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Hena Gauhar
Research Scholar, Department
of Psychology, L.N.M.U.,
Darbhanga, Bihar, India

Study on social support, and functional ability on life satisfaction among old adults

Hena Gauhar

Abstract

Social help is a significant factor for the prosperity and strength of people across the life expectancy. For more established grown-ups, social help has been connected with life fulfillment and useful wellbeing. Be that as it may, there is little data on how friendly help and informal communities can anticipate the practical wellbeing and life fulfillment for most seasoned old grown-ups. The current examination used a new structure by Pietromonaco and Collins (2017), which recognized interconnected cycles from social association with results of wellbeing and prosperity, interceded by psychosocial, organic, and way of life pathways. This hypothetical system was exhaustive in its focal point of relational cycles through intrapersonal go between to long haul results of wellbeing and prosperity. Accordingly, the current investigation fused parts from each segment of the model, explicitly acclimated to pathways of significance for most seasoned old adults.

Keywords: Pietromonaco, grown-ups, wellbeing

Introduction

In this paper, social and functional health factors that affect life satisfaction for oldest old adults. The longevity of older adults into very old age is of great interest to longevity researchers. Previous research has established the importance of studying social support influencing oldest old adults, as well as the issue that social support is often lacking for centenarians when it is needed most. Additionally, past studies have addressed the importance of social relationships impacting life satisfaction. In the current study, social support and social network were included as different approaches toward examining the social resources of oldest old adults.

There were four specific aims for the current study. Aim 1 examined the effects of age, gender, and living environment on the relationships between social networks, social support, ADL, and life satisfaction for oldest old adults. Aim 2 examined the effects of social networks, social support, and functional ability (ADL) on the outcome of life satisfaction for oldest old adults. Aim 3 was to test for any mediating effects of ADL between social support, social network, and life satisfaction for oldest old adults. Aim 4 was to test the buffering moderation effect of social support as it influences both social network and ADL in predicting life satisfaction. By covering these four aims, this study provided information on the social networks, social support, functional health, and life satisfaction of oldest old adults Study. Additionally, this study used a recent theoretical framework, specifically focusing on well-being and social variables of importance to the oldest old population.

Although prior research has addressed the importance of social support and life satisfaction, the association between social support and life satisfaction had yet to be tested with Pietromonaco and Collins' (2017)^[1] theoretical framework. Additionally, this study was the first to examine the framework with a sample of oldest old adults, as well as compute comparisons with the unique subgroup of centenarians. This study, based on the theoretical framework by Pietromonaco and Collins (2017)^[1], conducted analyses based on the assumption that contextual variables, social network, perceived social support, and functional health affect life satisfaction for oldest old adults. Pietromonaco and Collins (2017)^[1] asserted the importance of investigating the link between close social relationships as well as health and well-being across domains. They emphasized the influence of social connection and disconnection through the "interpersonal processes" and "intrapersonal pathways" that impact health outcomes (Pietromonaco & Collins, 2017)^[1].

Correspondence

Hena Gauhar
Research Scholar, Department
of Psychology, L.N.M.U.,
Darbhanga, Bihar, India

The organizing framework by Pietromonaco and Collins (2017) ^[1] was thorough and comprehensive, including numerous plausible mechanisms or factors through which social connection and disconnection impact health and well-being. Variables for the current study were chosen based on past literature on oldest old adults and their associated well-being factors, as well as my research interests of examining the social support and resources of oldest old adults, including the uniqueness of the centenarian population. Several hypothesized pathways of the Pietromonaco and Collins' theoretical framework were not examined within the current study due to the large number of the suggested variables. Other variables that could be included in future research are the emphasis on social disconnection (i.e., negativity, hostility, rejection) and social connection (i.e., intimacy, affection), biological (i.e., immune, cardiovascular, endocrine), psychosocial (i.e., emotion regulation, coping, cognition), and health/lifestyle pathways (i.e., eating/appetite, sleep, substance use), as well as the psychological well-being (i.e., mental health, eudaimonic well-being) and health and disease outcomes.

This study used the two types of social resources in conjunction with one another and how they influenced well-being. The social network variable focuses on the number of people known well enough to visit with in your/their home. Everyone in the current study reported having at least one person in their social network. Furthermore, although this social network variable aims to identify the quantity of people in one's social network, the measure for perceived

social support is more focused on the quality of proposed support. By using both of these variables, this study provides a more holistic picture of the social health and well-being of oldest old adults.

Method

The study was conducted in Delhi, India. The study aims to explore the familial setups, roles, health status and expectations of the elderly. Before collecting necessary information from selected elderly, following consent form was signed by the respective respondent:

Table 1 presents the demographics of the participants. For the total sample, there were 153 female participants and 55 male participants. The sample consisted of primarily Caucasian older adults ($n = 173$). The mean age of this sample was 94.40, with a range from 80 years to 108 years. The mean total years of schooling was 12.49 years, with ranges from 0 to 22 years. The majority of participants in the sample lived in private homes or apartments ($n = 146$). In contrast, 29 participants lived in assisted living facilities and 33 lived in a skilled nursing facility. Participants in the skilled nursing and assisted living facilities were analyzed together as one group ($n = 62$), resulting in a closer comparison to the private home/apartment group. Of the total sample, 71.6% were widowed ($n = 149$), 4.8% never married ($n = 10$), 19.2% were currently married ($n = 40$), and 4.3% were divorced ($n = 9$).

Table 1: Demographic Characteristics Demographic Characteristics for Older Adult Total Group and Centenarians (MMSE ≥ 17) from the Georgia Centenarian Study

Characteristics	Older Adult Total ($N = 208$)		Centenarian Only ($N = 137$)	
	M (SD) or n	Range or %	M (SD) or n	Range or %
Age in years	94.40 (7.64)	80 – 108	99.67 (1.63)	98 – 108
MMSE Score	24.91 (3.84)	17 – 30	23.58 (3.94)	17 – 30
Total Years of Education	12.49 (3.64)	0 – 22	11.90 (3.61)	3 – 20
Gender				
Male	55	26.4%	29	21.2%
Female	153	73.6%	108	78.8%
Total	208	100.0%	137	100.0%
Ethnicity				
Caucasian	173	83.2%	114	83.2%
African American	35	16.8%	23	16.8%
Total	208	100.0%	137	100.0%
Residence Type				
Private Home/Apartment	146	70.2%	77	56.2%
Assisted Living	29	13.9%	28	20.4%
Skilled Nursing Facility	33	15.9%	32	23.4%
Total	208	100.0%	137	100.0%
Marital Status				
Married	40	19.2%	7	5.1%
Divorced	9	4.3%	5	3.6%
Widowed	149	71.6%	116	84.7%
Never Married	10	4.8%	9	6.6%
Total	208	100.0%	137	100.0%

Note. Percentages may not add up to 100% due to rounding.

Results

This study focused on social support, social network, ADL, and contextual variables (age, gender, and residence type) as they predicted life satisfaction in centenarians and the total older adult group. In this section, results from the descriptive analyses, mean group differences, bivariate

correlations, SEM path analyses, mediation analyses, and moderation analyses are presented to assess the association between age, gender, residence type, social support, social network, ADL, and life satisfaction.

Descriptive statistics for social support, social network, ADL, and life satisfaction are presented in Table 2.

Table 2: Descriptive Information for Study Variables

Variable	Older Adult Total (<i>N</i> = 208)			Centenarian Only (<i>N</i> = 137)		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Social Support (12-48)	206	35.72	2.91	135	34.86	2.32
Nurturance (2-8)	200	4.57	1.03	129	4.23	.75
Social Network (0-3)	203	2.86	.44	133	2.81	.51
Activities of Daily Living (0-26)	202	21.08	4.97	132	19.09	4.98
Life Satisfaction (-6-6)	206	1.74	2.90	135	1.47	3.05

Note. The numbers in parentheses reflect the range for the scale/subscale.

The mean score for social support was 35.72 for the complete sample of older adults and 34.86 for the centenarian sample. The Social Provisions Scale ranged from 12 to 48, so both samples reported relatively high social support on average. Social network ranged from a score of 0 to 3, and the mean was 2.86 for the full older adult sample and 2.81 for the centenarian sample. For the social network variable, no one answered that they had nobody in their social network. This means that all individual Life satisfaction in this study had at least one person within their social network that they knew well enough to go visit or have visit them. Activities of daily living (ADL) ranged from 0, meaning low functional activity, to 26, meaning highly functionally able. The mean for ADL was 21.08 in the total sample and 19.09 in the centenarian sample. The mean for life satisfaction was 1.74 and 1.47 for the total sample and centenarian sample, respectively. When inspecting the means compared to the scale midpoint for life satisfaction, the results indicate that both the full sample and the centenarian sample were, on average, relatively satisfied with their lives.

Conclusion

Life satisfaction in this study, which could indicate that oldest old adults could report high life satisfaction in late life regardless of their level of functional health. For the centenarian subgroup, findings indicate that the more people in one's social network, the greater their level of perceived social support. Overall, social support positively predicted life satisfaction for both the total group and for centenarians, confirming the hypothesis regarding the influence of social support for greater life satisfaction among oldest old adults. Future studies should continue to explore other factors from psychosocial, biological, and lifestyle pathways that influence the health and well-being of exceptionally long-lived adults.

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