



The importance of social support for elderly people

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ABSTRACT

Introduction: Social support is not a one-way relationship but is based on the connections people have with other people, groups, and the wider community. This study aimed to assess the perception of social support by people in the third age and to investigate the correlation of social support with the sociodemographic characteristics of the respondents.

Methods: A quantitative cross-sectional study was conducted with 147 elderly people who actively use the services of the Center for Health Promotion and Improvement "Generacija" in Sarajevo. The Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess social perceptions.

Results: The results show a weak negative relationship between age and the total scale ($r = -0.199$, $p = 0.05$), with older people having lower scores on the total scale. A significant relationship was found between the subscale other factors and age ($r = -0.202$, $p = 0.05$). The evaluation of the performance of daily activities correlates weakly with the evaluation of the friend's subscale ($r = 0.186$, $p = 0.05$). The friend's subscale correlates significantly with the quality of social life ($r = 0.227$, $p = 0.05$). The subjective assessment of the quality of social life after arriving at the center showed a correlation with the overall scale score ($r = 0.182$, $p = 0.05$) and especially with the friend subscale ($r = 0.219$, $p = 0.05$), with the increase in social life and the subscales examined in both cases.

Conclusion: Users of the "Generacija" center rate social support on the MSPSS with high scores, with users receiving the most support from family. The sociodemographic characteristics of the respondents have an impact on the perception of social support by the users of the Center for Health Promotion and Improvement "Generacija," more specifically; they were statistically significantly influenced by age, the way of performing daily activities, the quality of social life and the quality of social life after arrival at the Center.

Keywords: Elderly people; multidimensional scale of perceived social support; social support

INTRODUCTION

Social support is not a one-way relationship but is based on the connections people have with other people, groups, and the wider community. People not only receive support from others but also offer support to others (1). Social support is defined as an exchange of resources between two people that benefits the recipient (2). The study of social support requires an understanding of the sources and ways of caring for elderly people according to traditional values, but also according to modern understandings (3). The previous studies have found that social support is a strong predictor of behavior, health maintenance, mental health, and daily functioning (4). The most common problems of social aging that people face are loneliness, limited life opportunities, social isolation, depression, and other psychological difficulties (5).

Social support is becoming increasingly necessary as people face the challenges of aging (empty nest syndrome, social isolation, and morbidity). Psychosocial factors (social engagement and social support) play a prominent role in the well-being of elderly people and improve their quality of life in everyday life (6). Therefore, the elderly population is a special group that requires a special approach, treatment, and behavior toward them (7).

The social cohesion of society, respect for the rule of law, the prevention of discrimination, solidarity between generations, the adaptation of the economy to the labor market, the guarantee of a secure income, and the adaptation of social and health services. Within the health-care system, professionals such as nurses and social workers could provide psychoeducation on the use of community resources, involvement in community and/or group organizations, and how to effectively seek social support (8). It is possible to encourage a larger group of people to adopt a healthy lifestyle and ultimately live longer (9).

The aims of this study were to assess the perception of social support by people in the third age and to investigate the relationship between social support and the sociodemographic characteristics of the respondents.

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METHODS

A cross-sectional study was conducted. The instruments used to conduct the study are the Multidimensional Scale of Perceived Social Support (MSPSS) and a questionnaire on the sociodemographic characteristics of the respondents.

The questionnaire on sociodemographic variables includes information on age, gender, marital status, education level, number of family members, whether they live alone or with a family member, how they go about their daily activities, the quality of their current social life, whether financial circumstances have a negative impact on their social life, how they assess the quality of their social life before they came to the center, how they assess the quality of their social life after they came to the center, and whether they are religious.

MSPSS – The MSPSS contains 12 statements, four of which measure perceived support from family, friends, and people who have a special place in the lives of people in their third age. The respondent's task is to mark the level of agreement with each statement on a scale from 1 to 7 (1 = strongly disagree to 7 = strongly agree). The result on the subscales is calculated as the sum of the responses to the individual items. A higher score on a particular subscale indicates a higher level of perceived social support from a particular source of social support (10-12).

For the smooth conduct of the study, the consent of the "Center for the Promotion and Improvement of Generational Health" and the Ethics Committee of the University of Sarajevo - Faculty of Health Studies was obtained.

The SPSS v 27.1.0 program was used for statistical data analysis. Categorical variables are represented by frequency as an absolute number or as a percentage. The results are represented by the mean value and the standard deviation. The correlation of the factors with each other and in relation to the sociodemographic characteristics was analyzed using the Pearson correlation.

Among the statistical tests, the Chi-square test (χ^2), the analysis of variance test (with three or more groups), and the t-test were used. Statistical significance was determined with a probability level of $p < 0.05$.

RESULTS

The survey was conducted in the Center for Health Promotion and Improvement "Generacija," in which 147 people of the third age who are active users of the Center participated, of which 119 (81.0%) were female and 28 (19.0%) male respondents. The distribution of respondents according to the criteria of the World Health Organization showed that 76 (51.70%) of the respondents were between 65 and 74 years old, that is, they are referred to as younger elderly. 56 (38.1%) data were classified as elderly aged 75-84 years and 15 (10.2%) respondents were classified as elderly, indicating that younger elderly are more likely to visit the center compared to elderly and old people. Of the 147 respondents, 31 (21.1%) were married, 13 (8.8%) were divorced, 91 (61.9%) were widowed and 12 (8.2%) were single. When analyzing the number of family members, it was found that a total of 10 respondents (6.8%) lived alone, without any other members. 75 (51.0%) of respondents had another family member in the household. 40 (27.2%) of respondents had two

family members. 11 (7.5%) respondents had three family members, 4 (2.7%) respondents had four members, and 3 (2%) respondents had five members. 4 (2.7%) respondents had six or more members. The distribution of respondents in terms of level of vocational education revealed that 12 (8.16%) respondents had only completed elementary school, 59 (40.14%) had secondary vocational education, 38 (25.85%) had higher vocational education and 38 (25.85%) had a college degree.

The analysis of the reliability of the questions of the multidimensional scale showed that the questionnaire is very reliable (Cronbach α -factor = 0.822) and can be used without further analysis.

The analysis showed that the majority of respondents fully agree that they have a special person who is there for them, namely, 78.2%. 84.4% of respondents agree that they have a special person with whom they can share sadness and joy, while 7.5% completely disagree. About 85% completely agreed that the family really tries to help them and 5.4% completely disagreed with this statement (Table 1).

About 83% of respondents strongly agreed that their family gives them the emotional help and support they need and 2.7% strongly disagreed with this statement. About 68% of respondents strongly agreed that they have a special person who gives them a lot of comfort and 14.3% strongly disagreed with this statement. About 55.1% of respondents agreed that their boyfriend or girlfriend really tries to help them and 9.5% disagreed with this statement. About 61.9% of respondents strongly agreed that they can count on their friends when things go wrong and 85% of respondents strongly agreed that they can talk to their family about their problems. About 80.3% agreed that they have friends with whom they can share their joys and sorrows, and 57.8% agreed that they have a special person in their life who cares about their feelings. About 25.2% of respondents did not agree with this statement at all. About 80.3% of respondents felt that family is willing to help with decisions and 74.1% of respondents felt that they can talk to their friends about problems (Table 1).

The second aim of the study was to investigate the correlation of social support with the sociodemographic characteristics of the respondents. When analyzing the correlation between the scale value and the sociodemographic characteristics of the respondents, it was found that there was a weak negative correlation between age and the overall scale ($r = -0.199$, $p = 0.05$), with older people having lower values on the overall scale. A significant relationship was found between the other factors subscale and age ($r = -0.202$, $p = 0.05$), with scores on the significant other subscale decreasing over time, that is, with age (Table 2).

Gender did not correlate with any part of the multidimensional scale, nor did marital status or education level. The number of family members indicated that an increase in the number of family members leads to an increase in scores on the family subscale, but this could not be confirmed statistically ($p = 0.05$). Whether the respondent lives alone or with their family also did not correlate with the multidimensional scale (Table 2).

The rating of carrying out daily activities correlated weakly with the rating of the friends subscale ($r = 0.186$, $P = 0.05$),

TABLE 1. Assessment of the perception of social welfare

Question	1	2	3	4	5	6	7
I have a special person who is there for me when I need them.							
n	19	6	2	2	1	2	115
%	12.9	4.1	1.4	1.4	0.7	1.4	78.2
I have a special someone to share with joy and sorrow.							
n	11	2	1	4	4	1	124
%	7.5	1.4	0.7	2.7	2.7	0.7	84.4
My family is really trying to help me.							
n	8	1	1	6	1	5	125
%	5.4	0.7	0.7	4.1	0.7	3.4	85.0
My family provides me with emotional help and support when I need it.							
n	4	1	1	6	6	7	122
%	2.7	0.7	0.7	4.1	4.1	4.8	83.0
I have a special person who gives me comfort.							
n	21	7	1	6	3	9	100
%	14.3	4.8	0.7	4.1	2.0	6.1	68.0
My friend is really trying to help me.							
n	14	5	1	17	16	13	81
%	9.5	3.4	0.7	11.6	10.9	8.8	55.1
I can count on my friends when things go wrong.							
n	10	6	0	10	12	18	91
%	6.8	4.1	0	6.8	8.2	12.2	61.9
I can discuss my problems with my family.							
n	5	0	1	8	4	4	125
%	3.4	0	0.7	5.4	2.7	2.7	85.0
I have friends with whom I can share joy and sadness.							
n	7	2	1	8	5	6	118
%	4.8	1.4	0.7	5.4	3.4	4.1	80.3
I have a special person in my life who takes care of my feelings.							
n	37	5	5	6	5	4	85
%	25.2	3.4	3.4	4.1	3.4	2.7	57.8
My family is ready to help me make decisions.							
n	5	1	1	12	5	5	118
%	3.4	0.7	0.7	8.2	3.4	3.4	80.3
I can discuss my problems with friends.							
n	6	3	1	11	10	7	109
%	4.1	2.0	0.7	7.5	6.8	4.8	74.1

with respondents who carried out activities independently having higher ratings on the friends subscale. The friend's subscale correlated significantly with the quality of social life ($r = 0.227$, $p = 0.05$), with people who rated social life with higher scores having higher scores on the friends subscale (Table 2).

Financial circumstances were not associated with the multi-dimensional scale, nor were the quality of social life before attending the center (Table 2).

The subjective assessment of the quality of social life after arriving at the center showed a correlation with the overall scale score ($r = 0.182$, $p = 0.05$) and especially with the friend's subscale ($r = 0.219$, $p = 0.05$), with an increase in both social life scores and the subscales examined (Table 2).

Religiosity could not be linked to the result of the multidimensional scale and its subscales (Table 2).

DISCUSSION

The results of the study by Pehlić et al. (2019) show that there is a statistically significant difference in the quality

of social support for elderly people who have institutional and non-institutional support: Older people who receive institutional support have a higher quality of social support than elderly people who live in their own household and do not use institutional care. On the other hand, people who live in their own households have better emotional, practical, material, informational, and sociocultural support from children, spouses, neighbors, friends, informal helpers, and state institutions (13). Comparing the results of our study with those of the study conducted in the Central Bosnian Canton, it is concluded that there is a correlation indicating that people who live in their own household, live with their family, partner and have contact with neighbors, friends, and informal helpers receive more adequate emotional, material, practical and informational support (13).

A cross-sectional study by author Katilović (2017) examined the difference in perceptions of social support between elderly people living in their own home with their family and elderly people living in an institution for the elderly and infirm. The research results indicate that people living in their own homes have a better perception of social

TABLE 2. Correlation of the multidimensional scale with the sociodemographic characteristics of the respondents

Variable	Total scale	Subscale family	Subscale friends	Significant others subscale
Age				
r	-0.199*	-0.096	-0.141	-0.202*
p	0.015**	0.249	0.089	0.014**
Gender				
r	-0.055	-0.06	0.039	-0.1
p	0.512	0.473	0.637	0.227
Marital status				
r	-0.102	-0.095	-0.045	-0.095
p	0.217	0.251	0.586	0.253
Education				
r	-0.007	-0.109	0.063	0.007
p	0.933	0.188	0.447	0.932
Number of family members				
r	0.139	0.156	0.082	0.092
p	0.093	0.059	0.322	0.267
Do you live alone or with someone from family members?				
r	0.127	0.02	0.115	0.135
p	0.125	0.812	0.164	0.104
How do you go about your daily activities? (1-Assistance from others, 3-completely independently)				
r	0.114	0.022	0.186***	0.046
p	0.169	0.791	0.024**	0.584
How is the quality of your social life at the moment? (1-Dangerous, 3-Quality)				
r	0.143	-0.015	0.227***	0.091
p	0.084	0.861	0.006**	0.272
Whether financial circumstances are negatively affect their social environment affects your life? (0-No, 1-Yes)				
r	-0.033	0.006	0.02	-0.086
p	0.696	0.94	0.809	0.298
How would you rate the quality of social life before you came to the center? (1-Bad, 4-Excellent)				
r	0.074	0.022	0.132	0.012
p	0.376	0.789	0.11	0.883
How do you rate the quality of social life after coming to the center? (1-Bad, 4-Excellent)				
r	0.182***	0.13	0.219***	0.075
p	0.027**	0.117	0.008**	0.367
Are you religious? (1-No, 2-Yes)				
r	-0.035	-0.058	-0.071	0.034
p	0.672	0.487	0.396	0.687

*weak negative correlation

** statistical significance

***positive weak correlation

support, which is also consistent with the results of our study. The second aim of this study was to investigate the relationship between perceptions of social support and sociodemographic characteristics. The analysis of the results of the relationship between these two segments showed a statistically significant difference in terms of educational level, marital status, financial status, and health status, with the most social support being received by people with a high professional degree, married people, people with their own pension and people with better health status. Compared to our study, factors such as marital status and financial status could not be related to the MSPSS, as no

significant statistical difference was found. In the relationship between educational level and the MSPSS, our results show that respondents with a higher professional degree had the highest scores on the overall scale, but no significant statistical difference was found, while the results of this research showed the statistical significance of the influence of educational level on the perception of social support (5).

The study conducted in Croatia in 2022 aimed to investigate the relationship between socialization in family and society and the quality of life of people in the third age. Given the congruence of the methods of this study and

the study we conducted using questionnaires on sociodemographic variables and the MSPSS, we will compare the results below.

The results of the research show that there is a difference in the cohabitation of respondents in the overall sample, wherein the survey conducted in Croatia the majority of respondents answered that they live with someone (partner, children.), while in our research the situation is reversed, where there is a significant statistical difference in terms of gender, with male respondents significantly more likely to live with their family, while female respondents are more likely to live alone, more precisely 85 of them. Furthermore, in both surveys, social support from family is rated significantly high (14).

Limiting factors of the study

The limiting factor of this research is the very small sample, which only included respondents from three centers. Therefore, to get a clearer picture of the situation of elderly people, their needs, the importance of social support, and non-institutional forms of support in Bosnia and Herzegovina, it is necessary to conduct further research that includes all centers for healthy aging from all municipalities, cantons, and entities.

CONCLUSION

The users of the Center for Health Promotion and Improvement "Generacija" rate social support with high marks on the MSPSS. The users receive the most support from family, then from friends, and in third place are people who occupy a special place in their lives.

The sociodemographic characteristics of the respondents have an impact on the perception of social support by the users of the Center for Health Promotion and Improvement "Generacija," more specifically, the age, the way of performing daily activities, the quality of social life and the quality of social life after visiting the center had a statistically significant impact.

DECLARATION OF INTEREST

Authors declare no conflict of interests.

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