



Research Article

A Systematic Review Evaluating the Impact of Social Support and Social Participation on Senior Adult Quality of Life

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Abstract

Background

Senior adults encounter physical and psychological changes as they get older. Supportive social networks and social involvement among senior citizens are critical factors to enhance their quality of life (QOL).

Purpose

This review aims to explore the ways in which social support and social involvement are essential factors for improving the QOL among adults aged 60 years and older.

Methods

A systematic review of ten articles published between January 2005 and January 2015 using Cochrane, PubMed, and Psyc-INFO databases was conducted. Inclusion and exclusion criteria were applied for studies selection.

Synthesis and Summary of Findings

Senior adults lived with a spouse and family members and being socially active were significantly associated with increased QOL. Factors such as more social support, higher level of education, continuous involvement in social activities, and having a supportive social network with family members or friends promote the QOL among senior adults.

Conclusions

Social support and participation positively affect senior adults' QOL. However, the relationship between the social factors and QOL in this population requires further investigation regarding specific meaning and determinants of quality of life to aid decision making of policy maker and other stakeholders.

Keywords: senior adult, Quality of Life (QOL), Social participation/engagement, and social support

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Citation: Salma A Al Yazeedi (2018), A systematic Review Evaluating the Impact of Social Support and Social Participation on Senior Adult Quality of Life. *Int J Nur & Hos Car.* 1:4,

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Received: August 17, 2018

Accepted: August 27, 2018

Published: xxxx, 2018

Introduction

Background

Much research has focused on improving QOL among senior adults aged 60 and above to achieve higher levels of health and cognition functioning. In spite of the outcomes of research and knowledge in this area, a portion of senior adults in most of the world are still suffering from diseases, loneliness, and depression because of inadequate healthcare and social support. In general, senior adult population is expected to reach 418 million in industrial countries and 1.6 billion in developing countries by 2050 (World Economic Forum, 2012; Khan & Tahir, 2014).

Several studies have investigated the relationship between medical and social factors and their influence on the QOL of the senior adults (Bilgili, & Arpacı, 2014; De Belvis, et al., 2008; Khan & Tahir, 2014; Maier & Klumb, 2005). Research in this issue has spread widely by exploratory and descriptive studies to investigate the effects of specific social factors in improving QOL. Since most of the studies have been conducted in industrial countries such as the USA, Canada, and Germany, the application of the findings has played a role in enhancing QOL among senior adults. Since existing research does not adequately

address the significant effects of social support and social participation in senior adults' QOL, continuous investigation to fill this gap would disclose some of the findings that can be applied. Such findings would help members of families, public bodies, and policy makers to enhance QOL for this population (Bilgili, & Arpacı, 2014; De Belvis, et al., 2008; Khan & Tahir, 2014). In addition, scholars found that there is an impact of meaningful social engagement or its lack on the psychological and cognition status of senior adults.

Association between QOL and impact of social support, social participation with different aspects such as friends, family network, level of education, health status, and marital status, have been evaluated in several studies. However, clear conclusion was difficult to be drawn from these studies because of inconsistencies in the findings and varieties in measurements. A systematic review is an ideal tool to integrate these findings which aids to draw a clear conclusion on the impact of social support and social participation on senior adult QOL.

Methods

Search and screening strategy

An electronic search was carried out for journal articles published in the period between January 2005 and January 2015 in three databases: Cochrane, PubMed, and Psych INFO. The search strategy concentrated on finding full text articles investigating a relationship between social support or participation and senior adults QOL with these terms social support, social participation, social network, social relations, social engagement, civic engagement, loneliness, aged people, senior adults, and quality of life. The databases were searched in the following manner: articles related to the subject using relevant terms and keywords such as (social support AND social participation OR social engagement AND elder* AND quality of life), (social involvement AND social support AND elderly OR senior adults AND quality of life) were searched in Pubmed, Cochrane, and Psych Info; to form search strings to fulfill the aim of this systematic review. A total number of 5323 studies were found and after checking for duplication, 560 studies were excluded. Next, the studies were reviewed based on titles and 4700 were excluded. Based on review of abstracts, 40 studies were excluded. The next step was to review them as full texts to ensure their relevance, and 13 studies were excluded. Last, 10 studies met the inclusion criteria.

Inclusion and exclusion criteria

To control bias and select relevant studies for systematic review, inclusion criteria were applied to narrow the related articles to the study objective. Study participants in the selected studies had to be 60 years old and above. Studies had to be conducted between January 2005 to January 2015. Study designs had to be Randomized Control Trial (RCT), quasi-experimental, longitudinal, observational, or cross-sectional designs. Only studies published in English were accepted. The exclusion criteria were used to eliminate studies that, a) samples with mental disabilities; b) were a systematic reviews; c) not met the inclusion criteria.

Data extraction

The main information from each manuscript was extracted in an evidence table determine whether the article met the inclusion and exclusion criteria. The components extracted and recorded in the evidence table were the first author's name with year of publication, the purpose, study design, sample and setting, research instruments, findings, and limitations.

Quality Assessment

The reviewer evaluated the articles for internal validity in the dimensions of population, instruments used to collect the data, the meta-analysis and the outcomes. Since the author conducted the

review individually, the table was double-checked by a peer reviewer to ensure extractions were unbiased.

Risk of biases within studies

The author was not able to include studies with interventions, randomized controlled trails, quasi-experimental designs, however, longitudinal and coress-sectional were included. To ensure the quality of the studies included in this review, the author considered study participants selection, study design, the tool was used to collect the data and their validity.

De Belvis, et al (2008) study was based on a survey conducted between 1999 and 2000 in Lazio Region in Italy by the Institute of Statistics. Two questionnaires were used to collect participants' social relationships (socio-demographic), lifestyle, and physical and mental status. The study did not address the validity and reliability of the instruments whether adapted or developed. The data is subject to bias because the sample did self-assessment healthcare. Tiikkainen, Leskinen, & Heikkinen (2008) used structured interviews and laboratory tests adapted from (Heikkinen, 1997; Kauppinen et al., 2002) to evaluate the sample chronic diseases by a physician. Participants completed self-assessment social provision scale (SPS) based on Weiss's (1974) to describe their recent social relationships. Depression scale (CES-D, Radloff, 1977), functional ability ADL test (Katz et al., 1963).

Mazzella, et al (2010) assessed the participants' Disability using Basic Activities of Daily Living scale (BADL) (Katz et al., 1963) and Instrumental Activity of Daily Living scale (IADL) (Lawton and Brody, 1969). The Mini- Mental Examination (MMSE) that was validated by Measso et al (1983) evaluated participants' cognitive impairment. Geriatric Depression Scale (GDS) validated by Yesavage et al., 1993, evaluated their depression symptoms. In Bilgili, & Arpacı, 2014 study, Participants' socio-demographical background was collected through a designed 19 elements form. The quality of life was examined through World Health Organization Quality of Life Questionnaire-Older Adults Module (WHOQOL-BREF) Turkish Version, the validity and reliability was checked by Eser et al. (2010). Similarly, Khan & Tahir, (2014) used (WHOQOL-BREF) scale to assess the senior adults perception of quality of life, which has good internal consistency, discriminate validity, criterion validity, concurrent validity, and test-retest reliability (Nations U. World population ageing, 2007).

Maier & Klumb (2005) used the "yesterday interview" (YI, Moss and Lawton 1982) to record participants' daily activities and the time they spent in each activity. The second instrument was the digit-letter test, which was used to measure participants' perceptual and speed of cognitive functioning. This sub-study of Rosso, Taylor, Tabb, & Michael (2003) was based on the public health Cooperation, which was conducted in Philadelphia in 1994. Drexel University's Institutional Review Board approved their research. The Life-Space Assessment (LSA) was developed to measure achieved mobility by Baker, Bodner, & Allman (2003). It represents a combination of physical pathology, adaptations an individual made to overcome presence of physical impairments, and an individual's desire or need to move about their environment (Peel et al., 2005). It assessed their movement at their home, home areas as yards or driveways, neighborhood, the town or city beyond their neighborhood, and beyond their city.

To fill full the purpose of Netuveli et, all. (2006) study, the health survey for England (HSE) control, autonomy, self-realization, and pleasure CASP-19 scale was used to measure participants' health, functioning, social relations, and material circumstances.

Park (2009) measured the Life satisfaction of participants using the Life Satisfaction Index A (LSI-A) (Neugarten, Havighurst, & Tobin, 1961). He used the Mini-Mental State Examination (MMSE) (Folstein,

Folstein, & McHugh, 1975) to measure demographic and Cognitive function. Participants' level of Social engagement and received social support were measured through The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988). As a result of the considering the former criteria and referring to Cochrane Collaboration's tool for assessing risk of bias to judge on risk bias, the level of risk of bias in the studies was low.

Results

The systematic search resulted in a total of 5323 articles. Based on title 4700 were excluded. Next, 40 articles were eliminated based on abstract. And 13 articles were excluded based on full text. A total of ten articles met the inclusion criteria were selected for the present systematic review.

Characteristics of the included studies

Grading the quality evidence of the selected studies designs were evaluated through the GRADE criteria for grading the quality of evidence established for chorane reviews. Eight studies exhibited high methodological quality and large sample size, except two had small sample. There was no masking in all the studies due to collecting the data at one point because of the nature of the studies design and there was not intervention to assess. The instruments used in the selected studies were validated except one study did not mention about the validation of used instrument.

Study designs

Eight of the included studies were considered strong due to their designs and large sample size. This included five cross-sectional studies, two longitudinal studies, and one observational study. One study was considered moderate in strength due to its design as a secondary analysis of longitudinal data. And one correlational study considered moderate as included small sample. Three studies were carried out in United States. Five studies were conducted in Europe (Germany, Finland, England, and two in Italy), one in Malaysia, and one in Turkey.

Results of Individual Studies

The ten reviewed studies investigated different factors affecting QOL among senior adults including social support, social engagement, level of education, marital status, and health status. To fill full the purpose of this review the author focused on the impact of social participation and social support on seniors QOL.

De Belvis, et al (2008) found that married participants or who lived with someone scored higher results in the physical and mental quality-of-life components (P -value 0.001). Higher number of visits and meeting with friends was connected with higher scores in physical and the mental health components (P -value 0.05). On the other hand, lower ties and interactions with friends and relatives showed a decline in the quality of life of the senior adults. Tiikkainen, Leskinen, & Heikkinen (2012) found that the level of the education of the participants was the second factor to cope with activities of daily living (IADLs), whereas the social togetherness was the first factor. The findings concluded that the relationship and more frequent contact with friends were the motive for better social togetherness and QOL.

Mazzella, et al (2010) demonstrated that the strong relationship between low social support and long-term mortality in the senior adults. Co-morbidity was a factor that increased the risk of dying or lower function status or quality of life especially for senior adults. After 12 years of follow up, mortality was up surged because of low social support. Co-morbidity increased from 41.5% to 66.7% and from 41.2% to 68.3%, respectively; $p < 0.001$ with Low social support.

Bilgili and Arpacı, (2014) found that seniors 75 years and over scores in social participation and intimacy were lower compared to those

aged 60–65 and 66–74. Regarding the relationship between the quality of life and marital status, the study concluded that married participants got higher scores on the sub scales compared to other groups. The significance differences were found to be ($t = 2.03$; $p < 0.05$). In addition, the difference between the groups was statistically significant even with the social participation ($t = 1.98$; $p < 0.05$), and death-and-dying ($t = 4.23$; $p < 0.01$).

Maier & Klumb (2005) indicated that the participants who showed higher level of social activities had a 20% minimum risk of death. Their study confirms other studies on the importance and effectiveness of relationship with friends in raising the quality of life of senior adults. Maier & Klumb found that the mortality of senior adults was reduced 28% in those who spent more time with friends. Khan & Tahir, (2014) findings indicated a statistically difference between living with a spouse or family members ($B=18.62$, $p<0.001$) and being active ($B=18.62$, $p<0.001$) and living alone ($B=8.05$, $p=0.01$). living as dependent on a partner ($B=-29.63$, $p<0.001$) or children ($B=-42.25$, $p<0.001$) is better than living as self-dependent ($B=-28.55$, $p<0.01$). That demonstrates living within social support and social participation increase the quality of life of senior adults.

Netuveli, Wiggins, Hildon, Montgomery & Blane, (2006) investigated social context as a predict of quality of life of senior adults. They concluded that close relationships with family and children ($\beta 0.105$), friends ($\beta 0.078$), and neighbourhood ($\beta 0.103$) improved the quality of life of the participants. As a part of social involvement in their context, volunteer work had greater positive impact on seniors' quality of life (2.011, 95% CI 1.032 to 2.990).

Rosso, Taylor, Tabb, & Michael (2013) findings revealed that social engagement of the participants was correlated with high mobility inside or outside their homes. Among the participants, the white and higher educational persons were better at social engagement than others at (p value < 0.001) level. Gleit et al., (2005) studied the impact of number of the activities old adults practice on their quality of life. They found that participants who practiced three or more activities failed 33% fewer cognitive tasks ($p < 0.001$) than those who practiced one or two activities ($p < 0.01$) and failed 13% in cognitive tasks.

Park (2009) studies the relationship between social engagement and the psychology well-being of residents in assisted living facilities (ALFs). He found that better health, social interaction with the staff and other inhabitants, enjoyment during mealtime raised senior adults life satisfaction ($p < 0.01$) and reduce their depressive symptoms ($p < 0.05$) significantly.

Discussion

Impact of Social Support and Social Participation

This systematic review, consisting of ten studies, demonstrated the effects of social support and social participation and other factors on the QOL of senior adults. According to the findings of most of these studies, living with family members, trust and continuity of relationships, level of education, and consistent outdoor activities with others showed an increase in senior adults satisfaction, which leads to a better quality of life. (see appendix 2)

Marital Status and Health Status

The results of studies showed a vital relationship between the effect of health and social networks on senior adults mortality rates and their life expectancy (Park, 2009; Tiikkainen, Leskinen, & Heikkinen, 2008; Khan & Tahir, 2014). Based on Netuveli, et. al, (2006), single men were more satisfied with their QOL than single women. Other studies affirm that living with a spouse or partner or at least a child increased ones' QOL. On the other hand, social isolation (Pinillos, Prieto, &

Herazo, 2013), low mobility (Rosso, Taylor, Tabb, & Michael, 2013), and low physical activity reduced the QOL of seniors. (7,9) emphasize the effectiveness relationship between social ties and QOL related to physical and cognitive health. Similarly, (10) was consistent with other two studies that senior adults with more social ties and are more socially engaged, they have lower risk to diseases. (10) concluded that reduced risk of mortality was significantly associated with interaction with friends and social engagements contributed effectively to health maintenance and reduce mortality rate. According to Belvis, et al (2014) a better social support is associated with better cognitive abilities and physical health because it reduces depression and anxiety levels. Mazzella, et al (2010) found a significant association between low social support and the increased incidence of co- morbidity and mortality rate among seniors.

Level of Education

The level of education, social interaction, and level of income have a similar outcome. Studies have found a significant relationship between the level of social support, marital status, living arrangement, and income and level of life satisfaction by senior adults (Bilgili & Arpacı, 2014; Khan & Tahir; Maier & Klumb, (2005). Belvis, et al (2007) studied the association between social relationship and health related QOL, and found that less income in lower classes is accompanied by weak social ties and leads to a reduction in social networks which led to poor QOL. Bilgili & Arpacı, 2014; Tiikkainen, Leskinen, & Heikkinen, 2008; Glej, et al. 2005) they linked the level of education to the seniors ability to adopt positively to physical and psychological changes or difficulties they encounter in their life. Additionally, they considered high level of education as a factor to raise their income and involvement in decision making, which in turn has greater effects on senior adults QOL.

Family and Friends

Social support of senior adults is one of the main factors addressed in this systematic review. The influences of social support seniors received from different sources and the effect of that on their QOL has been discussed in the reviewed studies. The result of the ten reviewed studies has shown that receiving positive social support from family, relatives, and friends has a significant effect on seniors' QOL . Additionally, the results showed the difference in cultural context indicated that friends have greater significant impact on senior adults QOL. Eight reviewed studies (1,2,3,4,5,6,9,10) which conducted in USA, Canada, and Europe, found that social connectedness with friends has a greater significance in raising senior adults QOL, and meaningful friendship enhance seniors' sense of wellbeing. In contrast, two studies (8,11) conducted in Turkey and Malaysia showed that family relationships were the most effective social networks and had a significant positive impact on seniors' QOL.

This result can be interpreted as both studies conducted in different context and cultures in Turkey and Malaysia where most senior adults reside with their families and usually get more social and psychological support which reflected on reporting better QOL. Unlike, the other eight studies which conducted in western countries USA, Canada, and Europe, where they experience demographic and social changes that led to decrease family support of senior adults. Meanwhile, study (7) they interpreted the result of their finding as the senior adults who live in assisted living facility of perceiving the meaningful relationship and social connectedness with other residents and staff more than their family members, because this relationship shifted as they moved to this facilities and they cannot find the family members around all the time.

A positive association between better QOL and interconnectedness with friends because seniors have free selection of friends who are

with similar age and interest and trusting relationship affirms the worth of selected friend. In contrast, with family members, senior adults have formal relation and feel hesitant to get support from them as they worried to lose their autonomy, and commitment to reciprocate (9,10).

Most of the reviewed studies showed that friends had significant effect on senior adults QOL more than family members. However, we cannot conclude that friends are more value to promote QOL of seniors on the basis of this findings which outweigh the impact of friends versus family members on senior adults QOL. In interpretation of this result we need to be cautious to the small sample in some of the included studies and to the cultural context.

Limitations

Although there are positive effects of both social support and social participation in the quality of life of senior adults, the studies revealed that there are still some limitations to be considered. First, many studies conducted in different settings and different culture, thus limiting the ability to generalize the findings. Second, this systematic review included cross sectional design which does not establish causality association between the social engagement, social support and QOL. Finally, QOL among senior adults is multidimensional. Some of the factors that impact QOL need to be addressed in depth include physical and psychological status and social health (social involvement, network support, and volunteering) in respect to different cultural context. More research on these determinants is needed to identify the extent of their effect on senior adults QOL.

Conclusion

This review presents the outcomes of ten selected studies through three electronic databases based on related search terms and extraction of data in a table of evidence. Two of the studies depended on small sample sizes, which limit their findings to their local contexts. Most social support and social participation factors had a significant relationship with senior adults' QOL. Further research is needed to evaluate specific determinants of quality of life to obtain more accurate results that can be used by stakeholders and policymakers to improve senior adult's quality of life. Promoting quality of life of senior citizens through social connectedness and social involvement is a critical issue for policy makers and in practice. The effectiveness of these two factors and their role in alleviating the loneliness, comorbidity, mortality rate and social isolation among senior adults was obvious through the reviewed studies. Policymakers need to establish effective interventions that target the different dimensions of social support and social involvement as determinants of QOL among seniors. Policymakers, with the cooperation of other stakeholders, need to design special programs that include social activities which involve senior adults and their caregivers to encourage different approach to enhance social connectedness. Additionally, they should create approaches to support senior adults and their formal or informal caregivers in conducting frequent social gatherings and group discussions. Such an approach provides an excellent opportunity to express ones' concerns and get more peer or professional support and enhance a sense of well-being by feeling involved.

In practice, home visiting and providing phone calls support by nurses or other professionals to senior adults may have a great impact that provides seniors a sense of being supported by a connected network, which promotes their QOL.

Further approaches are required to investigate successful interventions that promote QOL among senior citizens through effective social support and social engagement, involving different community and health sectors.

References

1. Ahmad, K. (2011). Older Adults' Social Support and its Effect on Their Everyday Self-maintenance Activities: Findings from the Household Survey of Urban Lahore-Pakistan. *South Asian Studies*, 26, 1.
2. Bilgili, N., & Arpacı, F. (2014). Quality of life of older adults in Turkey. *Archives of gerontology and geriatrics*, 59(2), 415-421.
3. Chang, P. J., Wray, L., & Lin, Y. (2014). Social relationships, leisure activity, and health in older adults. *Health Psychology*, 33(6), 516-523.
4. De Belvis, A. , Avolio, A., Spagnolo, A., Damiani, G., Sicuro, L. , Cicchetti, A., & Rosano, A., (2008). Factors associated with health-related quality of life: the role of social relationships among the elderly in an Italian region. *Public health*, 122(8), 784-793
5. Khan, A., & Tahir, I. (2014). Influence of Social Factors to the Quality of Life of the Elderly in Malaysia. *Open Medicine Journal*, 1(1).
6. Maier, H., & Klumb, P., (2005). Social participation and survival at older ages: is the effect driven by activity content or context?. *European Journal of Ageing*, 2(1), 31-39.
7. Mazzella, F., Cacciatore, F., Galizia, G., Della-Morte, D., Rossetti, M., Abbruzzese, R., & Abete, P. (2010). Social support and long-term mortality in the elderly: role of comorbidity. *Archives of gerontology and geriatrics*, 51(3), 323-328.
8. Montross, L. P., Depp, C., Daly, J., Reichstadt, J., Golshan, S., Moore, D., ... & Jeste, D. V. (2006). Correlates of self-rated successful aging among community-dwelling older adults. *The American Journal of Geriatric Psychiatry*, 14(1), 43-51.
9. Netuveli, G., Wiggins, R. D., Hildon, Z., Montgomery, S. M., & Blane, D. (2006). Quality of life at older ages: evidence from the English longitudinal study of aging (wave 1). *Journal of Epidemiology and Community Health*, 60(4), 357-363.
10. Park, N. S. (2009). The relationship of social engagement to psychological well-being of older adults in assisted living facilities. *Journal of Applied Gerontology*, 28(4), 461-481
11. Pinillos-Patiño, Y., Prieto-Suárez, E., & Herazo-Beltrán, Y. (2013). Elderly people's level of participation in social and recreational activities in Barranquilla, Colombia. *Revista de Salud Pública*, 15(6), 825-833
12. Rosso, A., Taylor, J., Tabb, L., & Michael, Y., (2013). Mobility, disability, and social engagement in older adults. *Journal of aging and health*, 25(4), 617-637.
13. Tiikkainen, P., Leskinen, E., & Heikkinen, R., (2008). Predictors of perceived togetherness in very old men and women: A 5-year follow-up study. *Archives of gerontology and Geriatrics*, 46(3), 387-39