# The Effect of Socioeconomic Status on Well-being: A Systematic Literature Review

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**Abstract---** This paper aims to systematically review articles on the relationship between socioeconomic status and well-being. In doing so, the present review identifies the various socioeconomic status components that may be linked to well-being. Guided by the PRISMA guideline, three electronic databases, Scopus, Science Direct and Google Scholars were employed. The articles were screened and selected based on the inclusion and exclusion criteria. A total of 15 articles were included in the review. The results of this review show that there are significant influence between socioeconomic status and well-being among low-income group. The findings also indicate that future study from various scholars should aim to focus on a broader context of socioeconomic status and well-being in order to fill the research gap found in the reviewed literature.

*Keywords--- Socioeconomic Status, Well-being, Low-income Group.*

## I. INTRODUCTION

The concepts of socioeconomic status and well-being have been one of the topics of vast involvement among scholars and practitioners. Different studies conceptualize both concepts in different ways depending on the focus of the study. Well-being is considered as heterogenous that encompasses hedonic well-being (e.g., life satisfaction, happiness) and eudaimonic well-being (autonomy, purpose in life, positive relationships with others) (Huta, 2016; Ryan & Deci, 2001). Better health (Park et al., 2014), reduce the probability of chronic disease risk (Okely & Gale, 2016), longer life expectancy (Diener & Chan, 2011; Steptoe et al., 2015) and low mortality rate (Tamosiunas et al., 2019) have proven that a diverse array of health consequences, physical or psychological is prospectively associated with psychological well-being.

Prior to this, understanding how well-being among low-income group is crucial because it may influence by their socioeconomic status and there is a need to explore and examine ways to protect their well-being. Mental health is estimated to be a source of ill health by the year 2020 (Murray & Lopez, 1996) and by 2020 also, depression is expected to rank second (Reddy, 2010). It portrays that well-being as a critical factor that determines the mental health of individuals with varied backgrounds. In 1962 to 2018, publications in well-being research in the Scopus database have started to gradually increase in year 2008 onwards with a minimum of 20 articles annually. Several studies around the globe have examined the level of well-being according to wide predictor variables, but in the aspect of the influence of socioeconomic status on well-being among low-income group is still insufficient.

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In recent years, there has been great concern over the well-being regardless of individual or organizational context of those with low socioeconomic status. Several studies worldwide have reported a high impact on well-being among low-income group. Based on the data from literature, Daraei & Mohajery (2016) stated that the total of domestic workers in India who not only have low monthly income, but also have long working hours daily and poor working conditions is 90% are children, girls and mothers aged between 12 to 75 years. 54% of Turkish immigrants is perceived as an academically and socioeconomically disadvantaged migrant community in Germany because they have net household income per month after taxes of 25,750 EUR (Fassbender & Leyendecker, 2018).

Anne, Williams, & Byles (2013) who conducted a longitudinal study for two cohorts on the impact of socioeconomic status on changes in the general and mental health found that there is an effect of socioeconomic status and time as well as socioeconomic status and mental health. This study indicates that socioeconomic status is a key factor in determining the well-being of an individual because it leads to long-term effects. In addition, in the study of Kim & Park (2015), four surveys of longitudinal analysis were conducted among aging population in Korea and reported that there is positive association between socioeconomic status in terms of household incomes and health-related quality of life for both physical and mental health.

The terminology for well-being is focused on a wide context because there is little uniformity in both the terminology and the measurement of well-being. The impact of well-being is not regarded as a distinct construct, but also includes research on the consequences of mental health and physical health, life satisfaction, happiness as well as psychological well-being. In this respect, these outcomes are distinguished to examine the relation between socioeconomic status and well-being among low-income group. As such, the aim of this paper is to provide a comprehensive overview of the published research studies from various scholars on the relationship between socioeconomic status and well-being among low-income group.

## II. LITERATURE REVIEW

### Concept and Study of Well-being

Socioeconomic status is an individual's or group's social standing or class which commonly measured by the level of education, occupation and income level (Saegert et al., 2007). This is in line with the concept by Bradley & Corwyn (2001)which defined socioeconomic status as a construct that include various dimensions of interest, income and education level as well as the occupational status. The systematic indicators of socioeconomic status examine a broad range of long-life development, including physical and psychological health which both dimensions are known as well-being in a bigger concept.

Basically, well-being is divided to several dimensions that include psychological, subjective, mental and social well-being. In the study of Huang et al. (2017), well-being is described as life satisfaction and positive and negative affect of an individual. However, the explanation of well-being is distinguished in several dimensions that are emotional, psychological and social well-being (Syrén et al., 2019). This is in line with the conceptualization of well-being from (Vera-Villarroel, Celis-Atenas, et al., 2015) which psychological well-being of an individual is introduced with specific facets by Ryff's model.

Well-being is defined differently by other scholars as individual's happiness that may lead to the positive effect for both physical and mental health because happiness is a significant demand of an intrinsic human psychological need (Algren et al., 2018; Maryam et al., 2017). Based on the study from Fassbender & Leyendecker (2018), well-being is conceptualized as individual's satisfaction in life, daily hassle and level of depression. Well-being is interpreted as the health-related quality of life and overall quality of life in a study from Jae-hyun Kim & Park (2015) while Anne et al. (2013) determine the well-being by the two aspects of health of individual that are general health and mental health. These health outcomes have reviewed the effects of socioeconomic status on health-related quality, health-risk behaviour and quality of life.

Although there have been several systematic reviews on the subject of socioeconomic status, these have focused on outcomes other than individual's health and happiness, such as life satisfaction (Aysan & Aysan, 2017; Cheung & Lucas, 2015; Daraei & Mohajery, 2013; Maryam et al., 2017). In addition, two literature reviews that examine the impact of socioeconomic status on well-being by using Ryff's model have also been identified (Chitchai et al., 2018; Connolly & Seva, 2018). The Ryff's model consist of six facets that include autonomy, personal growth, environmental mastery and development, positive relationship with others, a feeling of purpose and meaning of life as well as self-acceptance.

## III. METHODOLOGY

### Prisma

Systematic reviews and meta analyses have become profoundly important in social science. Researchers and psychologist often read them to receive the latest data related to their disciplines (Sánchez-Meca & Marín-Martínez, 2010). However, systematic and procedural analysis used will determine the quality and comprehensiveness of a literature review that encompass both conceptual and practical changes (Xiao & Watson, 2019). Thus, this study was guided by a procedure called Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA).

PRISMA is very methodical in conducting literature review. This procedure helps in several ways include allowing researcher to identify research questions and predict potential issues, report precisely what is expected before the review process, hinders subjective decision making on both inclusion and exclusion criteria and avoid data duplication to follow the timeframe (Shamseer et al., 2015).

### Literature Search

Several strategies were used to find the most relevant research studies among scholars for the systematic review. The first step is the electronic database was used to initiate the computerized search for the research article; Scopus, Science Direct, Research Gate and Google Scholars. Synonyms and some related keywords were inserted to search the most appropriate context of study and to locate the published studies between 2010 and 2019. The keywords that address socioeconomic status include objective and subjective socioeconomic status and income while mental health, psychological well-being, subjective well-being, life satisfaction and happiness are the related keywords of well-being as shown in Table 1 that have been used in Scopus database. This approach is employed because various

terms are used by scholars in different fields to explain features that refer to well-being. Also, the references from past literature reviews and key studies in this discipline have been examined.

Table 1: The Query Strings Used in Scopus

| Search | Query |
|---|---|
| Articles on the effect of socioeconomic status on well-being | (TITLE ("socio*economic status" OR "socio*economic" OR "objective" OR "subjective economic status" OR "income") AND TITLE ("satisfaction" OR "life satisfaction" OR "happiness" OR "mental health" OR "psychological well*being" OR "subjective well*being" )) |

*Inclusion Criteria*

The following inclusion criteria are followed to include the previous research studies as references in this systematic review. The inclusion criteria are as follows:

a) Type of study should mainly deal with the relationship between socioeconomic status and well-being outcomes.

b) Study design had to consist of empirical research and it examines quantitatively the correlation between the variables.

c) In terms of language, only studies that instruct in English were selected.

d) The studies with the year of publication from 2010 to 2019 were retrieved.

*Exclusion Criteria*

The following exclusion criteria are also followed to exclude the irrelevant data or information which lead to inconsistency and invalid systematic review. The exclusion criteria are as follows:

a) Theses and dissertations.

b) Studies that instruct in Malay language.

*Selection Strategy*

Figure 1 illustrates the steps in selecting the relevant research articles which begins with wider search through electronic databases, followed by screening the articles by using both inclusion and exclusion criteria and until the final step of articles' selection. By using the PRISMA procedure, 286 articles potentially relevant studies were identified in the first step of identification. The next step, the articles were screened to exclude the duplicate articles. In eligibility step, articles were further excluded that consist of irrelevant articles (n = 179), review papers (n = 60) and articles published other than English language (n = 12) and total of the excluded articles were 251. After excluded the 20 qualitative articles, this selection process thus led to only 15 included articles and had identified all the relevant research articles for systematic review on related variables.
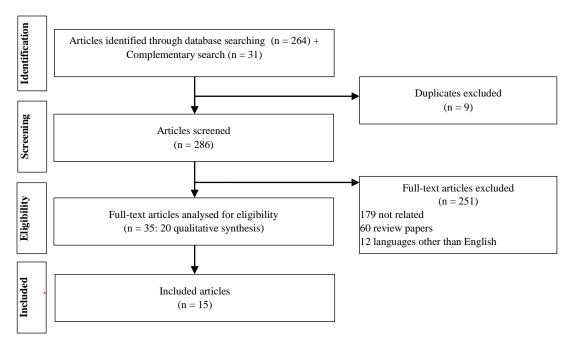
Figure 1: PRISMA Flow Diagram for Studies Selection

## IV. RESULTS

### *Descriptive Analysis*

A total of 15 articles on well-being among low-income group had been published from year 2012 to 2019 as shown in Figure 2. Since this review complied with the selection strategy of articles starting from year 2010, the first published articles was from Anne et al. (2013) and Daraei & Mohajery (2013) in 2013. However, in 2014, there was no recorded related publication. Starting from year 2015, there was related published articles. In terms of research designs used, all of the 15 studies were quantitative research designs where six studies had longitudinal designs as shown in Table 4 and nine studies had cross-sectional designs as shown in Table 5. The sample for all the studies was greater than 100 where the least number of samples was 163 in Finland and the highest was 43,636 which involved 34 Europe countries.
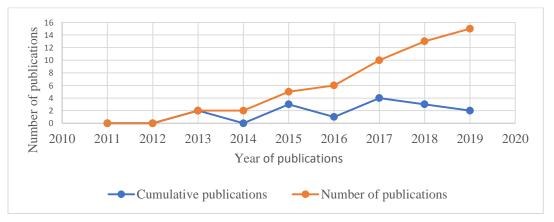


Figure 2: The annual and cumulative number of research articles on the effect of socioeconomic status on well-being from year 2010 to 2019

In the aspects of geographical region, Europe was the dominant continents that contributed to well-being among low-income group publications. Six studies were conducted in Europe where there was one large-scale study from Aysan & Aysan (2019) that involved 34 Europe countries. Asia continents also contributed the similar number of publications (n = 6) as Europe and followed by Africa, America and Oceania continents which only had one study each.



Figure 3: Countries that Contribute to Research Studies on the Effect of Socioeconomic Status on Well-being from Year 2010 to 2019

The predictor variable measures used to assess the socioeconomic status varied for all the studies. Income (n = 12), education (n = 11) and occupation (n = 7) are the top three consistent measures used. Income was used as socioeconomic status measures in seven cross-sectional studies and five longitudinal studies while seven cross-sectional studies and four longitudinal studies used education as it measures. The other measures used such as cohabitation status, disposable income and economic deprivation are shown in Table 2.

Table 2: Socioeconomic Status Measures

| Measures | Number of studies |
|---|---|
| Income | 12 |
| Education | 11 |
| Occupation | 7 |
| Cohabitation status | 1 |
| Disposable income | 1 |
| Economic deprivation | 1 |
| Health status | 1 |
| Home and car ownership | 1 |
| Household size | 1 |
| Satisfaction with purchasing power | 1 |
| Satisfaction with social status | 1 |
| Social participation | 1 |
| Social position | 1 |
| Strains | 1 |

In terms of assessment for outcome variable, self-report instruments were employed. For the well-being assessment, 10 studies used only one instrument while more than one instrument was employed in five studies. Satisfaction with Life Scale was used in four studies which then followed by Psychological Well-being Scale (n = 3). The other scales employed to assess well-being among low-income group are shown in Table 3.

Table 3: Instruments Used to Assess Well-being

| Instruments | Number of studies |
|---|---|
| Satisfaction with Life Scale | 4 |
| Psychological Well-being Scale | 3 |
| Depression Scale of General Behavior Inventory | 2 |
| Scales of Social Well-being | 2 |
| Single item | 2 |
| Brief Mood Introspection Scale | 1 |
| Daily Hassles | 1 |
| Depression Scale | 1 |
| Emotional Well-being | 1 |
| European Quality of Life Survey | 1 |
| General Life Satisfaction | 1 |
| Hassles Scale | 1 |
| Health-related Quality of Life (HRQOL) | 1 |
| Medical Outcomes Study Short Form 36 Questionnaire (SF-36) | 1 |
| Overall Quality of Life (QOL) | 1 |
| Oxford Happiness Questionnaire (OHQ) | 1 |
| Perceived Stress Scale (PSS) | 1 |
| Positive Affect and Negative Affect Scale (PANAS) | 1 |
| Two items | 1 |

Table 4: Cross-sectional studies (n = 9)

| Study | Design | Sample setting and participants | Socioeconomic status measure | Well-being measure | Results |
|---|---|---|---|---|---|
| Daraei & Mohajery (2013) | Cross-sectional | 125 (65 domestic workers and 60 employers) in India | ~ Occupation<br>~ Education<br>~ Income | Satisfaction with Life Scale (Diener et al. | ~ Occupation -> Life satisfaction (r = .697; p<0.001)<br>~ Education -> Life satisfaction (r = .788; p<0.001)<br>~ Family income -> Life satisfaction (r = .854; p<0.001)<br>~ Occupation husband -> Life satisfaction (r = .666; p<0.001) |
| Vera-Villarroel et al. (2015) | Cross-sectional | 620 people from Santiago, Chile: 206 men and 413 women, aged between 18 and 93 years, with a mean of 33.1 years | ~ Education level<br>~ Occupational group<br>~ Socioeconomic status<br>~ Happy Life Inventory (Kim, Kim, Cha, and Lim, 2007)<br>~ Satisfaction with social status<br>~ Satisfaction with purchasing power | Psychological Well-Being Ryff (1989) | ~ Educational level -> psychological well-being (r = 0.21; p<0.01)<br>~ Occupational group -> psychological well-being (r = 0.17; p<0.01)<br>~ Socioeconomic status -> psychological well-being (r = 0.24; p<0.01)<br>~ Satisfaction with social status -> psychological well-being (r = 0.26; p<0.01)<br>~ Satisfaction with purchasing |

| | | | | | power -> psychological well-being<br>(r = 0.27; p<0.01) |
|---|---|---|---|---|---|
| Reshma & Manjula (2016) | Cross-sectional | 266 middle adults (male=101, females=168) selected from 3 different socioeconomic status (high=75, middle=114, low=77) in Mangalore city, India | ~ Kuppuswamy's socioeconomic status scale-R (Kumar, et.al 2012):<br>  ~ Education<br>  ~ Occupation<br>  ~ Monthly income | ~ Psychological well-being scale (Mehrotra, S 2013)<br>  ~ Self-acceptance<br>  ~ Mastery and competence<br>  ~ Positive relations<br>  ~ Engagement and growth | ~ Higher self-acceptance, mastery and competency, engagement and growth and overall psychological well-being<br>(High socioeconomic status groups than low socioeconomic status groups)<br>~ Higher mastery and competency and overall psychological well-being<br>(High socioeconomic status groups than middle socioeconomic status groups)<br>~ Higher self-acceptance, engagement and growth and overall psychological well-being<br>(Middle socioeconomic status groups than low socioeconomic status groups) |
| Huang et al. (2017) | Cross-sectional | 432 Chinese rural-to-urban migrants with rural hukou aged from 19 to 60 years were recruited in China | ~ Objective socioeconomic status<br>  ~ Personal monthly income<br>~ Subjective socioeconomic status<br>  ~ Social position | ~ Subjective well-being<br>  ~ Satisfaction with Life Scale (SWLS)<br>  ~ Positive Affect and Negative Affect Scale (PANAS).<br>~ Subjective social mobility<br>~ Scales of Social Well-Being (Keyes 1998)<br>~ Depression Scale of General Behavior Inventory (Depue 1987)<br>~ Mental well-being<br>  ~ summing the standardized scores for emotional, psychological, and social well-being and reversed depression<br>~ Big Five Personality Inventory (Pulver et al. 1995) | ~ Significant association between objective socioeconomic status and subjective well-being and a partial mediating effect of subjective socioeconomic status<br>~ Subjective social mobility, which is one's expectation about the possibility to move upward in the social hierarchy moderate both the direct path from objective socioeconomic status to subjective well-being<br>~ Subjective social mobility, which is one's expectation about the possibility to move upward in the social hierarchy moderate both the direct path from subjective socioeconomic status to subjective well-being |
| Mafini (2017) | Cross-sectional | 985 individuals from 3 low-income townships, Southern part of Gauteng Province (Sebokeng, Sharpville | ~ Educational level<br>~ Health status<br>~ Income level<br>~ Household size | Satisfaction with Life Scale (Diener et al, 1985) | ~ Educational level (no formal educational qualification) -> life satisfaction<br>(β = -0.105; P =0.005)<br>~ Educational level (matric) -> |

| | | | | |
|---|---|---|---|---|
| | | and Sicelo), South Africa | | life satisfaction (reference group; P =0.000) ~ Educational level (postmatric) -> life satisfaction (β =0.570; P =0.652) ~ Health status -> life satisfaction (β =0.132; P =0.022) ~ Income level (low) -> life satisfaction (β =-0.016; P =0.815) ~ Income level (medium) -> life satisfaction (reference group; P =0.608) ~ Income level (high income) -> life satisfaction (β =0.021; P =0.000) ~ Household size (small) -> life satisfaction (β =0.497; P =0.000) ~ Household size (medium) -> life satisfaction (Reference group; P =0.057) ~ Household income (large) -> life satisfaction (β =-0.177; P =0.046) ~ Household income (senior citizens) -> life satisfaction (β =-0.142; P =0.001) |
| Maryam et al. (2017) | Cross-sectional | 770 respondents from 15 to 54-year-old individuals in Ilam province in Iran | ~ Individual factors ~ Gender ~ Marital status ~ Happy parents ~ Social participation ~ Socioeconomic status ~ Education ~ Income ~ Employment status ~ Home and car ownership ~ Ownership of a car | Oxford Happiness Questionnaire (OHQ) | ~ Internal social participation -> happiness (β = 0.193; P =0.005) ~ Income -> happiness (β =0.188; P =0.000) ~ Formal social participation -> happiness (β =0.162; P =0.652) ~ Marital status -> happiness (β =0.135; P =0.022) ~ Educational background -> happiness (β =154; P =0.815) ~ Gender -> happiness (β =0.115; P =0.000) ~ Happy parents -> happiness (β =0.118; P =0.000) ~ Employment status) -> happiness (β =0.087; P =0.000) |
| Algren et al. (2018) | Cross-sectional | 5113 adults living in 12 deprived neighbourhoods in Denmark. | ~ Educational level ~ Employment status ~ Cohabitation status ~ Disposable income ~ Economic deprivation ~ Strains | ~ Perceived Stress Scale (PSS) ~ Health-risk behavior ~ Intake of fruit or vegetables ~ Daily smoking ~ Alcohol intake ~ Physical inactivity | ~ Residents of deprived neighbourhoods had higher odds of perceived stress than the general population. ~ Associations between disposable income, economic deprivation, strain, and perceived stress were found in deprived neighbourhoods. ~ Perceived stress was significantly associated with higher odds of health-risk behaviour, including a low |

| | | | | | intake of fruit or vegetables, daily smoking, physical inactivity, and the co-occurrence of health-risk behaviours. ~ Perceived stress was more strongly associated with physical inactivity and having two or more health-risk behaviours among residents with medium/high socioeconomic status compared to residents with low socioeconomic status. |
|---|---|---|---|---|---|
| Chitchai et al. (2018) | Cross-sectional | 433 samples in Thiland | ~ Income<br>~ Education | ~ First question, "Taking all things together, how satisfied or dissatisfied are you with your life as a whole these days?" (Veenhoven, 2012, p. 336)<br>~ Second question, taken from the European Social Survey (ESS) asks "Taking all things together, how happy would you say you are?". | ~ Socioeconomic status -> Happiness (not significant)<br>~ Socioeconomic status -> Job, Family and Income satisfaction -> Happiness (indirect positive relationship) |
| Connolly & Seva (2018) | Cross-sectional | 1260 respondents from both USA and Sweden | ~ Household income | Life satisfaction by a single-item measure from European Social Survey | ~ Household income -> life satisfaction (r = 0.32; p<0.001) |

Table 5: Longitudinal Studies (n = 6)

| Study | Design | Sample setting and participants | Socioeconomic status measure | Well-being measure | Results |
|---|---|---|---|---|---|
| Anne et al. (2013) | Longitudinal | 12,709 women (born 1946–51) in the Australian Longitudinal Study on Women's Health (ALSWH) | ~ School leaving age<br>~ Highest qualifications<br>~ Current or last occupation | Medical Outcomes Study Short Form 36 Questionnaire (SF-36). | ~ Higher socioeconomic status women reported better health than lower socioeconomic status women.<br>~ Socioeconomic status significantly modified the effects of time on both general. and mental health in favor of higher SES women. |
| Kim & Park (2015) | Longitudinal | 8250 individuals drawn from the Korean Longitudinal Study of Aging (KLoSA) | ~ Education level<br>~ Household income after taxes per month | ~ Health-related Quality of Life (HRQOL)<br>~ Overall Quality of Life (QOL) | ~ Individuals with low household incomes and of low subjective social class had the highest probability of reporting discrepant HRQOL and QOL scores |

| | | | | | ($\beta$ = 4.796; P < 0.0001) ~ Individuals with high household incomes and high subjective social class had the lowest probability of discrepant HRQOL and QOL scores ($\beta$ = −3.625; P = 0.000) ~ Individuals with a low education level and of low subjective social status were the most likely to exhibit a positive difference between HRQOL and QOL scores ($\beta$ = 4.670; P <0.0001) ~ Individuals with a high education level and of high subjective social status were the least likely to do so ($\beta$ = −3.115, 95 % CI: 0.568–0.862). |
|---|---|---|---|---|---|
| Cheung & Lucas (2016) | Longitudinal | 25 waves of data from Germany Socioeconomic Panel (GSOEP), 10 waves of data from British Household Panel Study (BHPS), and 9 waves of data Swiss Household Panel Study (SHP). | ~ Income ~ Age ~ Values | Life satisfaction by a single-item measure | ~ Income significantly predicted life satisfaction at the between-person level, which means that individuals with high incomes tend to be happier than individuals with lower incomes. ~ The changes in income were significantly associated with changes in life satisfaction at the within-person level. ~ Both the within- and between-person associations varied across different points in the life course. ~ Family value, which was used to capture the underlying developmental changes in midlife, mediated the enhanced association between income and life satisfaction in midlife. |
| Fassbender & Leyendecker (2018) | Longitudinal | 327 Turkish immigrant mothers in Germany | ~ Education level ~ Household income after taxes per month | ~ SatisfactionWith Life Scale (SWLS) (Diener et al., 1985) ~ Hassles Scale (Kanner et al., 1981) ~ Daily Hassles (DH) ~ CES-D-10 | ~ A higher SES was associated with less daily hassles, a higher life satisfaction, and less depression ~ 60% of the mothers after 1 year revealed no changes in the well-being scales for each |

| | | | | Depression Scale (Andresen et al., 1994; Tatar and Saltukoglu, 2010 | SES cluster |
|---|---|---|---|---|---|
| Aysan & Aysan (2019) | Longitudinal | 43,636 people from 34 European countries | ~ Education ~ Financial situation ~ Employment status | European Quality of Life Survey (EQLS) | ~ Education -> Life satisfaction (β =-0.020; P =0.000) ~ Financial situation -> Life satisfaction (β =0.130; P =0.000) ~ Employment status -> Life satisfaction (β =-0.050; P =0.000) |
| Syrén et al. (2019) | Longitudinal | 163 participants at ages 42 (Time 1) and 50 (Time 2) in Finland | ~ Life Situation Questionnaire (LSQ) ~ Gross monthly income | ~ Emotional well-being ~ General life satisfaction ~ Brief Mood Introspection Scale ~ Scales of Social Well-Being ~ Depression Scale of General Behavior Inventory ~ Scales of Psychological Well-Being (Ryff 1989) | ~ positive associations between income and all the well-being measures. ~ household finances were positively associated with mental well-being and with the dimension of emotional well-being. |

***Impact of Socioeconomic Status on Well-being***

The 15 studies that the researcher analysed utilized a variety of assessment instruments in order to measure well-being. Self-report instruments were used to assess the well-being which the data not only lead to a tendency to recall bias, but also lead to difficulties in making comparisons between the finalized articles and restricts the further analysis of data which to examine the influence of socioeconomic status on well-being. In spite of this limitation, the main outcomes were that low socioeconomic status was associated with low well-being. In addition, low well-being in low socioeconomic status groups is established in high quality cross-sectional studies (Reshma & Manjula, 2016; Syrén et al., 2019). High quality longitudinal study reported that there are no changes in well-being over time among low-income groups (Fassbender & Leyendecker, 2018).

Out of 15 studies included in the review, only three studies examined socioeconomic status by looking at psychological well-being of multiple dimensions that based on Ryff's model. Fassbender & Leyendecker (2018), for instance, examined the impact of socioeconomic status on psychological well-being among 327 Turkish immigrant mothers in Germany for two cohorts. The findings revealed after one year of Time 1, 60% of the mothers revealed consistent results in well-being scales that socioeconomic status can be regarded as the key determinant of one's psychological well-being. Two cross-sectional studies from Vera-Villarroel et al. (2015) and Reshma & Manjula (2015) that studied 620 people from Santiago, Chile and 266 middle adults with different socioeconomic status (high=75, middle=114, low=77) in Mangalore city then proved high psychological well-being in the dimension of

personal growth, environmental mastery and development as well as self-acceptance when individuals have high status of socioeconomic group.

Besides, the research findings from longitudinal study among 153 middle age people (Time 1=42; Time 2=50) showed gross monthly income is related positively with mental well-being and its dimensions (psychological, emotional and subjective well-being) even it examined in two studies (Syrén et al., 2019). Huang et al. (2017) studied socioeconomic status in two different context that are objective (personal monthly income) and subjective (social position) socioeconomic status among 432 Chinese rural-to-urban migrants. This study showed these two measurements of socioeconomic status resulted in significant effect on subjective well-being.

A study from Mafini (2017) found that employment, health and household size greatly predicted life satisfaction among 985 individuals from three low-income township societies in South Africa. The sample of 65 domestic workers in India used by Daraei & Mohajery (2016) provided similar results with family income followed by occupation status having a significant positive impact on life satisfaction. A study that compares the effect of household income on life satisfaction between 1260 individuals from United States of America and Sweden also proved that the individual will feel satisfy when they earned a higher income (Connolly & Seva, 2018).

In more bigger that can generalize the significant impact of socioeconomic status on well-being is proved by a longitudinal study from Anne et al. (2013) that involved a total of 12,709 women citizens of Australia. This study conducted six times from 1996 to 2010 and the findings reported that the Australian women have a better general and mental health if they are in higher socioeconomic status women compared to the low socioeconomic status women. Another longitudinal study with two cohorts among 8250 individuals in Korea showed that the individuals who have the higher probability of discrepancy between health-related quality of life and quality of life scores are among the low household incomes and low subjective social class ($\beta = 4.796$; $P < 0.0001$) while those who have high household incomes and high subjective social class leads to lower probability of discrepancy between health-related quality of life and quality of life scores' discrepancy ($\beta = -3.625$; $P = 0.000$) (Kim & Park, 2015).

## V. DISCUSSION

There are different research studies that examined the impact of different components of socioeconomic status on well-being with various context. Previous studies also do not fully consider on the significant relation between the measurement used to indicate the socioeconomic status (work tenure, economic dependents and working experience) and other context of well-being especially psychological well-being among low-income group. Hence, the systematic review contributed to new research gap that need to be emphasized on and as guidelines to other scholars to conduct further study.

In this review paper, there are several limitations that should be noted. First, accessibility to the electronic database due to non-open access articles has restricted the researcher for deeper analysis. Second, the search was narrowed to the English-language papers only which there might be similar studies that have been conducted in other languages with findings that vary from the selected articles published in English. Besides, the difference of conceptual definitions of psychological well-being and the variations of study designs, samples involved as well as

the instruments employed to measure psychological well-being lead to difficulties in standardizing the systematic review writing.

## VI. FUTURE DIRECTION

Based on the outcomes and analysis on the reviewed articles on the impact of socioeconomic status on well-being among low-income group, it attempted to investigate the relevant present studies and act as guidelines for future research. The review suggests a strong and consistent relationship between socioeconomic status and well-being among low-income group. However, the past ten years, there is lack of research on well-being among low-income group and the continents that have this research scarcity include Africa, Oceania and America. Therefore, future studies on well-being among low-income group from other countries and continents are needed to enhance the understanding of well-being concepts, enrich well-being studies and bring the knowledge up-to-date.

Besides, none of the reviewed studies implemented qualitative or mixed-methods research designs where only quantitative research design was chosen to be reviewed. Hence, future studies could consider to consider the selection of qualitative research designs because it enables the researcher to obtain an understanding of underlying factors and investigate the complex issues identified in the process (Atieno, 2009). Mixed-methods are also highly recommended because the integration of strengths of both quantitative and qualitative research designs lead to a deeper analysis of research issues and findings (Molina-Azorin, 2016).

Well-being is becoming a critical issue in this modernization era but the determinants of good well-being are not well understood. Other than objective socioeconomic status measures that often include education, occupation and income level, subjective socioeconomic status which is known as one's perception of his/her status as compared to the society are also required for better understanding of the concepts (Präg et al., 2016). The combined objective and subjective socioeconomic status measures are suggested for future research in order to examine in details on how well-being is affected by socioeconomic status. This would be beneficial for other researchers from diverse disciplines to understand the concepts and apply varied approaches for further analysis of research findings.

## VII. CONCLUSION

To sum up, this systematic review aims is to examine the impact of socioeconomic status on well-being among low-income group. The study makes it clear that socioeconomic status is a complex concept which should be regarded contextually. From the research gap that has been addressed, individual attention needs to be focused on in order to receive the actual results that can be generalized. For this reason, this paper will fill the research gap by defining how the predictor and outcome variables become important and can be used as the foundation for future studies.

It is also crucial to identify scope for future studies as one of the methods in more advance publication in this research area in order to engage in the highlighted limitations. This will enhance our understanding of the domains of socioeconomic status in increasing the well- being of low-income group. The strength of linkages between the variables involved is still questionable because there is still lack of study among low-income group which according to a wider scope of well-being representing many employment sectors rather than just concentrating on a specific

sector of employment. Hence, this study could fill the research gap by examining the significant impact of socioeconomic status on well-being among low-income group.

## ACKNOWLEDGEMENT

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