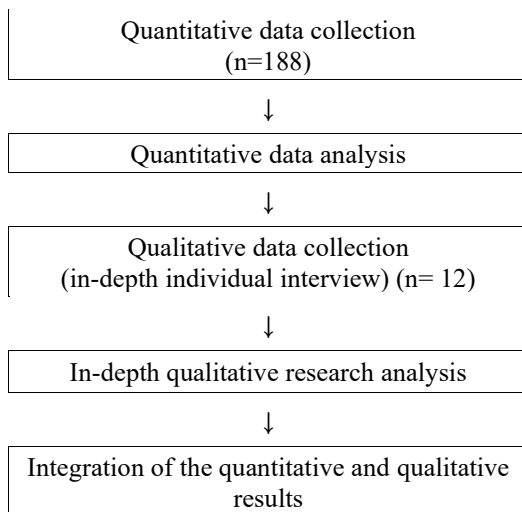


Figure 1: Flow chart of the procedures for this sequential explanatory mixed methods study

2.2. Participants

Participants were middle-aged women aged 40–65 years residing in Korea.

Eligibility criteria included the ability to read and understand the study explanation, provide informed consent voluntarily, and freely decide whether to participate or refuse participation.

Because middle-aged women experience diverse life situations and developmental transitions, this study applied a mixed-methods approach to allow quantitative and qualitative findings to complement each other and provide a broader understanding of the phenomenon.

For the quantitative phase, sample size was calculated

using G*Power version 3.1.9.4. Based on an independent t-test and correlation analysis with an effect size of .25, significance level of .05, and statistical power of .95, the minimum required sample size was 164 participants.

Considering a dropout rate of 20 %, questionnaires were distributed to 196 participants. After excluding eight incomplete or invalid responses, data from 188 participants were included in the final analysis.

For the qualitative phase, 12 participants who had completed the quantitative survey were purposively selected and participated in focus-group interviews.

2.3. Instruments

2.3.1. Expectations Regarding Aging

Expectations regarding aging refer to the positive or negative perceptions individuals hold concerning the aging process they expect to experience in later life (Carol et al., 2005). In this study, expectations regarding aging were measured using the short-form Expectations Regarding Aging Survey (ERA-12) developed by Sarkisian et al. (2005). Prior to data collection, permission to use the instrument was obtained from the original author, and the Korean version was prepared through translation and back-translation procedures. The ERA-12 consists of twelve items across three domains: physical health, mental health, and cognitive functioning. Each item was rated using a four-point Likert scale ranging from strongly agree to strongly disagree. Scores were converted to a 100-point scale, with higher scores indicating more positive expectations regarding aging. The reliability of the original instrument was reported as Cronbach's $\alpha=.88$ (Sarkisian et al., 2005).

In the present study, Cronbach's α was .877.

2.3.2. SOC Coping Strategies

Selection–Optimization–Compensation (SOC) coping strategies refer to adaptive strategies individuals use to manage aging-related changes through the processes of selection, optimization, and compensation. The conceptual framework was proposed by Paul B. Baltes and Margret M. Baltes (1995), who described SOC as a central mechanism of successful aging. In this study, the short-form SOC scale revised by Song (2009) based on Baltes and Baltes (1995) was used with permission. The instrument consists of twelve items, and higher scores indicate greater use of adaptive coping strategies. The original reliability was Cronbach's $\alpha=.81$ (Baltes & Baltes, 1995). Song (2009) reported Cronbach's $\alpha=.704$, and Cronbach's α in this study was .621.

2.3.3. Quality of Life

Quality of life was measured using WHOQOL-BREF developed by the World Health Organization (1996) and translated and validated for Korean populations by Min et al. (2000). The instrument includes physical, psychological, social relationship, environmental, and overall quality-of-life domains. Higher scores indicate better perceived quality of life. Min et al. (2000) reported Cronbach's $\alpha=.90$, whereas Cronbach's α in the present study was .954.

2.4. Interview Questions

Semi-structured interview questions were developed to explore middle-aged women's expectations regarding aging, SOC coping strategies, and perceptions of quality of life. The interview guide was reviewed and revised based on content validity assessment conducted by three nursing scholars specializing in women's health nursing and adult nursing.

Participants in the qualitative phase voluntarily agreed to participate in face-to-face interviews lasting approximately 60 minutes. The major interview questions included the following: participants' expectations regarding aging in later life, strategies used to cope with aging-related changes, perceptions of quality of life in old age, preparations being made for later life, and the factors considered most necessary for middle-aged women in preparing for aging. During the interviews, participants were encouraged to speak freely and elaborate on additional experiences or thoughts considered relevant to the study topic.

2.5. Data Collection and Analysis

Data collection was conducted according to the explanatory sequential mixed-methods design, in which quantitative data were collected and analyzed prior to qualitative data collection. Quantitative data were collected between August 15 and October 20, 2023, and qualitative interviews were subsequently conducted over approximately two months beginning in November 2023.

For the quantitative phase, participants were recruited through online platforms. Prior to participation, the purpose of the study, research procedures, and expected duration were fully explained. Participants were informed that anonymity and confidentiality would be maintained and that they could withdraw from the study at any time without disadvantage. Written informed consent was obtained from all participants before data collection. Completion of the survey required approximately ten minutes. For the qualitative phase, focus-group interviews were conducted

with twelve participants who had participated in the quantitative survey. Participants were divided into three groups of four members. Each interview lasted approximately two hours and was conducted in an environment selected to ensure psychological comfort and stability. Interviews were conducted using open-ended questions to facilitate in-depth exploration of participants' experiences. With participants' consent, interviews were audio-recorded and transcribed verbatim.

Quantitative data were analyzed using IBM SPSS Statistics version 25.0. Descriptive statistics were used to summarize participants' general characteristics and key variables. Correlation analyses were conducted to examine relationships among the study variables, and stepwise multiple regression analysis was performed to identify factors influencing quality of life.

Qualitative data were analyzed using the phenomenological method proposed by Paul Colaizzi (1978). Meaningful statements were extracted from the interview transcripts and systematically organized into themes and essential structures. Because qualitative analysis relies substantially on the researcher's interpretive ability, efforts were made to strengthen credibility through continuous scholarly review and prior.

3. Results

3.1. Quantitative Findings

3.1.1. Differences in Study Variables According to Participants' General Characteristics

Among the participants, the largest age group was 46–55 years, accounting for 99 participants (51.6%), and the mean age was 49.57 ± 5.80 years. Regarding educational level, 112 participants (59.3%) had completed a university degree or higher. Most participants reported their living standard as moderate ($n=163$, 86.7%). In terms of marital status, 168 participants (89.4%) were married. Regarding children living together, the largest proportion reported having unmarried children living together or children living independently ($n=130$, 68.8%). With respect to religion, 80 participants (42.6%) reported having no religion. A total of 158 participants (84.0%) owned their homes, and 144 participants (76.1%) were employed.

Regarding perceptions of successful aging, 169 participants (89.9%) responded that a successful aging program was necessary. With respect to preferred delivery methods for such a program, the most frequently selected option was a mobile phone application ($n=98$, 52.1%).

Differences in major study variables according to participants' general characteristics were analyzed. Expectations regarding aging showed statistically significant differences according to employment status ($t = -2.503, p=.013$) and perceived need for a successful aging

program ($t = -2.154, p=.033$). In addition, quality of life demonstrated significant differences according to living standard ($t=8.20, p <.001$) and home ownership ($t=.253, p =.023$). Detailed results are presented in [Table 1].

Table 1: Differences in Aging Expectations, SOC Coping Strategies, Quality of Life by General Characteristics (N=188)

Characteristics	Categories	n(%)	Expectation regarding aging		SOC coping strategies		Quality of life	
			M±SD	t or F (p)	M±SD	t or F (p)	M±SD	t or F (p)
Age	40-45	57 (30.2)	66.94±15.19	.941	7.65±2.55	.134	75.68±16.99	1.462
	46-55	99 (52.4)	67.94±16.17	(.392)	7.61±2.42	(.875)	71.89±18.79	(.234)
	56-65	32 (16.9)	71.28±14.36		7.38±2.69		69.25±17.39	
	M±SD	49.57±5.80						
Education	Middle school	3 (1.6)	55.56±13.89	1.129	7.66±3.06	.483	65.33±23.01	2.479
	High school	41 (21.8)	70.81±17.69	(.339)	7.17±2.55	(.693)	66.29±17.94	(.063)
	University	112 (59.3)	67.67±13.86		7.57±2.35		74.23±17.28	
	Postgraduate or above	32 (17.0)	67.25±18.28		8.13±2.87		75.59±19.40	
Standard of living	High ^a	12 (6.4)	0.94±17.08	.704	8.31±2.46	2.090	88.00±21.00	8.20
	Medium ^b	143 (76.0)	68.19±15.61	(.496)	7.61±2.40	(.127)	72.28±16.99	(<.001)
	Poor ^c	33 (17.6)	63.67±13.72		6.33±3.50		60.08±19.27	a,b>c
Marriage Status	Single	9 (4.8)	61.72±14.22	.636	8.67±1.87	1.544	82.89±22.76	2.093
	Married	168 (89.4)	67.39±15.58	(.593)	7.45±2.53	(.205)	72.57±17.48	(.103)
	Bereavement	4 (2.1)	64.58±24.36		9.00±2.16		71.75±19.31	
	Divorced	7 (3.7)	66.67±11.56		8.57±1.90		60.28±21.76	
Living with Children	None	14 (7.4)	67.86±18.50	.535	8.14±1.75	.669	81.50±22.65	1.881
	Living with married children	11 (5.9)	64.14±20.31	(.711)	7.00±2.72	(.614)	71.19±17.26	(.116)
	All children are independent	29 (15.4)	69.44±16.39		7.28±2.80		68.97±21.99	
	Living with unmarried children	130(68.8)	68.42±14.61		7.67±2.46		73.07±16.49	
	Living married & unmarried children	5 (2.7)	60.56±17.28		6.60±3.13		59.40±5.94	
Religion	None	80 (42.6)	70.75±17.44		7.12±2.55	2.212	72.74±116.73	1.681
	Buddhism	32 (17.0)	64.44±15.42	1.562	7.8±2.61	(.088)	68.28±19.21	(.173)
	Christian	58 (30.9)	66.89±13.33	(.200)	7.59±2.53		72.41±17.07	
	Catholic	18 (9.6)	66.06±15.53		8.72±2.19		80.17±23.44	
Home ownership	Haven	158 (84.0)	67.94±15.92	.254	7.53±2.57	-.098	73.89±17.95	.253
	None	31 (16.0)	68.81±13.94	(.800)	7.83±2.07	(.922)	65.73±17.43	(.023)
Job	Haven	144 (76.1)	66.00±14.92	2.503*	7.75±2.46	1.658	72.22±18.29	-.495
	None	45 (23.9)	73.08±16.75	(.013)	7.04±2.56	(.099)	73.76±17.54	(.621)

Requirements Successful aging program	Haven	169 (89.9)	67.28±15.17	2.154*	7.64±2.45	.971	72.46±17.63	-.304
	None	19 (10.1)	75.31±17.72	(.033)	7.05±2.84	(.333)	73.79±22.18	(.761)
Desired Successful aging program Method	Contact	47 (25.0)	68.08±16.58	2.640	7.17±2.76	.676	73.15±19.26	1.796
	Cell phone app.	98 (52.1)	65.83±15.36	(.051)	7.69±2.34	(.567)	70.13±17.93	(.149)
	Book	20 (10.6)	75.83±15.83		8.00±2.53		76.30±16.43	
	Online-education	23 (12.2)	70.89±12.03		7.57±2.57		78.70±18.08	

3.1.2. Levels of Expectations Regarding Aging, SOC Coping Strategies, and Quality of Life

The levels of expectations regarding aging, Selection–Optimization–Compensation (SOC) coping strategies, and quality of life among middle-aged women are presented in [Table 2].

The mean score for expectations regarding aging was 68.08±15.58. The mean SOC coping strategy score was 7.56±2.94, and the mean quality of life score was 82.58±18.01.

These findings indicate that participants demonstrated a moderate to relatively positive level of expectations regarding aging and reported an overall favorable level of quality of life. The use of SOC coping strategies was also observed at a moderate level. Detailed findings are presented in [Table 2].

3.1.3. Relationships Among Expectations Regarding Aging, SOC Coping Strategies, and Quality of Life

The correlations among expectations regarding aging, SOC coping strategies, and quality of life among middle-aged women are presented in [Table 3].

Expectations regarding aging showed a statistically significant positive correlation with quality of life ($r=.312$, $p<.001$), indicating that more positive expectations regarding aging were associated with higher quality of life.

Table 2. Levels of Aging Expectations, SOC Coping, and Quality of Life (N = 188)

Variable	M±SD	Range
Expectation regarding aging	68.08±15.58	0-100
Physical Health	59.92±18.33	0-100
Mental Health	77.83±20.42	0-100
Cognitive Functioning	66.58±18.00	0-100
SOC coping strategies	7.56±2.94	0-12
Quality of life	72.58±18.01	20-100

Table 3. Correlations Among Aging Expectations, SOC Coping, and Quality of Life (N = 188)

Variable	Quality of life	SOC coping strategies	Expectation regarding aging
	r (p)	r (p)	r (p)
Quality of life	1		
SOC coping strategies	.290** ($<.001$)	1	
	.312** ($<.001$)	.083 (.257)	1

SOC coping strategies also demonstrated a statistically significant positive correlation with quality of life ($r=.290$, $p<.001$). This finding suggests that participants who more actively utilized adaptive coping strategies through selection, optimization, and compensation reported a higher level of perceived quality of life.

Overall, both expectations regarding aging and SOC coping strategies were positively associated with quality of life among middle-aged women.

3.1.4. Factors Influencing Quality of Life Among Middle-Aged Women

Stepwise multiple regression analysis was conducted to identify factors influencing quality of life among middle-aged women. Living standard ($p<.001$) and home ownership ($p=.023$), which showed statistically significant relationships with quality of life in the univariate analysis, were initially entered as independent variables.

For Model 1, independence of residuals was examined using the Durbin–Watson statistic, and the value of 1.835, which was close to 2.0, confirmed that autocorrelation of residuals was not present. Multicollinearity was examined using tolerance and variance inflation factor (VIF). The tolerance value was 0.973, which exceeded the acceptable threshold of 0.10, and the VIF was 1.028, indicating no multicollinearity. Living standard was identified as a significant predictor of quality of life. Participants with a

higher living standard reported significantly higher quality-of-life scores. The explanatory power of Model 1 was 8.5% ($F=9.795, p<.001$).

For Model 2, the Durbin–Watson value was 1.847, indicating independence of residuals. Multicollinearity diagnostics remained acceptable, with a tolerance value of 0.99 and a VIF of 1.01.

The final regression model was statistically significant ($F=18.585, p<.001$) and explained 15.8% of the variance in quality of life.

Among the independent variables, SOC coping strategies showed the strongest influence on quality of life ($\beta=.488, p<.001$), followed by expectations regarding aging ($\beta=.217, p<.001$).

These findings indicate that middle-aged women who actively used adaptive SOC coping strategies and held more positive expectations regarding aging were more likely to report higher quality of life. Detailed regression results are presented in [Table 4].

Table 4: Factors Influencing Quality of Life Among Middle-Aged Women (N = 188)

Variable	Model 1					Model 2				
	B	SE	β	T	p	B	SE	β	t	p
Standard of living	13.019	3.508	.263	3.712	.001					
Homeownership	-6.011	3.492	-.122	-1.721	.087					
Expectation regarding aging						0.933	.217	.217	4.300	<.001
SOC coping strategies						1.927	.488	.488	3.950	<.001
	$R^2=.308, \text{Adj.}R^2=.085, F=9.795, p<.001$					$R^2=.409, \text{Adj.}R^2=.158, F=18.585, p<.001$				

3.2. Qualitative Findings

Based on the quantitative findings, living standard was identified as a significant factor influencing quality of life among middle-aged women. Accordingly, in-depth interviews were analyzed by categorizing participants according to living standard [Table 5].

Among the participants in the qualitative phase, eight middle-aged women reported their living standard as high or middle, whereas five participants described their living standard as low. Ten participants were married, three participants were living with their children, and eleven participants were currently employed.

Meaningful statements derived from the focus-group interviews were analyzed using the phenomenological method proposed by Paul Colaizzi (1978). The findings revealed distinct differences according to perceived living standard.

Middle-aged women in the high or middle living-standard group expected a happy later life and emphasized caring for themselves and surrounding relationships. In contrast, women in the low living-standard group expressed a desire for a stable old age and emphasized the need for others or social systems to support and care for them.

Table 5: Qualitative Findings on Aging Expectations, SOC Coping, and Quality of Life

Category	Group	Themes	Subthemes
Living standard	High or Middle	Efforts to prevent aging	1. Regular physical activity 2. Psychological composure
		Valuing and investing in oneself	1. Efforts to maintain youthfulness 2. Self-development

	Low	Caring for others	1. Maintaining a positive relationship with spouse 2. Companionship with friends as life partners 3. Volunteering for a meaningful life
		Desire for stability	1. Continuous economic activity 2. Compensation through children's success
		Acceptance of aging	1. Desire to remain free from illness 2. Acceptance of physical changes 3. Consideration of well-dying
		Expectation of external support	1. Aspiration for a welfare state 2. Desire for care and support from others

3.1.1 Middle-Aged Women with High or Middle Living Standards: Expecting a Happy Later Life While Caring for Themselves and Others

Theme 1. Efforts to Prevent Aging

(1) Regular Physical Activity

Participants in this group understood the positive effects of physical activity and actively attempted to maintain health despite age-related physical decline. They selected exercise appropriate to their physical condition and continuously practiced it as part of daily life.

"Exercise should be continued consistently. It gives energy and vitality." (Participant 3)

"I may not be as active as before, but I walk every day and stretch regularly, and that helps me maintain my health." (Participant 1)

(2) Psychological Composure

Participants reported intentionally reducing physically demanding activities and trying to create more emotional space in their daily lives. Aging was generally accepted as a natural process and interpreted more positively than negatively.

"When I was younger, life was always busy. But now, if I push myself too much, I become sick. I think I should live more slowly and enjoy life." (Participant 7)

Theme 2. Valuing and Investing in Oneself

(1) Efforts to Maintain Youthfulness

Participants emphasized that maintaining health and appearing youthful were meaningful aspects of aging well. They made efforts to care for both physical health and personal appearance.

"Health is the most important thing. Once health is lost, money becomes meaningless. Since I matter the most, I take care of my health and also try to look younger by visiting

dermatology or aesthetic clinics." (Participant 2)

"I try to value myself. Since I am getting older, I still want to dress well and look younger." (Participant 3)

(2) Self-Development

Participants described voluntarily engaging in lifelong learning and pursuing personally meaningful interests. Rather than achievement itself, these activities were viewed as opportunities for stress relief and self-fulfillment.

"I found something I truly enjoy, and I want to continue learning throughout my life." (Participant 2)

Theme 3. Caring for Others

(1) Maintaining a Positive Relationship with One's Spouse

Participants described marital intimacy and emotional stability with spouses as important aspects of successful aging.

"I try to spend more time with my husband." (Participant 2)

"We never know which of us will leave first, so we should care for each other." (Participant 6)

"Now that our children have become independent, we naturally take care of each other more." (Participant 7)

(2) Companionship with Friends as Life Partners

Participants emphasized the importance of maintaining social relationships and viewed close friends as long-term companions throughout aging.

"Friends exercise together, eat together, and listen to each other." (Participant 1)

"When I am sick, my friends become a source of emotional support." (Participant 3)

(3) Volunteering for a Meaningful Life

Participants attempted to discover meaningful roles in later life and viewed volunteering as a valuable way to contribute to society and maintain purpose.

"I kept thinking about what kind of meaningful work I could continue doing for a long time, and volunteering became the answer." (Participant 2)

"Doing activities that positively influence others feels meaningful to me." (Participant 6)

3.1.2. Middle-Aged Women with Low Living Standards: Expecting a Stable Later Life While Hoping to Be Supported

Theme 1. Desire for Stability

(1) Continuous Economic Activity

For many participants, employment was viewed primarily as financial necessity rather than self-fulfillment. Continued work was perceived as essential for maintaining future stability.

"I feel that I need to stay healthy and continue having a workplace to go to." (Participant 8)

"Without money, it feels difficult to do anything, so I think I need to keep working." (Participant 10)

(2) Compensation Through Children's Success

Participants frequently associated their children's success with their own life achievement and expressed concern about not being able to provide sufficient financial support.

"I constantly think about what will happen after we are gone." (Participant 8)

"I hope my children become financially stable before I grow older." (Participant 10)

Theme 2. Acceptance of Aging

(1) Desire to Remain Free from Illness

Participants perceived physical decline as an unavoidable part of aging and tended to focus on avoiding illness.

"My blood pressure became higher, so I tried to lose weight. I just hope I do not become seriously ill as I get older." (Participant 9)

(2) Acceptance of Physical Changes

Participants generally accepted age-related physical changes as unavoidable and often showed reduced motivation regarding appearance or health management.

"As I age, I think accepting physical changes is important. I do not feel the need to focus too much on looking younger." (Participant 8)

(3) Considering Well-Dying

Participants also reflected on illness, long-term suffering, and end-of-life concerns.

"If life becomes too painful and difficult, I would rather pass away peacefully." (Participant 12)

Theme 3. Expectation of External Support

(1) Aspiration for a Welfare State

Participants expressed expectations regarding national welfare and social support in later life.

"I hope the government can make life more comfortable for older adults." (Participant 9)

"Even a small pension would make a difference." (Participant 11)

(2) Desire for Care and Support from Others

Participants expressed a strong need for emotional and practical support from spouses, children, and close friends.

"When I was seriously ill, I wished my husband could help me more—or at least my children could come." (Participant 8)

"When I am sick, having even one close friend makes me feel secure." (Participant 11)

4. Discussion and Conclusion

Middle adulthood is an important transitional stage characterized by substantial physical, psychological, and social changes and represents a critical period for preparing for later life. Accordingly, this study applied a mixed-methods approach to comprehensively examine the relationships among expectations regarding aging, Selection–Optimization–Compensation (SOC) coping strategies, and quality of life among middle-aged women.

In the present study, expectations regarding aging among middle-aged women were measured on a 0–100-point scale, with mean scores of 59.92 for physical health, 77.82 for mental health, and 66.58 for cognitive functioning, with an overall mean of 66.58. This score was higher than that reported by Cho et al. (2015) among urban middle-aged adults but slightly lower than that reported by Yang et al. (2018) among adults aged 20 years and older. In contrast, Kim (2007) reported substantially lower expectations regarding aging among older adults. These findings support previous studies indicating that expectations regarding aging differ across age groups and generally decrease with increasing age (Sarkisian et al., 2002; Yang et al., 2018). In particular, the physical health domain showed the lowest score among the subdomains. This finding may reflect that age-related physical decline is more readily recognized in

everyday life and is often perceived as less reversible than psychological or cognitive changes.

Analysis of differences according to participants' general characteristics showed that expectations regarding aging differed significantly according to employment status and perceived need for a successful aging program. Interestingly, women with employment reported lower expectations regarding aging than those without employment. This finding may reflect the burden associated with balancing occupational responsibilities and family roles during middle adulthood. In addition, participants who perceived a stronger need for successful aging programs reported lower expectations regarding aging, suggesting that lower confidence regarding aging may increase awareness of the need for preparation and supportive interventions. Therefore, successful aging programs tailored to the developmental needs and life circumstances of middle-aged women should be developed.

SOC coping strategies are adaptive processes through which individuals manage age-related change by selecting attainable goals, optimizing available resources, and compensating for limitations (Paul Baltes & Margret Baltes, 1990). The mean SOC coping score in this study was 7.56, which was similar to previous findings among middle-aged women reported by Lee and Noh (2021). Previous studies have suggested that SOC coping strategies are not merely responses to decline but represent active adaptation through maximizing available abilities while positively adjusting to physical and environmental changes associated with aging. Although prior studies have identified SOC coping as a predictor of successful aging and quality of life, relatively limited research has examined the integrated relationship among SOC coping, expectations regarding aging, and quality of life. The present findings contribute to expanding understanding of these interrelationships among middle-aged women.

The overall quality-of-life score in this study was relatively high. Compared with previous Korean studies using the WHOQOL-BREF, the present findings demonstrated higher levels of perceived quality of life. Such differences may be associated with variations in participant characteristics, health status, and socioeconomic conditions.

General characteristics significantly associated with quality of life included living standard and home ownership. These findings suggest that economic conditions remain important determinants of quality of life during middle adulthood. Previous studies have similarly identified age, marital status, educational level, economic status, menopause, health status, and leisure activities as influential variables. Since middle adulthood may represent both a developmental transition and a vulnerable life stage, interventions aimed at improving quality of life should consider individual socioeconomic and life-context

characteristics.

The present study identified SOC coping strategies and expectations regarding aging as significant predictors of quality of life, with SOC coping strategies showing the strongest explanatory power. These findings suggest that how middle-aged women interpret and adapt to age-related change has meaningful implications for overall well-being. Women who actively selected achievable goals, optimized available resources, and compensated for age-related limitations reported higher quality of life. Likewise, more positive expectations regarding aging were associated with better quality of life.

The qualitative findings further enriched interpretation of the quantitative results. Women with high or middle living standards generally anticipated a positive and satisfying later life and demonstrated active self-management. They reported engaging in regular physical activity, maintaining psychological composure, pursuing self-development, and strengthening social relationships with spouses and friends. In addition, they emphasized volunteering and meaningful contribution to others. These findings are consistent with previous research showing that health-promoting behaviors and positive aging expectations are closely related to quality of life.

In contrast, women with lower living standards demonstrated stronger concerns regarding financial stability and expressed a desire for continuous economic activity. They frequently associated successful aging with economic security and children's social achievement. Compared with the higher living-standard group, they tended to show more passive acceptance of physical aging and expressed greater concerns regarding illness, medical costs, and dependence on family or social welfare systems. These findings suggest that economic insecurity may influence both expectations regarding aging and perceptions of quality of life.

Taken together, the findings indicate that quality of life among middle-aged women is shaped not only by economic circumstances but also by psychological attitudes, adaptive coping strategies, and interpersonal relationships. Therefore, multidimensional interventions are needed to improve quality of life. Programs aimed at strengthening SOC coping strategies, promoting positive expectations regarding aging, and supporting social and psychological well-being should be considered together with socioeconomic support.

Although this study contributes meaningful evidence regarding middle-aged women's expectations regarding aging and SOC coping strategies, several limitations should be noted. The study was conducted among middle-aged women in Korea and therefore generalizability may be limited. In addition, the cross-sectional design restricts causal interpretation. Future studies should include more

diverse populations and longitudinal designs and should evaluate the effectiveness of intervention programs designed to improve expectations regarding aging, strengthen adaptive coping strategies, and enhance quality of life.

5. Conclusion

This study was conducted to identify the effects of expectations regarding aging and Selection–Optimization–Compensation (SOC) coping strategies on quality of life among middle-aged women.

The findings demonstrated that both SOC coping strategies and expectations regarding aging were significant predictors of quality of life, with SOC coping strategies showing the strongest explanatory power. In addition, differences according to living standard indicated that economic factors were important determinants of quality of life, while psychological and social factors also played meaningful roles.

These findings suggest that improving quality of life among middle-aged women requires interventions that strengthen adaptive SOC coping strategies and promote positive expectations regarding aging. In addition, comprehensive approaches addressing health promotion, psychological well-being, social relationships, and socioeconomic support are needed.

Future studies should include broader populations and various settings and further evaluate intervention programs designed to enhance successful aging and improve quality of life among middle-aged women.

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