Original Article

Social Support and Qualıty of Life Among Older Adults

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Abstract

Background: The number of older people is increasing in Turkey and in the world year by year and changes in demographic structure bring problems related with decrease in quality of life and social support of elderly.

Aim: To investigate the social support and quality of life of Turkish older adults and to determine the relationship between social support and quality of life.

Methods: This was a descriptive, cross-sectional study. The sample included 108 adults who were older than 60 years admitting two family health clinics in Edirne. Data were collected through a survey including sociodemographic characteristics of participants, EuroQol Five Dimension Scale and Multidimensional Scale of Perceived Social Support. Non-parametric tests were used in statistical analyses.

Results: The mean age of the group was 68.0 ± 5.90, mean quality of life scale score was 0.78 ± 0.20 and total social support score was 58.01 ± 20.01. Positive correlations were found between quality of life score and social support total score, social support scale's subgroups of family, friends and special friend scores respectively. There was a negative correlation between number of daily medications and quality of life. Quality of life of men and married participants were better than the others. Participants living with their spouse and children had better social support family subgroup scores compared to ones living alone.

Conclusions: A positive correlation was found between social support and quality of life of older adults. Future studies researching other factors affecting quality of life and social support levels of older adults and the impact of nursing interventions could be suggested.

Keywords: Older adult, Turkish, Social support, Quality of life..

Introduction

Development of scientific knowledge and technology in health, prevention of diseases by early diagnosis and treatments reduced death rate and increased life span. By the advance of preventive health services lifetime increased, and the number of older adults increased in total population. As in the world, number of older adults in Turkey is increasing too. While adults older than 65 years were compromised of 7.7% of the population in 2013, the ratio is expected to be reached 10.2% of the population in 2023 (Turkey Statistical Institute 2013).

Changes in demographic structure bring many   health,   economic,   social   and

environmental problems. In traditional Turkish family, older people see respect and are being protected since ancient times. Especially when elderly have severe health problems or unable to care themselves, family members take the responsibility of caring them. Currently, main persons responsible from the care of the elderly is the women or the daughters in the family. However, in recent times, changes in family structure and passing through a nuclear family, increase in number of women who have higher education and participating working life bring some changes and requirements in lives of older people too (Turkish Prime Ministry, Organisation and Coordination of Social Sector 2007). According to the report prepared by Ministry of Family & Social Policy (2013), number of elderly in nursing homes has increased by 100 percent in 10 years. While 4.952 elderly were living in official nursing homes in 2002, this number reached 11.293 in 2013 (Turkish Ministry of Family & Social Policy Report 2013)

Older age is one of the situations that quality of life was decreased. As the lifetime increased, chronic diseases become the major problem. Chronic diseases deteriotes physical, social and emotional aspects of life of elderly, needs a long period of care and rehabilitation, and most of them are not cured completely. Therefore, they bring a substantial burden on the health and economic status of patient, families and society. Studies demonstrated that older people having chronic diseases had lower quality of life in comparison to ones without chronic disease (Ponirou et al., 2014, Desmukh et al. 2015).

Social support includes real or perceived resources provided by others that enable a person to feel cared for, valued, and part of a network for communication. Elderly people come across stressful situations, such as the loss of a spouse, relatives, friends which lead loneliness, health problems and isolation more often than younger people (Holmen & Furukawa 2002). Studies reported an association between increased level of social support and increased wellbeing and quality of life of older adults (Holmen & Furukawa 2002, Golden et al., 2009, Shin & Sok 2012). Social support can promote health by providing persons with positive experiences, socially active roles, or improved ability to cope with stressful events. Social support is critical for older persons who are living with disabilities associated with chronic disease or social isolation after the loss of a partner. As a result of lack of family or significant others and reduced social support networks, elderly people could feel loneliness and have physical and emotional health problems (Golden et al., 2009, Shin & Sok 2012).

Centers designed to help older adults to live more active such as Edirne Center of Active Aging (SOS/0114, operated by Trakya University, funded by Trakya Development Agency) might have an effect in improvement of social life and quality of life of older people. This center will be opened at the area where most of the people living are over 60 years. They could get health examinations, play music, games, do exercises, read books, magazines and different types of handworks there. They will have opportunities to meet with other persons in their age and be more social and productive (Project SOS/0114, http://www.trakyaka.org.tr/content-559-sosyoekonomik_kalkinma_mali_destek_prog rami.html).

The aim of the study was to investigate the social support and quality of life of older adults and determine the relationship between social support and quality of life.

Methods

This descriptive, cross-sectional study was planned between June-December 2007 in two health clinics in the center of Edirne, a city at Northwestern of Turkey. The sample included 108 adults who were being older than 60 years and volunteered to take part in the study. Data were obtained by using Patient Information Form, EuroQol Five Dimension Scale (EQ-5D) and the Multidimensional Scale of Perceived Social Support (MSPSS).

Instruments

The Patient Information Form was developed by the researchers, contained items that addressed both sociodemographic (e.g. age, gender, education, marital status, number of children, with whom they lived with) and health-related characteristics (e.g. had a

health problem, chronic diseases, previous hospitalization, number of daily medications) of the patients. Quality of life was measured with EuroQol Five Dimension Scale (EQ-5D) which is one of the most commonly used questionnaires to measure health-related quality of life (HRQOL). The EuroQOL (EQ-5D) is The EQ-5D is a five dimensions multiattribute questionnaire for measuring preferences associated with an individual's health state. The instrument consists of a visual analog scale (VAS) and a descriptive system covering 5 dimensions (mobility, self-care, usual activity, pain/discomfort, anxiety, and depression), each of which has 3 levels (no problem, some problem, extreme problems). The subject is asked to grade their own current level of function in each dimension into one of three degrees of disability (severe, moderate or none) (EuroQol Group, 1990). The reliability of the total scale is reported to be .88 (EuroQol 1990). In this study reliability of the scale was found as .76.

Social support was measured with Multidimensional Scale of Perceived Social Support (MSPSS) which was developed by Zimet et al. (1988). Turkish validity and reliability of the scale was made by Eker & Akar (1995). The MSPSS is a brief, easy to administer self-report questionnaire which contains twelve items rated on a seven-point Likert-type scale with scores ranging from 'very strongly disagree' (1) to 'very strongly agree' (7). The instrument designed to assess perceptions of social support for three sources including family (items 3,4,8,11), friends (items 6,7,9,12), and significant others (items 1,2,5,10). (Zimet et al., 1988). While the lowest score obtained from the subscales is 4, the highest score is 84. The reliability of the total scale is reported to be .95 with the subscales being .93, .94, and .91 for Family, Friends and Significant other respectively. The sum of scores obtained by three subgroups gives the total score of the scale. As the the total score increases, perceived social support increases too.

Ethical considerations

This study was approved by the Ethics Committee of the Trakya University. Patients who were eligible to participate the study were asked for verbal approval after being informed about the research purpose and confidentiality.

Statistical analysis

SPSS 20.0 (IBM SPSS Inc., Chicago, IL, USA) statistical software was used for statistical analyses. Descriptive statistics such as mean, standard deviation median, frequency and percentage were used to show the distribution of sociodemographic and health-related characteristics, social support and quality of life. The Mann–Whitney U test, Kruskal–Wallis test, and Spearman's Rho correlation test were used in the comparison of social support and quality of life scores by factors. A p value <0.05 was considered as statistically significant.

Results

Patient' sociodemographic and health related characteristics

The mean age of the group was 68.0 ± 5.9 (range= 60-83), 70.4% (n=76) were women, more than half of them (56.5%, n=61) had primary-secondary school of education, 63% (n=68) were married, 56.5% (n=61) were living with their spouse.

However most of them had a health problem (94%, n=87), most frequent health problems were cardiovascular disease and diabetes mellitus (44.8%, n=56), 59.3% (n=64) of the participants had previous hospitalization. The mean number of daily oral medications was found as 3.3±2.3 (Table 1).

Quality of life of patients

The mean EQ-5D index score was 0.78 ± 0.20 (range:-0.08-1.00). Men had higher EQ-5D index scores than women (p= 0.007), married participants had higher EQ-5D index scores compared to widows (p= 0.003), literate elderly had higher EQ-5D index scores compared to illiterate ones (p=0.009). Participants who had previous hospitalization and health problem had lower EQ-5D index scores compared to others respectively (p=0.006, p=0.029). The ones living alone had lower EQ-5D index scores compared to ones living with their spouse (p=0.010)

Social support of patients

The mean total social support score was 58.01 ± 20.01 (range=12-84). No significant difference was found between characteristics

included gender, education, previous hospitalization, having a health problem, and social support (p>0.05).

Married participants had higher family subgroup scores of social support scale compared to widows (p=0.0017), participants living with their spouse had better social support family subgroup scores compared to ones living alone (p= 0.017).

Relationship between quality of life and social support of participants

Figure 1 showed the correlation between EQ-5D Index scores and social support. Positive correlations were found between EQ-5D index score and social support total score, and subgroups of family, friends and significant other scores respectively (p=0.003, 0.001, 0.011, 0.027). As the social support increased, quality of life of the older adults improved. There was a negative correlation between number of daily medications and EQ-5D index score (p=0.001). As the number of medications increased, quality of life was worsened.

According to National Statistical Agency report, 49.8% of the population was women by the year 2013. Generally women live longer than men in the world and the number of women in older age is increasing in Turkey too (Turkish Prime Ministry, Organisation and Coordination of Social Sector 2007; Turkey Statistical Institute 2014). In this study 70.4% of the participants were women.

This may be related with the fact that women have more tendency to health problems, notify and give more importance to changes in their health conditions and apply to health centers more than men. Perhaps their biologic structure and experience of hormonal cycles have also positive effects on surviving long life. Studies focusing on quality of life of elderly determined worse results among women in different populations independently of the used instrument (Orfila et al. 2006; Emery et al. 2004 Desmukh et al. 2015). Elderly people experience many physiologic changes in their bodies and systems that lead chronic diseases. They often fall ill and most of them have more than one chronic disease. They easily pass through a dependent position

from independent position in physical and social domains which have important effects on quality of life. In the Chronic Disease Report published by Ministry of Health (2013), it was determined that four out of every ten women and two out of every ten men had health problems in domains of pain/discomfort and anxiety/ depression; three out of every ten women and one out of every ten men had severe or moderate problems in domain of mobility. As the age increased, severe and moderate health problems increased in all domains too. In Turkish society, most seen health problems in old people were in mobility, pain/discomfort, and anxiety/depression domains. Similar to this result, Turkey Statistical Agency (2011) also found that general health status of men were better than women. While men feeling themselves "very good/good" were at 36.9%, women were at 18.7% by the year 2012. (Turkey Statistical Institute 2011). Parallel to increase in elderly population, there is an increase in frequency of chronic diseases too. The prevalence of hypertension was found as 68% in people older than 65 years (Kalaça 2013).

Discussion

A study made in Barcelona found that 65.4% of the elderly women showed worse quality of life and functional capacity. In addition it was stated that the most reported chronic conditions such as arthritis, back problems or depression were more frequent in women, while chronic lung or heart problems were more common in men (Orfila et al. 2006)

Results from our study are in agreement with these results too. Almost all of the participants had one or more health problems and nearly 60% of them were hospitalized before**.** We also found that men had less health problems in comparison to women and also had better quality of life than women. This may be related with the culture that men had dominance in traditional Turkish family structure. They had better social life, less responsibilities, and had more economic freedom. Another study also stated that old men perceived better quality of life than old women and having at least one of the chronic morbidities adversly affect quality of life (Deshmukh et al. 2015).

Table 1. Sociodemographic and health characteristics of older adults (n =108)

Sociodemographic characteristics	n (%), X±SD
Age, years	68.0±5.9
Gender	
Female	76 (70.4)
Male	32 (29.6)
Education	
Illetarete	32 (29.6)
Literate	13 (12.0)
Primary-Secondary school	61 (56.5)
High School	2 (1.9)
Marital Status	
Married	68 (63.0)
Widowed	40 (37.0)
Children, number	3.4 ± 1.3
With whom they lived	
Spouse	61 (56.5)
Alone	14 (13.0)
Children	30 (27.8)
Sister	3 (2.8)

Health-related characteristics	n (%), X±SD
Had a health problem, Yes	94 (87.0)
Chronic disease	
Cardiovascular and Diabetes Mellitus	56 (44.8)
Musculoskeletal system	20 (16.8)
Diabetes Mellitus	4 (3.7)
Others (Anemia, Serebrovascular disease, etc.)	28 (34.7)
Previous hospitalizations, Yes	64 (59.3)
Regular sleep pattern, Yes	60 (55.6)
Mean number of daily oral medications	3.3 ± 2.3
Mean hours of sleep per day	6.8 ± 1.6

Table 2. Mean Scores of EQ-5D Index Scale and Multidimensional Scale of Perceived Social Support (MSPSS) by Some Parameters

	EQ-5D Index Score Mean ±SD	p-value	Total Score of MSPSS Mean ±SD	p-value	Family Mean ±SD	p-value	Friends Mean ±SD	p-value	Significant others Mean ±SD	p-value
Gender										
Male(n=32)	0.9±0.1	**0.007**	58.6±19.1	0.861	22.3±5.9	0.903	18.5±8.3	0.782	17.8 ±8.0	0.968
Female(n=79)	0.8±0.2		57.8±20.6		21.7±7.2		18.3±7.7		17.8 ±7.9	
Marital status										
Married(n=69)	0.8±0.2	**0.003**	60.5±18.8	0.138	23.2±5.9	**0.017**	18.8±7.6	0.479	18.5±7.7	0.228
Widowed(n=39)	07±0.2		53.8±21.7		19.6±7.6		17.6±8.2		16.6±8.3	
Education										
Illetarete	0.7±0.3	**0.009**	52.4±22.8	0.173	18.9±8.5	0.243	16.5±7.7	0.187	16.9±7.6	0.167
Literate	0.9±0.1		67.2±14.4		23.8±4.9		21.3±5.5		22.0±5.9	
Primary school	0.8±0.2		59.4±19.5		22.9±5.7		18.8±8.2		17.6±8.5	
Secondary school	0.9±0.1		52.0±14.9		22.3±5.5		14.6±7.7		15.0±6.1	
High school	0.9±0.1		66.0±12.7		25.0±4.2		23.0±7.07		18.0±1.4	
Previous hospitalization										
Yes	0.8±0.2	**0.006**	55.2±20.7	0.079	21.0±7.7	0.509	17.5±7.9	0.178	16.7±7.8	0.072
No	0.9±0.2		62.1±18.6		23.0±5.2		19.6±7.6		19.5±7.9	
Had health problem										
Yes	0.8±0.2	**0.029**	56.9±20.2	0.266	21. 6±7	0.691	17.8±7.8	0.096	17.5±7.9	0.541
No	0.9±0.2		63.2±19.3		23.2±5.5		21.3±7.7		18.8±8.5	
Whom they lived with										
Spouse	0.8±0.2	**0.01**	59.9±18.7	0.143	23.1±5.5	**0 .017**	18.7±7.7	0.41	18.1±7.9	0.557
Alone	0.7±0.2		46.4±22.1		15.1±8.1		15.6±8.0		15.7±7.5	
Children	0.8±0.2		61.0±19.7		22.7±6.8		19.5±7.5		18.7±7.9	
Sister	0.6±0.2		46.3±29.9		20.0±10.6		13.0±13.1		13.3±12.9	

Figure 1. Spearman correlation coefficient between EQ-5D index score and total MSPSS score
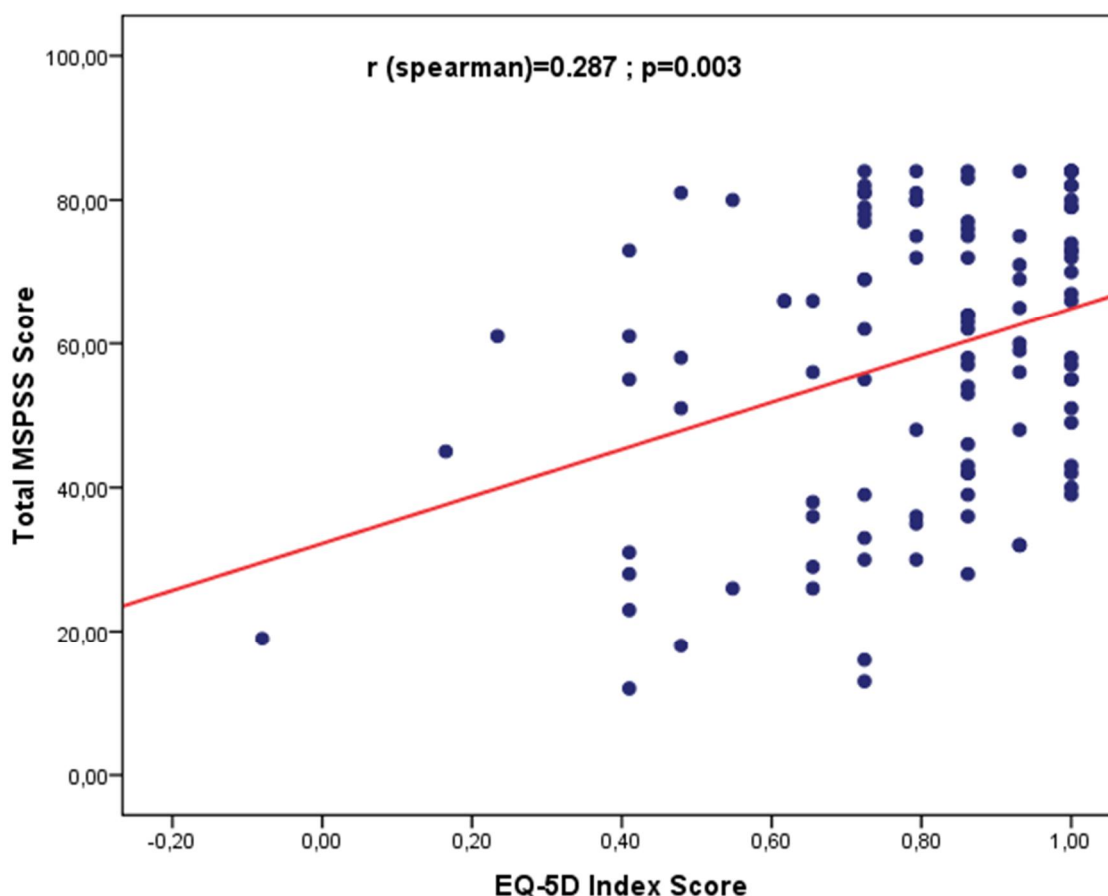
Old age is not only a physiologic state, but also a social and emotional state that every person who had long life years come across through life span. It has also a social dimension that unfortunately some older people become dependent to other people because of complex health problems, being isolated from society, feel anxiety, depression, loneliness and hopelessness because of health problems or death of spouse and significant others. The link between social relations and health had been studied and established. Many studies found correlations between social support and well-being measures among old people (Kahn et al.2003; Shin & Sok 2012)

This study found that married participants had higher EQ-5D index scores compared to widows. Shin & Sok (2012) determined that older people living with their family were better than older people living alone in perceived health status, self-esteem, depression and life satisfaction.

Golden et al. (2009) determined that social networks independently affect mood and well-being in the elderly and the risk of depression is increasing with the severity of loneliness. Another study found that older adults who had poorer social network had also worse quality of life (Garcia et al., 2006). Kahn et al. (2003) found that relationships between perceived social support and psychological well-being (depression, loneliness and life satisfaction) were quite strong. Garousi et al., (2013) emphasized that supportive family

behaviours are important sources of social support and could be in negative relation with depression and anxiety of diabetic patients. In this study, a positive relationship was found between social support and quality of life of elderly. Family is still the main system that provide emotional and social support in Turkey. Although Turkish society experience similar sociodemographic and familial changes in most of the populations in the world, the relations between family members and significant others are still very strong. This came from the traditional family culture since ancient years and this connection brings better social networks which have positive effects on quality of life of older adults (Öz 2002). According to report of Turkey Statistical Agency (2011), there were at least one older age adult in 21.7% of the homes in Turkey by the year 2011. It was also reported that 67% of the older people stated the source of happiness for them as their families. Fratiglioni et al. (2004) reported that surviving an active and social life style in late life might have protective effects against dementia, strengthening the ties with life tightened.

Conclusions

As the elderly population is growing in the world, interventions in order to increase quality of life of elderly people should be planned. Governments should make necessary developments in their health care systems in order to give better health and social services to elderly. Active aging centers could be built where people could take health services, meet and do many social, cultural activities and enjoy life. Policies and programs for the reduction of risk factors or prevention of chronic conditions among elderly should be planned. Nurses play an important role in the care of elderly with chronic comorbidities both at hospital and at home. Courses about geriatric care and rehabilitation should be added or enhanced in nursing school programs.

Positive relationship was found between social support and quality of life of the older people. We believed that giving nursing care, medical therapy, education and counselling to the older adults especially women, widows, having more medications and sleep problems could improve their quality of life and social support levels. Future studies researching other factors affecting quality of life and social support levels of older adults and the impact of nursing interventions could be suggested.

Limitations

This study had some limitations. As this study had cross-sectional design, results could not be generalized to elderly population. Future longitudinal studies examining the physical, social, cognitive, sensory health problems and social relationships of elderly should be investigated in details using larger samples.

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