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Article

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Résumé

L'auto-efficacité parentale est un aspect central de la recherche sur la parentalité. Bien que la parentalité continue de s'exercer jusque tard dans la vie, peu d'études se sont penchées sur le sentiment d'auto-efficacité parentale chez les personnes âgées. En se basant sur le modèle des déterminants de la parentalité, cette étude examine les liens entre la détresse psychologique, le soutien social, la solitude et le sentiment d'auto-efficacité parentale à un âge avancé.

L'étude se fonde sur les résultats d'un sondage quantitatif transversal mené auprès de 362 parents israéliens âgés de 65 ans et plus. Les participants ont été invités à fournir des renseignements de base et à remplir des questionnaires mesurant la détresse psychologique, le soutien social, la solitude et l'auto-efficacité parentale.

Les résultats du sondage ont révélé qu'un sentiment élevé d'auto-efficacité parentale était associé à un plus faible degré de détresse psychologique, à un soutien social supérieur et à un plus faible sentiment de solitude chez les aînés. Le modèle de la recherche explique 36,9 % de la variance de l'auto-efficacité parentale chez les personnes âgées.

L'état mental et les conditions sociales sont des facteurs importants du sentiment d'auto-efficacité parentale chez les aînés, par conséquent, les professionnels devraient assurer l'accès à diverses solutions visant à favoriser, entretenir et promouvoir le bien-être par l'engagement social et familial au sein de cette population.

Abstract

Parental self-efficacy (PSE) is a central aspect of parenting research. Although parenting continues in older ages, few studies have focused on PSE among older adults. In line with the parenting determinant model, the study examined the associations between psychological distress, social support, loneliness, and PSE in older age.

The study used a quantitative cross-sectional survey, including 362 Israeli parents age 65 years and above. Participants were asked to complete questionnaires of psychological distress, social support, loneliness, PSE, and background information.

Results revealed that higher PSE was associated with lower psychological distress, higher social support, and a lower sense of loneliness in older adults. The research model explained 36.9 per cent of the variance in PSE among older adults.

Mental state and social conditions are important for PSE of older adults; therefore, professionals should ensure the availability of diverse solutions to enable, maintain, and promote well-being through social and familial engagement in this population.

Introduction

Parenting Among Older Adults

Social connections with one's grown children are among the most essential relationships in an adult's life (Fingerman, Sechrist, & Birditt, 2013; Levitzki, 2009). For older people, relationships with adult children are significant. In later life, older parents face losses of meaningful relationships (illness or death of their spouse and friends), and their need for social interactions intensifies (Fingerman et al., 2013; Umberson, Crosnoe, & Reczek, 2010). Indeed, relationships with their adult children have been related to older parents' physical and mental health (Lowenstein, Katz, & Gur-Yaish, 2007). Furthermore, daily pleasant or stressful experiences with adult children have been found to affect parental well-being (Fingerman, Kim, Birditt, & Zarit, 2016). In recent decades, research has focused on examining various aspects of the relationship between older parents and their adult children, such as frequent contact or support exchange (Fingerman, Cheng, Birditt, & Zarit, 2012; Lowenstein et al., 2007; Treas & Gubernskaya, 2018). The increased interest in parenting in older age may be attributed to the extended periods that children live with their parents due to the increasing cost of living, and, accordingly, the growing dependence of adult children on their parents (Connidis & Barnett, 2019;

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Fingerman, Huo, & Birditt, 2020; Kahn, Goldscheider, & García-Manglano, 2013). Additionally, the intensity and frequency of relations between parents and their adult offspring have increased over the past years, mostly because of mobile phones, e-mails, and other technologies that produce convenient and low-cost communications (Fingerman et al., 2020; Taipale, Petrovic, & Dolnicar, 2018; Treas & Gubernskaya, 2018). Nevertheless, while the importance of relationships with adult children and their beneficial influence on older people has recently been acknowledged, there are recurring questions in the literature on family and aging regarding the nature of the specific role of parenting at an older age and its importance for parents in later life (Bar-Tur, Ifrah, Moore, Kamin, & Lang, 2018; Connidis & Barnett, 2019).

Parenting is one of the most important roles experienced by adults (Levitzki, 2009). Several studies have emphasized the continuity of the parental role and its endless significance for older parents' identity, well-being, and psychological experience (e.g., Bar-Tur et al., 2018; Levitzki, 2009; Lowenstein et al., 2007). While the role of parenting is clear at young ages and includes various specific tasks such as financial provider, protector, caregiver, authoritarian figure, teacher, socialization facilitator, and entertainment provider (Nye, 1976), this role at older ages becomes more obscure in terms of its definition. Parents' responsibilities at an older age tend to be vague due to the need to gradually reduce control over the offspring and to "step back" (Levitzki, 2009; Mendonça & Fontaine, 2014). An exceptional case is parenting adult children with disabilities or mental illness. In these cases, the parenting role of older adults remains eternal, to some extent; the parent is highly involved, and the parenting tasks are very clear and practical (Namkung, Greenberg, Mailick, & Floyd, 2018). Nevertheless, the ambiguity of the boundaries of older adults' parental role makes the perception of success in later life more challenging to define and more subjected to contextual and subjective interpretations. Although the practical side of parenting is less prominent in later years as grown adults are less likely to depend on their parents for basic needs such as food, clothes, and shelter, resilience is still possible due to the steady increase in the cost of living and the psychological aspects of parenting, which are still crucial for shaping the adult child's identity and self-esteem (Benedek, 1970; Smith & Pardasani, 2014). Therefore, given the uniqueness of the parenting role in the older person's life (Hank, Cavrini, Di Gessa, & Tomassini, 2018), this study seeks to focus on an unexplored aspect of parenting in older age, which may underlie parenting practices (Glatz & Buchanan, 2021): the concept of the older adult's parental self-efficacy (PSE).

Parental Self-Efficacy

Although an absolute definition of successful parental functioning is lacking, a central aspect is self-efficacy, which refers to individuals' subjective confidence in their ability to perform specific demands (Bandura, 1977; Cervone, Artistic, & Berry, 2006). Thus, PSE is the individuals' confidence in their ability to successfully fulfil their role as parents and its associated tasks (Coleman & Karraker-Hildebrandt, 2000; Johnston & Mash, 1989). However, self-efficacy is not considered a permanent personality trait and rather an evolving dynamic component that is altered by changing circumstances and tasks, as well as by changing individual characteristics (Bandura, 1977; Seigny & Loutzenhiser, 2010). The aging process necessitates changes in various areas of life, including parental functioning of adult children (Cervone et al., 2006). Therefore, it is assumed that PSE and its characteristics will also

vary in older age. In addition, older people must adapt to new roles in their lives that affect parental functioning, such as retirement, widowhood, and grandparenthood (Cervone et al., 2006; Mendonça & Fontaine, 2014). More specifically, retirement may render more time for parenting and joint activities with the offspring (St George & Fletcher, 2014). In contrast, widowhood may bring a sense of loneliness to the parenting role previously fulfilled by a partner (Lopata, 2017). On the other hand, grandparenthood burdens parenting with many other tasks that revolve around child and grandchild rearing that may impact the relationship between the older parent and the adult child (Kirby & Hoang, 2018). These changes require new depiction of the parental role, which might affect parents' confidence in their ability to function and succeed in the parenting role. As far as we know, this confidence in parental ability, namely PSE, has only been examined among older adults in one previous study (see Greenblatt-Kimron, Kestler-Peleg, Even-Zohar, & Lavenda, 2021a). Nevertheless, in light of the evidence in recent decades of the significance of parenting in older age for promoting higher quality of life, greater physical and mental health, and well-being (Levitzki, 2009; Lowenstein, 2007; Mendonça & Fontaine, 2014), further examination of PSE among older adults is required (Greenblatt-Kimron, Kestler-Peleg, et al., 2021a). Since information on PSE among older adults is scarce, the study is based on existing knowledge regarding PSE during earlier life-cycle stages.

One of the most prominent theories that deals with aspects of parenting in recent decades, including PSE (Jones & Prinz, 2005), is Belsky's parenting determinant model (1984), which serves as the theoretical framework in the present study. The model originated in Bronfenbrenner's ecological theory (1979) and acknowledged the multi-level psychosocial factors influencing parenting. In particular, the parenting determinant model does not specify a certain reference of timeline and may be used in varied age ranges to examine human development across the lifespan. The model refers to three characteristics that influence parenting in the following order of significance: parental, contextual, and offspring characteristics (Belsky, 1984; Seigny & Loutzenhiser, 2010). These three determinants are known to positively influence or, alternatively, undermine PSE (Glatz & Buchanan, 2015; Jones & Prinz, 2005). The first two domains of Belsky (1984) are the focus of the current study: (a) individual characteristics that are represented by psychological distress and loneliness, and (b) contextual characteristics that are represented by social support. This comprehensive perspective enables reference to the specific socio-demographic context of parenting in the present study – older Israeli parents of adult children. To explore the factors that hinder or promote PSE among older Israeli adults, variables known to be central to both older adults and PSE were selected, that is, psychological distress, social support, and loneliness (Fang, Boelens, Windhorst, Raat, & van Grieken, 2021; Losada-Baltar et al., 2021).

Psychological Distress

According to the parenting determinant model, psychological distress is one of the individual characteristics affecting parenting (Belsky, 1984). *Psychological distress* is an umbrella term that describes various kinds of mental difficulties (Facey, Tallentire, Selzer, & Rotstein, 2015). It is an emotional experience of discomfort that results in temporary or permanent harm to the individual (Facey et al., 2015). Thus, psychological distress has been used as a measure of various mental states, such as anxiety,

depression, or stress (Dyrbye, Thomas, & Shanafelt, 2006). In older age, psychological distress is associated with varied critical aspects of life, such as physical health conditions (Davison et al., 2020), physical frailty (Fu, Zhou, & Meng, 2020; Jing et al., 2020), sleep quality (Fu et al., 2020), cognitive function (Geiger, Reed, Combs, Boggero, & Segerstrom, 2019), and family functioning (Fingerman et al., 2020; Kelley, Whitley, & Campos, 2013). When mental health is impacted, it might impair the person's perception of the ability to succeed in the parenting role. Indeed, psychological distress has been negatively associated with PSE, and this association was found to be reciprocal (Crnic & Ross, 2017). These links have been evident at different periods in the family life cycle (e.g., Glatz & Buchanan, 2015; Razurel, Kaiser, Antonietti, Epiney, & Sellenet, 2017) and, nevertheless, have not been examined to date among older adults.

Social Support

According to the parenting determinant model (Belsky, 1984), social support is one of parenting's most significant contextual psychological characteristics, and of PSE in particular. Social support reflects the variety of sources that arise from relationships with significant others (Folkman, Schaefer, & Lazarus, 1979). These sources include emotions (such as empathy or closeness), instrumental help (such as financial or accessibility services), knowledge (about the surroundings), and evaluation for self-esteem appreciation. Social support facilitates feedback for the parent on its parental practices and attitude, as well as contributes to shaping parental identity (Belsky, 1984; House, 1981). It also enables learning from others and sharing, consulting, and observing others, thus increasing confidence in parental functioning (Lavenda & Kestler-Peleg, 2018).

Social support includes forms of formal support (e.g., organizations) and informal support (e.g., spouse, family, and friends). The present study focused on informal support. Throughout life, informal social support is strongly associated with physical and mental health (Bar-Tur et al., 2018) and becomes central in older age due to the many losses associated with the aging process, including the loss of significant others, physical and mental decline, and retirement (Fernández-Ballesteros, 2002; Temple & Dow, 2018). Social support in later life has been positively associated with a better quality of life (Fernández-Ballesteros, 2002), increased physical activity (Smith, Banting, Eime, O'Sullivan, & Van Uffelen, 2017), better sleep outcomes (Kent de Grey, Uchino, Trettevik, Cronan, & Hogan, 2018), higher cognitive functioning (Rutter et al., 2020), and, specifically, higher self-efficacy (Wu & Sheng, 2019), while negatively linked with depressive symptoms (Qiu et al., 2020). However, a qualitative study exploring the perception and desire for social support among adults over the age of 65 demonstrated that their need for social support might be experienced as shameful, embarrassing and result in feelings of being a burden to others (Yoo, 2013).

Studies conducted at earlier stages of life indicated that more informal social support predicted higher levels of PSE (e.g., Jones & Prinz, 2005; Leahy-Warren & McCarthy, 2011). The ability to consult, receive information, share parenting debates, obtain instrumental help, and gain strength and affirmations for one's abilities seems to heighten one's self-perception as successful in performing the parenting role. This association was found consistent across the different stages of family life (e.g., Lavenda & Kestler-Peleg, 2018), however, as yet to be examined among older adults.

Loneliness

According to the parenting determinant model (Belsky, 1984) and contrasting social support, a contextual characteristic that reflects how people perceive themselves as assisted by the social systems, loneliness is an individual characteristic embedded in people themselves. Loneliness produces distress resulting from an unsatisfied, subjective desire for emotional and intimate social relationships. Thus, it reflects a gap between desirable and existing relationships (Heinrich & Gullone, 2006). Loneliness is experienced as particularly difficult among older adults (Ermer, Segel Karpas, & Benson, 2020; Yang, 2018). For example, in a study conducted in Spain, older people described their loneliness as: *I have lost close people and loved ones* (42.3%); *I have no one* (28.5%); *I have no family* (26.8%); *I feel that no one needs me* (17.3%); *I have no friends* (4.7%) (IMSERO, 2000, in: Fernández-Ballesteros, 2002). Moreover, loneliness has been found as a risk factor for cognitive decline, mental and physical health, and even for mortality in older age (Cornwell & Waite, 2009). In addition, loneliness may also impair individuals' self-perception of their ability to successfully fulfil their tasks, in general, such as self-efficacy (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016) and their role as parents, in particular—that is, impaired PSE (Tuominen, Junttila, Ahonen, & Rautava, 2016). A negative association was found between PSE and loneliness in a single study to date that examined this link among older adults (Greenblatt-Kimron, Kestler-Peleg, et al., 2021a).

In light of the above, and based on Bronfenbrenner's ecological theory (Bronfenbrenner, 1979), the infrastructure for the parenting determinants model (Belsky, 1984), individual, and contextual characteristics are all embedded in the macrosystem, which is the context of culture and society. From this perspective and based on the notion that culture shapes parents' perceptions of their parenting role (Smith & Pardasani, 2014), it is essential to consider the specific context of Israel, the context of the present study.

The Israeli Context

Israeli society is a mosaic of different national, religious, and ethnic groups that are reflected in different beliefs, philosophies, origins, languages, and values. According to a statistical review that was conducted on the older Israeli population (Shnoor & Cohen, 2020), the average life expectancy in Israel is one of the highest in the world (83 years old). Moreover, older adults over the age of 65 constitute 12 per cent of the population; their percentage is constantly increasing (twice the general Israeli population) yet it is lower than most Organization for Economic Co-operation and Development (OECD) countries. OECD is a forum of countries describing themselves as committed to democracy and regarded as developed countries (OECD, 2023). More than half of Israeli older adults reported being satisfied with their lives, similar to satisfaction levels at other ages. Nonetheless, a lower per cent reported having friends (84%) than the general Israeli population (91%). Moreover, a higher per cent of Israeli older adults reported loneliness (30%) compared with the general population (22%).

Parents are exposed to challenges, attitudes, expectations, and ideals that are derived from their cultural and societal contexts (Silverstein, Gans, Lowenstein, Giarrusso, & Bengtson, 2010), which can produce different beliefs about their parenting role (Glatz & Buchanan, 2021). Diverse studies indicate that parenting in older age is characterized differently in different countries, including more or less financial, social and emotional support, intergenerational traditions, frontal encounters, and intensity of

contacts (Bar-Tur *et al.*, 2018; Katz, Lowenstein, Halperin, & Tur-Sinai, 2015; Lowenstein *et al.*, 2007). Israel is a very family-run society that combines traditional family values and norms with modern characteristics (Lavee & Katz, 2003). According to the OECD, Israel has one of the highest rates of marriage in the developed world, standing at 6.3 marriages per 1,000 residents compared with the OECD average of 5.0 (OECD, 2015). The centrality of childbirth in Israel is reflected in the country's birth rate, which is the highest in the developed world (3.0 children per woman, relative to the OECD average of 1.7 [OECD, 2015]).

The Israeli high familism is demonstrated by the close and deep ties between the generations and their mutual involvement (Lavee & Katz, 2003). Compared with North America, intergenerational relationships in Israel appear to be more intense and common (Lowenstein, 2007; Silverstein *et al.*, 2010). The intensity of these ties is attributed to several unique characteristics of the country. The historical background of the Holocaust in the establishment of the State of Israel enhanced fertility as retribution to the Nazi regime by ensuring the continuation of the Jewish people with further generations (Burg, 2016). A unique intergenerational transmission of the Holocaust trauma has been demonstrated in both the second and third generations of Holocaust families living in Israel, consisting of both personal and societal components (Greenblatt-Kimron, Shrira, Rubinstein, & Palgi, 2021b). In particular, studies have indicated that the family atmosphere in Holocaust survivor families is frequently characterized by higher involvement compared with non-survivor families (Brom, Kfir, & Dasberg, 2001; Kellermann, 2001; Palgi, Shrira, & Ben-Ezra, 2015; Scharf & Mayseless, 2011). The centrality of tradition and religion in the Israeli culture emphasizes family values demonstrated by family gatherings on Shabbat (the rest day in Judaism) and Jewish holidays. The geographical proximity of family members in the small country allows for multiple spontaneous encounters. Finally, the tension and dangers involved in mandatory military service and threatening terror activities have enhanced the bond with older children (Lowenstein, 2007; Levitzki, 2009).

According to narratives that emerged from in-depth interviews with parents of adult children in Israel, it appears that intergenerational relationships are characterized as strong emotional relationships, with a continuing sense of caring, and that Israeli parents provide various types of support for their adult children (Levitzki, 2009). It was also found that Israeli adults of ages 21–40 reported higher emotional closeness to their parents compared with individuals of the same ages from Germany (Bar-Tur *et al.*, 2018). In addition, most students in Israel continue to live at home with their parents, and 65 per cent of parents in Israel continue to financially support their adult children after they leave home (Roll & Litwin, 2010). Given the high familism and the significant active relationships between parents and their adult children, Israel provides a unique and fruitful arena for exploring various aspects of parenting in older age, including PSE.

The Current Study

The study aimed to broaden the understanding of PSE among older adults. Despite the uniqueness of the parental role in older age, to the best of our knowledge, PSE among older adults has been examined in only one study to date (Greenblatt-Kimron, Kestler-Peleg, *et al.*, 2021a). Based on Belsky's (1984) parenting determinant model, which emphasizes the importance of parental characteristics and the context in which parenting occurs, as well as studies examining parents at earlier stages of the life cycle, we

hypothesized that psychological distress, social support, and loneliness will predict PSE in older age, while controlling for background variables (age, gender, marital status, education, income, number of children, living arrangements, and offspring genders and ages). Thus, lower psychological distress, higher perceived social support, and less loneliness will be linked with higher PSE.

Method

Design, Participants, and Procedures

To test the hypotheses, a quantitative cross-sectional survey was conducted. Data were based on a convenience sample of 362 Israeli parents above the age of 65 (Min. = 65, Max. = 91, $M = 72.1$, $SD = 5.9$), who were recruited through means of social media (Facebook, WhatsApp groups, and Internet forums). A detailed description of the sample can be found in the *Results* section.

After receiving the approval of the ethics committee of non-clinical research in humans at the authors' university (No. AU-SOC-OL-20161214), a link with an electronic form was sent through social media groups, where participants were asked to sign an informed consent. Participants received no reward for participating.

Measures

Participants were asked to report information regarding their age, gender, marital status, perception of their economic status (on a Likert-type scale ranging from 1 ["not good at all"] to 5 ["very good"]), level of education (i.e., number of years of education), number of children, and their living arrangements (1 = "living on my own"; 2 = "living with my partner"; 3 = "living with extended family"; and 4 = "living in an assisted living facility"). Offspring ages and genders were also reported. To avoid bias of the findings due to individual differences stemming from different age groups of offspring, participants were asked to refer to their child whose age was the closest to 40. This age symbolizes the beginning of Erikson's generativity versus stagnation stage (Erikson, 1993), a stage that focuses on care for the next generation. Therefore, at this age, most adults already have children of their own (OECD, 2023).

Psychological distress was assessed using the K6 questionnaire (Kessler *et al.*, 2003). The K6 is a six-item scale relating to symptoms of distress. Participants were asked to report the prevalence of each symptom in the previous week, on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("all of the time"). In the current study, Cronbach's alpha was 0.88.

Social support was assessed using a nine-item scale based on a scale developed by House (1981) and adjusted by Westman *et al.* (Westman, Etzion, & Horovitz, 2004) to fit three social sources: spouse, extended family, and friends. For each social source, participants were asked to report the extent to which they have (a) shared their recent experiences with that social source, (b) received support and understanding from that social source, and (c) received advice or instrumental support from that social source. Responses were given on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"). A higher mean score reflected a higher level of perceived support. Cronbach's alpha in the current study was 0.82 for all nine items and ranged between 0.82 and 0.89 for the three social sources' subscales.

Loneliness was assessed using the short version of the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980)

developed by Hughes, Waite, Hawkey, and Cacioppo (2004). This is a three-item scale that deals with the perceived sense of loneliness reflected by the feeling of isolation, lack of companionship, and feeling left out. Responses were given on a 3-point Likert scale: 1 (“hardly ever”), 2 (“some of the time”), and 3 (“often”). A higher mean score reflected a higher level of loneliness. Cronbach’s alpha in the present study was 0.83.

PSE was assessed using an 18-item scale, referring to the parents’ sense of success in fulfilling their parental role. The scale is based on the widely used Parenting Sense of Competence Scale (PSOC) developed by Johnston and Mash (1989) (e.g., Kestler-Peleg et al., 2020). The questionnaire was adjusted to parenting in older age for the Hebrew language by replacing the phrase “my child” with “my son/daughter”. Participants were asked to indicate the degree to which they agree with the statements on a 4-point Likert scale ranging from 1 (“not at all”) to 4 (“very much”). A higher mean score pointed to a higher sense of self-efficacy. Cronbach’s alpha in the present study was 0.79.

Data Analysis

Following the examination of the correlations between the study’s variables, a hierarchical multiple regression analysis was conducted. To prevent bias of results due to demographic variables that were associated with the dependent and independent variables (i.e., age, gender, marital status, economic status, living arrangements, years of education, number of children and age), the analysis was conducted while controlling for these variables. Therefore, demographic variables were entered first into the regression equation, followed by psychological distress, social support, and loneliness, in order to examine their contribution for the prediction of PSE in older age, above and beyond the demographic variables.

Post Hoc Statistical Power Analysis

A post hoc power analysis was conducted using the software package, GPower (Faul & Erdfelder, 1992). The sample size of 362 was used for the statistical power analysis with an alpha level of $p < .05$. The recommended effect sizes used for this assessment were small ($f^2 = .02$), medium ($f^2 = .15$), and large ($f^2 = .35$) (Cohen, 1977). The post hoc analysis revealed the statistical power for this study was .60 for detecting a small effect, whereas the power exceeded .99 for the detection of a medium to large effect size. Thus, there was more than adequate power (i.e., power \times .80) at the medium to large effect size level but less than adequate statistical power at the small effect size level.

Results

Analyses were conducted on a sample of 362 participants. Table 1 summarizes the descriptive statistics of the sample. As indicated in the table, about two-thirds of the sample (63.7%) were female and most of the sample were married or living with a partner (74.5%). The rest of the sample were almost equally divided between being divorced (12.7%) and widowed (12.2%). In terms of living arrangements, about two-thirds of the sample reported living with their partner (66.1%), only a few reported living with extended family (3.6%) or in an assisted living facility (5.0%), and a fifth reported living on their own (25.3%). Most of the sample reported a high economic status (62.7% reported their economic status as “good”

Table 1. Descriptive statistic

Variable	Mean (SD)
Age	72.13 (5.89)
Years of education	14.56 (3.30)
Number of children	3.50 (1.50)
Child’s age	41.71 (5.21)
Variable	Percent (%)
Gender	
Male	36.3
Female	63.7
Marital status	
Married/with a partner	74.5
Divorced/separated	12.7
Single	0.6
Widow	12.2
Socio-economic status (SES)	
Not good at all	1.1
Not so good	6.1
Pretty good	30.1
Good	48.9
Very good	13.8
Living arrangements	
On my own	25.3
With my partner	66.1
With extended family	3.6
In an assisted living facility	5.0

or “very good”). Participants reported having on average 3.5 children per family (SD = 1.50) of ages between 28 and 70 ($M = 41.71$, $SD = 5.21$).

The correlations between the study’s variables are presented in Table 2. The correlations indicate that PSE among older adults was negatively associated with psychological distress ($r = -0.504$, $p < 0.001$) and loneliness ($r = -0.463$, $p < 0.001$), and positively associated with social support ($r = 0.390$, $p < 0.001$). Demographic variables that were associated with at least one of the study’s variables were held constant during the conduction of the regression analysis to prevent the possible bias of results interpretation.

The results of the hierarchical regression analysis are summarized in Table 3. As indicated in the table, the independent variables explain a total of 37.0 per cent of the variance in PSE in older age. The demographic variables contribute 11.2 per cent to the explained variance $F(8,316) = 5.00$, $p < 0.001$, psychological distress, and social support, and sense of loneliness contributed an additional 25.8 per cent to the explained variance of parental self-efficacy among older adults $F(3,313) = 42.70$, $p < 0.001$, above and beyond demographics.

Among the demographic variables, economic status and living arrangements were found to be the strongest predictors of PSE among older adults ($\beta = 0.068$, $p = 0.010$; $\beta = -0.069$, $p = 0.031$, in accordance). Among the psychological variables, psychological

Table 2. Correlation coefficients between the study's variables

	1	2	3	4	5	6	7	8	9	10	11	12	
1. Parental self-efficacy	1												
2. Psychological distress	-.504**	1											
3. Loneliness	-.463**	.571**	1										
4. Social support	.390**	-.347**	-.374**	1									
5. Gender	.130*	-.035	-.040	.138*	1								
6. Marital status	-.012	.084	.137*	-.049	.167**	1							
7. SES	.257**	-.245**	-.248**	.075	-.029	-.086	1						
8. Housing	-.114*	.035	-.016	.034	-.112*	-.334**	.074	1					
9. Years of education	.111*	-.189**	-.207**	.031	-.017	-.074	.205**	.085	1				
10. Number of offspring	.113*	-.064	-.046	.121*	.047	-.021	.005	-.093	.062	1			
11. Age	-.019	.065	.120*	-.022	-.087	.278**	-.058	.086	-.104	.004	1		
12. Gender of offspring	.030	-.017	-.037	.013	-.030	.026	.028	.105*	.023	.002	.051	1	
13. Age of offspring	-.109*	.100	.108*	-.104	-.033	.197**	-.061	.145**	-.043	-.143**	.564**	-.023	1

Notes. * $p < 0.05$; ** $p < 0.01$.

Table 3. Hierarchical regression coefficients for predicting parental self-efficacy at an older age by demographic and psychological variables

Model Block	Step 1	Step 2
Gender	.134**	.076
Age	.009	.010*
Education	.010	.001
SES	.122**	.061*
Marital status	-.021	-.004
Housing	-.075	-.062
Number of offspring	.019	.005
Gender of offspring	.029	.014
Age of offspring	-.010	-.007
Psychological variables:		
Psychological distress	–	-.199**
Social support	–	.112**
Loneliness	–	-.180*
R ²	.106**	.369**
R ² change	.106**	.263**

Notes. * $p < 0.05$; ** $p < 0.01$.

distress was found to be the strongest predictor of PSE among older adults ($\beta = -0.200$, $p < 0.001$), followed by loneliness ($\beta = -0.180$, $p < 0.001$), and then by social support ($\beta = 0.110$, $p < 0.001$).

Discussion

PSE has become a significant component in the study of parenting and is one of the leading indicators of appropriate parental functioning (Shim & Lim, 2019) and well-being (Albanese, Russo, & Geller, 2019). Despite the extended examination of PSE at younger ages (e.g., Razurel et al., 2017), to the best of our knowledge, only one other study has investigated PSE among older adults (Greenblatt-Kimron, Kestler-Peleg, et al., 2021a). The research

hypotheses were confirmed. Older Israeli adults reported negative correlations between PSE and psychological distress and loneliness, and a positive correlation between PSE and informal social support. These correlations were found while the background variables (i.e., age, gender, marital status, economic status, living arrangements, years of education, number of offspring, and offspring ages and genders) were controlled for. All these together predicted 37.0 per cent of the explained variance in PSE. The strongest predictor of PSE among Israeli older adults was psychological distress, followed by loneliness, with perceived informal social support as the lowest predictor.

Based on the parenting determinant model (Belsky, 1984; Bronfenbrenner, 1979), the present study examined factors that shape PSE in older age in the context of the Israeli culture. The significance of the unique socio-cultural context of PSE has already been noted (Glatz & Buchanan, 2021). Nevertheless, a lacuna exists in studies that examined cultural differences and PSE (David & Khatib, 2021). A recent study showed that the parental role constitutes central identity in adult life in Israel and is intensified due to familism and pronatalism that characterize the Israeli society (Kestler-Peleg & Lavande, 2018). The findings of the current study strengthen this conception, demonstrated by the sensitivity of PSE among older adults in Israel to the significance of the parental role in this culture.

The present findings indicate that PSE among Israeli older adults is significantly and positively associated with the background characteristic of parental age and economic status. Regarding the parent characteristic of age, the current findings show that there are benefits for aging among older adults as they tend to be more confident in their abilities to succeed as parents. Perhaps this positive correlation between age and PSE is rooted in a more realistic perspective that is enabled due to older age based on cumulative life experience and a more proportionate perception (Jeste & Oswald, 2014). Additionally, higher economic status was found to be a contextual predictor of a higher level of PSE among older adults. Parenting is affected by a lower economic situation as it often involves fears, troubles, and worries (Bianchi & Milkie, 2010). Economic difficulties can undermine the foundation of a positive self-concept of a parent, given the limited financial

resources and challenging living conditions (Jones & Prinz, 2005). At younger ages, it was found that maternal higher income levels predicted higher PSE (Coleman & Karraker-Hildebrandt, 2000). Thus, the positive association between economic status and PSE among Israeli older adults is consistent with both the parenting determinant model (Belsky, 1984) and data collected among younger parents.

Psychological Distress

In accordance with the parenting determinant model (Belsky, 1984) and in line with previous findings among younger parents (Glatz & Buchanan, 2015; Razurel et al., 2017), psychological distress, reflecting a mental state, emerged in this study as the strongest predictor of PSE among Israeli older adults. Findings suggest that older adults with lower psychological distress perceive themselves in a more positive way and appreciate themselves as generally more successful, and particularly in their parenting role. Perhaps the benefits of aging are the mechanisms that link these two variables. The documented decline in psychological distress among older adults in most Western countries, despite the decline in levels of functioning, is attributed to the positive impact of life experience, such as the diminished gap between expectations and reality, skills acquired for emotional regulation, and problem-solving (Carstensen, Mikels, & Mather, 2006). As older adults experience less psychological distress, they may experience their lives as more fulfilling, be less frustrated, and perceive themselves as more capable of successfully fulfilling their role as parents. Resultingly, older adults who experience lower levels of psychological distress may perceive themselves in a more positive way, enhancing their PSE.

Social Support

Perceived informal social support was also found to be a contextual predictor of PSE among Israeli older adults. The construct of social support depicts two aspects of the support that are included in the measure that was used in the present study: actual social networks and the individuals' perceptions of these networks as a source of support. These two aspects become more complex later in life (Lang, Wagner, Wrzus, & Neyer, 2013). Although in older age informal social sources dwindle and the need of others may be experienced as embarrassing (Yoo, 2013), older adults still want to be treated with respect and independence, rather than as a dependent and helpless. Thus, informal social support becomes more difficult to attain in older age (Cloutier-Fisher, Kobayashi, & Smith, 2011; Machielse & Duyndam, 2020), particularly as Israeli older adults have fewer friends compared with younger cohorts (Shnoor & Cohen, 2020). In the current study, it was found that older adults who had social networks (spouse, family, and friends) and who perceived them as sources of support felt more confident in their ability to succeed as parents. This finding is in line with the parenting determinant model (Belsky, 1984), which underpins this research and supports the social capital theory (Putnam, 2000). The social capital theory refers to abundant and meaningful social networks as the parent's social capital, which has also found to be associated with high self-efficacy (Han, Chu, Song, & Li, 2015). Social capital enables rich feedback from others and thus builds a sense of individual ability. Moreover, people with greater social capital tend to turn to social networks for assistance in times of trouble, which also increases their self-efficacy (Han et al., 2015). In the current study and in accordance with findings among younger

populations (Jones & Prinz, 2005; Leahy-Warren & McCarthy, 2011), older adults with greater social capital appear to have more confidence in their abilities to succeed as parents.

Loneliness

As a characteristic of the individual, loneliness was also found to be a predictor of PSE among Israeli older adults. It has been noted that aging involves an increase in loneliness in Israel, as well as in the Western world (Dykstra, van Tilburg, & de Gierveld, 2005) but in Israel in particular (Shnoor & Cohen, 2020). Reduced social networks in older age increase the gap between desired and actual relationships. This perceived gap is known to consistently predict a range of negative outcomes at an older age, including decreased physical activity, mental and physical health, and even mortality (e.g., Gerino, Rollè, Sechi, & Brustia, 2017).

Impaired general self-efficacy is also known to be one of the negative consequences of loneliness in older age (Fry & Debats, 2002). In a qualitative study, older adults described their experience of loneliness as: *hard to make new friends, circumstances making it hard to be social, feel very lonely despite leading a rich social life, loss of loved ones, and do not want to do things alone* (Larsson, Wallroth, & Schröder, 2019). Thus, loneliness is not only a reference to a lack of social connections but also a subjective feeling, even if the individual seems to be taking part in a social activity. The interpretation that a person attributes to the gap between the desired social situation and the existing one in older age may also relate to an internal feeling of worthlessness, being rejected, and lacking control (Kitzmüller, Clancy, Vaismoradi, Wegener, & Bondas, 2018). Additionally, these interpretations may be the mechanisms that undermine the individuals' perceptions of their ability to successfully fulfil their parental role. This role in older age may include guiding their offspring throughout adulthood in the various tasks of life. It requires parents to have a positive self-concept as people who know what to do and who feel valuable and needed. These aspects are probably less possible for individuals who perceive themselves negatively, demonstrated in the current study among Israeli older adults.

Limitations

The current findings should be interpreted cautiously due to several study limitations. Firstly, data collection was based on a convenience sample that was recruited through social networks. Hence, the study's questionnaire was accessible only to older adults who are exposed to these networks, and those who are familiar with technology that utilizes computerized online questionnaires. In addition, self-report questionnaires might reflect social desirability. Therefore, the sample lacks representativeness, and the ability to generalize research findings is limited. Lastly, the cross-sectional design of the study does not allow for the conclusion of causality as it does not allow the ability to determine the precedence of psychological distress, social support, and loneliness to PSE. In addition, although the statistical analysis was conducted while controlling for several demographic variables (i.e., age, gender, marital status, economic status, living arrangements, years of education, number of children and age), it is a correlational study that cannot invalidate the impact of other individual differences that were not examined in the present study on the associations found. We recommend that future studies use a longitudinal design that will be more appropriate for causality inference.

Conclusions

The present study is one of the first studies to examine parental self-efficacy in older age, specifically, the first study to examine its predictors. It appears that PSE in older age and in the context of the Israeli culture is shaped by various individual and contextual characteristics. Parental psychological distress is a crucial component impacting PSE, as well as perceived informal social support and loneliness. Our results suggest that researchers, social policymakers, and practitioners working with older adults should broaden their knowledge regarding the field of parenting at an older age. There is a lacuna in the literature regarding how culture impacts PSE (David & Khatib, 2021). Therefore, it is recommended to further examine PSE among older adults in other countries and cultures, especially those who are less family-oriented than Israelis, to examine the centrality of this concept among older adults. Since the current study detected a total of 37.0 per cent of the variance of PSE in older age, future studies should examine additional possible predictors such as marital satisfaction (Sevigny & Loutzenhiser, 2010), death anxiety (Greenblatt-Kimron, Kestler-Peleg, et al., 2021a), quality of parent–child communication, and ethnicity (Glatz & Buchanan, 2015). It is also suggested that future studies examine dyads of spouses, or of a parent and an adult child, to examine the reciprocal effects of PSE on additional family members and functional behaviours.

In light of these research findings, mental health and physical care professionals, as well as other health care providers treating older people, should be careful not to ignore the parental components in adults' lives. Likewise, parenting should be considered an integral part of older adults' daily lives. Moreover, professionals should draw their attention to the varied aspects that might undermine PSE in older age. Psychological distress of older adults, which has a significant adverse effect on diverse aspects of their lives, also demonstrated in the current context of PSE among Israeli older adults, should be further addressed and assessed. Likewise, as the social condition of Israeli older adults is critical for their PSE, professionals must ensure that there are accessible solutions that enable social activities for this age. Support should be provided from both formal and informal sources. Formal support through local or national organizations should be implemented at designated locations such as older adult clubs or community centers in which older adults can be involved in social interactions and guided meetings with peer groups. Formal support should also include instrumental help. Community members or workers can visit older adult homes and offer them assistance with their duties and tasks. In addition, since the longing for closeness and belonging is often not sufficiently satisfied in older age, reflected by a sense of loneliness, and as demonstrated in the current study is detrimental to PSE, community services should create opportunities for connecting and bonding between older adults and others. Examples include projects of matching trained dogs with older adults, combined projects of older adults with adolescents enhancing their use and accessibility to social media, and the recruiting of older adult professionals for professional assistance for older adults. Similarly, informal support, examined in the present study through spouses, family, and friends, can also provide instrumental help, as well as emotional support, knowledge, advice, and a place to share and receive feedback regarding the parental role at an older age. These empowering interactions may promote and raise self-confidence in general and specifically in the parental role, consequently enriching parental function and involvement.

Based on the Israeli context, the knowledge gained from the current study may be generalized to other social, familial, and

communal settings. Remote communities without formal organizations such as Israeli older adult centres can be impacted by informal settings, including community walks or feasting opportunities. Additionally, understanding the vital role PSE has among older adults can enhance the role of family caregivers in this light when there is a lack of formal community support workers. In summary, it is imperative that health care providers and informal support systems acknowledge the parental role, which is maintained in later life. The impact of PSE on the health and well-being of both parents and their children will continue to contribute to the longevity of generations and create additional opportunities for continued social support structures within the family dynamic.

Competing interest. None.

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