

Original Article

OLD AGE HOMES PERSPECTIVE: SOCIAL SUPPORT AND LIFE SATISFACTION INSIGHTS FROM THE RETIREMENT COMMUNITY

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ABSTRACT

Background: Problems relating to old age are on the rise in many countries. To get a wider view of the existing situation in Pakistan, this study explored the relationship between social support and its effects on satisfaction in life in the older population residing in old-age homes. Efforts of non-governmental organizations in Pakistan are increasing day by day in the fields of medical, social, financial, psychological, physical, public interests and all other factors to decrease maltreatment of the elderly. But in present days, the situation towards older adults has been changed by our society. The reason behind their homelessness is the attitude of family, friends and other social contacts. The current study, aimed to find a correlation between social support and life satisfaction.

Material and Methods: Two scales, Satisfaction with Life developed by Ed., Diener (1985) and Multidimensional Scale for Perceived Social Support developed by Zimet et al. (1988), were used on 90 older adults for this purpose. Men and women were selected equally within the age range of 60 and above years. A sample was selected from three urban areas of Punjab Province (Lahore, Rawalpindi, and Sargodha). Data was entered in SPSS. Independent sample t-test and Pearson correlation was applied.

Results: The results showed that elderly females and males show no differences in life satisfaction ($M = 13.65$, $SD = 3.0$) as compared to males ($M = 14.4$, $SD = 3.3$). Statistical analysis of the correlation between life satisfaction and perceived social support was found to be significantly correlated.

Conclusion: Findings from the study showed a significant correlation between life satisfaction and social support.

Key Words: Social Support, Aging, Life satisfaction

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INTRODUCTION

The aging process is a natural process that has its dynamic and is uncontrolled by humans. In developed countries, chronological age plays a vital role.

In most developed countries, the retirement age of older adults is 60 to 65 years but in developing countries, the chronological aging process is not important in terms of old age.¹ Moreover, in the field of sociology, social aging is an unpredictable and slower process and it consists of socially defined positions, which is a major cause of aging. The most recent century has seen some intense changes in the fast increment in the older population all over the world because of modernization and urbanization.² These advancements have been attributed to a variety of factors, including increased life expectancy, age and lower mortality rates as a result of lifestyle advancements. Maturing is

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turning out to be a significant issue for non-industrial nations similar to Pakistan, which has at present a 9 million population above the 60-year-old age mark and it has been proposed that it will increase to 42 million in 2050.^{3,4} Qualities owing to the regard and respect of the elderly are altering, the situation with old guardians has already been influenced, and the conventional family setup is likewise becoming more fragile. Because of the breakdown of the joint family framework to the family unit, a growing number of issues for senior citizens from family novation and clinical exploration.^{5,6}

In the joint family system, the cherishing environment of a home and well-disposed connections between the individuals provide security and acknowledgment to the more seasoned individuals from the family, while in the family unit structure, old guardians have next to zero power and their consideration and backing are ignored.⁷ When the endeavors of the aged to spend time and engage in activities with their youngsters fall flat, it brings about the forlornness and lack of social help of older individuals. These unfortunate circumstances of the feeling of being useless, having no jobs or house chores, and not having good company, make them feel vulnerable and distanced from their family.⁸ In any event, old people are usually not consulted by their family members for fundamental necessities, and as an outcome, older people wind up confronting difficulties.⁹ It has likewise been noticed that this change has brought about no regard, no consideration, detachment, chronic weakness and actual maltreatment for old people physical health status.^{10,11} The deficiency of a stable source of income may make them more prone to health problems. Likewise, inactivity also affects older adults' health, whether it be physical or psychological, which later on leads to various effects such as heart problems, hypertension, diabetes, arthritis, asthma, etc. The majority of older adults feel lonely because of the lack of attention from their kids, family and society. The mental stress eventually increases their chances of falling prey to health-related issues and complications.¹²

Aging is a worldwide occurrence, but it does not have the same familiarity among all older adults. Some older adults attain a feeling of gratification and fulfillment in their later years, whereas others become unpleasant and lament the failure of their capabilities and social importance. Satisfaction with life in the older population is a vital concept because it has a major impact and it may provide us with a complete sense of the highest populations living among us, whether they are maturing successfully or not. A few modifiable factors of fruitful aging are health conditions, marital circumstances, socioeconomic status, and age category. Many studies have explored the value of these various aspects, including all of the aforementioned variables and the strength of their impact on life and satisfaction among older adults.^{13,14} Social support has resources provided by human beings that help one to feel worth living, protected, and cared for. People of old age often witness depressing situations like losing spouses or close relatives, which take them depression and gives them a sense of loneliness. Furthermore, health issues are more common in old age than in younger people.¹⁵

The huge popularity of research on this subject has been accompanied by older people residing in a circle. This research is original as it inspects the differing parts of family support, which comprises companions and mates outside of the boundaries of the home and companionship in treatment homes, on the quality of life of senior citizens in long-term care.¹⁶ The relatives are worried about the well-being of older people, but financial accountabilities are also a matter of concern for them. In 82.8% of the cases, children seemed to be very helpful and accommodating, whereas, in 17.2% of the cases, the family members were completely oblivious to their needs. About 46% of older people were primarily cared for by others, while 34% were cared for by their children. Almost 44.3% of older people could still handle their economic business. In 66% of the cases, no kind of monetary stabilization was provided by the governing bodies. About 28.9% of cases were those where older people demanded

support from other sources.¹⁷ Perceiving social support reduces the occurrence of unwanted physiological problems associated with illnesses, increases self-care, has a positive impact on patients' physical, psychological and social conditions, and, finally, improves functionality to achieve full recovery. According to some studies, increased social support results in lower hospitalization rates, better treatment adherence, and a reduced risk of death from chronic illnesses.¹⁸ The requirement for social support is urgent, mainly in the aged in lower states of physical health, as they lose some of their critical abilities to accomplish daily life due to physical or mental weakness, and this can prime them for several difficulties.¹⁹ Instrumental support is provided by the family at times when needed, but unfortunately, this assistance given by these relationships is very volatile and can end abruptly any day.

Given the nonexistence of culturally-designated responsibilities to deliver such assistance to older people, pledge and support opportunities tend to be modified among associations, and our focus is to continue cooperation. Relationships with inmates are slightly more vulnerable to dissolution if the connections are more unstable than blood relationships such as those between a child and his parent. The availability of mates, relatives, and neighbors for strong adherence is dependent on the availability of communication exchange with senior people.²⁰ Older people sharing living space with a spouse, partner, or members of their family are probed to practice optimistic strategies to endorse positivity in the later stages of their lives. Keeping a good communication system with individuals in society is substantial in keeping a better quality of life. However, the standard and volume of collaboration matter more as compared to the frequency of meetings. Senior citizens with a large circle of friends and quality of friends report the best quality of life. For people belonging to different ethnic backgrounds whose relations are interrupted by immigration and whose problems are further augmented by a language barrier in the

new place, interaction with members of their family is vital.²¹

The rationale behind researching this topic was to identify variables that contribute to the status of older people who are residents of old age homes, their health status, and the effect of social support on life satisfaction. This study will help to realize another characteristic of health effects and support problems on the life satisfaction improvements related to aging in our country. The evaluation and social support of senior citizens in old age homes in Pakistan can help endorse and design new tasks as well as improve the lives of older adults. The primary aim is to draw the attention of the policymakers to make legislation about the welfare of senior citizens who are accommodated in old age homes, which is very significant in this modern age. The current study, aimed to find a correlation between social support and life satisfaction.

MATERIAL AND METHODS

The researcher adopted the quantitative method for the research, and the data was collected through interviews. For this purpose, two scales were taken. One was Satisfaction with Life by Ed. Diener (1985), and the other was the Multidimensional Scale for Perceived Social Assistance developed by Zimet et al. (1988). The quantitative data were analyzed using SPSS. Pearson correlation and t.test were applied. The comprised sample was obtained from the specific universe. The researchers chose three divisions in Punjab for the study: Lahore, Sargodha and Rawalpindi, using simple random sampling. A convenience sample of 90 respondents was approached who were the residents of a care facility for the elderly. The visited facilities were Dar ul Kafala, Affiat, Happy Home, Senior Citizens from Lahore and Dar ul Affiat, Bint e Fatima, Dar ul Sakon in Rawalpindi and Old Age Home Sargodha. The total population was 120. Respondents were 52 females and 38 males using convenience sampling. The age range of participants was 60–70 years old.

RESULTS

Table-1: Correlation between perceived social support and life satisfaction

Variables	M	SD	r
Social Support	18.74	2.88	.506*
Life satisfaction	13.98	3.21	.071**

**Correlation is significant at the 0.01 level (2-tailed)

Pearson correlation was applied to see the relationship between deemed social support and the life satisfaction of the elderly. A positive correlation was seen between these two variables, $r = .506^{**}$, $n = 90$, $p = .000$. Generally, there was a strong positive correlation between percentages obtained by elderly people. Increases in social support were correlated with increases in health status.

Table 2-t-test: Social support of elderly people residing in old age homes ($N=90$)

	Males		Females				
Variable	M	SD	M	SD	T (88)	p	df
Percentage	18.00	2.59	18.65	3.28	.242	.810	0.20

An Independent sample t-test was applied to assess the group differences in living conditions among males and females of elderly people. Thus, the results showed that elderly people females and males show no changes or differences in social support ($M = 18.00$, $SD = 2.59$) as compared to males ($M = 18.65$, $SD = 3.28$). The differences were insignificant, $t(88) = 242.48$, $p > 0.05$. Equality of genders, or sexual equality, is the ideology of equal and unbiased ease in the utilization of the resources and opportunities indifferent to the gender.

Table 3-t-test: Life Satisfaction of senior citizens residing in old age homes ($N=90$)

	Males		Females				
Variable	M	SD	M	SD	t (88)	p	df
Percentage	13.65	3.06	14.4	3.309	-1.159	.314	0.25

An Independent sample t-test was used to assess the group differences in life Satisfaction among males and females of elderly people. Thus, the results showed that elderly people females and males show no changes or differences in life satisfaction ($M = 13.65$, $SD = 3.0$) as compared to males ($M = 14.4$, $SD = 3.3$). The differences were not significant, $t(88) = .314$, $p > 0.05$. The correlation between life satisfaction and social support of elderly people living in old age homes. Statistical analysis of the correlation between life satisfaction and perceived social support was found to be significantly correlated.

DISCUSSION

Social support is a strong determinant of content living with a longer life span. The presence of social support in older age groups, despite a person's socio-economic position, health risks, and the use of health-related facilities, has a major effect on the health status of this age group.²² Good social support balances and modifies the recovery status of these individuals. Developing countries like Pakistan are currently facing a major issue, which is population aging. Family configurations and living circumstances of elderly people are observed to be shifting in the wake of population aging in Pakistan. Even though the elderly is considered to be a pillar in certain family settings, altered family dynamics may change the outline of the provision of support in coming times.^{23,24} In advanced age, the presence of a partner or spouse provides tremendous emotional and physical support during any ailments. In particular, the widows within various societies of the Indo-Pak subcontinent are facing a more traumatic

experience as the cultural norms are against remarrying at an old age, and this has a huge impact on their mental health and physical productivity.

Even though the male members of the family are thought to play an important role in the financial support of the family, most women, particularly daughters-in-law, are imposed with the role of being the sole caregiver in the event of any elderly member's illness. It might be one of the major reasons why, in countries like Pakistan, the birth of a son is celebrated more than the birth of a daughter. Elderlies suffering from comorbidities (for example, arthritis, diabetes, stroke, quadriplegia, and visual illnesses) generally need extra support. Yet, the hierarchy of the class system also affects the amount of support being provided by the family.^{25,26} Similarly, it was discovered that elderly people from lower socioeconomic classes required more assistance with health and economic issues than those from higher socioeconomic classes. The older individuals of the upper social class did not need much support as they had enough from friends' visits and could share their problems with them.^{27,28} It is fascinating that a huge proportion of elderly individuals displayed highly satisfactory approval with the help they got from their beloved family members, especially the close ones, in the previous year. The reason for this is that older people may feel uncomfortable sharing home-related issues or, because of financial insufficiency and lack of governmental support strategies, insufficient social assistance by their family relations as they are scared of losing even the little social support they are receiving. Furthermore, descriptive statistics and univariate analysis results reinforced the statement that social security in advanced age has a substantial impact on the day-to-day actions and occupational activities of older people. Research has proposed that those who had increased social help achieved lower mean impairment scores both in ADL and IADL scoring systems when compared to those who received

decreased social abidance from their family members during the previous year.²⁹

Perceiving social support reduces the occurrence of unwanted physiological problems associated with illnesses, increases self-care, has a positive impact on patient's physical, psychological and social conditions and finally, improves functionality to achieve full recovery.³⁰ Previous research has linked increased social support to lower rates of hospitalization, better treatment adherence, and a lower risk of death from chronic illnesses. Jordan and colleagues.^{31,32} Findings from previous studies reveal that some people attain a level of gratification and fulfillment in their advanced age, while others become unpleasant and lament the failure of their occupational capabilities and social importance. Life satisfaction in the elderly is an important concept because it has significant allegations and can provide us with a complete picture of our society's higher populations maturing successfully or failing.³³

CONCLUSION

Findings of the study showed that correlation between life satisfaction and perceived social support was significant. However, gender difference has no impact on life satisfaction.

AUTHOR'S CONTRIBUTION

MS: Major conceptual framework, objectives and introduction
 AI: Formulation of research tool and literature review
 MH: Analysis along with discussion
 UA: Methodology
 TF: Discussion and conclusion
 AK: Data collection

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