The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 8, Issue 2, April- June, 2020
DIP: 18.01.145/20200802, DOI: 10.25215/0802.145
http://www.ijip.in

Research Paper

Quality of life and perceived social support as predictors of happiness in institutionalised and home residing senior citizens

Mrs. Pranavi Walia[1]*

ABSTRACT

The aim of this study is to investigate the quality of life and perceived social support as predictors of happiness in institutionalized and home residing senior citizens. The study conducted a cross sectional survey of 120 senior citizens aged 60 to 80 years, using WHO Quality of Life-BREF, Multidimensional Scale of Perceived Social Support and Oxford Happiness Questionnaire. The sample was taken from Chandigarh and Delhi, from September 2019- October 2019. A Student's T test, Pearson Correlation and multiple regression analysis were performed to analyze results. This study shows a comparison in the level of quality of life, social support and happiness among institutionalized and home residing senior citizens.

Keywords: *Quality of Life, Perceived Social Support, Happiness, Senior Citizens*

With the sharp shift of demographics, there is an increasing need to address concerns regarding the old population globally. The year of 2018 are ported more population of people aged above 65 years of age than the number of children aged below 5 years of age, on a global scale [1]. In countries that are still developing, the increase in health care quality in turn increases life expectancy. With this, not only the availability of health care is important, but also the quality of care and eventually, the Quality of Life (QOL) a person has in this increased lifespan.

Another thing that comes along with increased life expectancy is increase in chronic morbidity illnesses, that in turn decreases the QoL of an individual [2]. Need of social support in this population is validated by numerous researches giving evidence of social support acting as a mediator for depression, loneliness and helping in attaining better cognitive function [3,4].

With the exceedingly growing number of health care services provided, there has been a change in the demographics leading to a shift towards the older population. It had led to increasing concern and research over the aspect of QOL in the older population.

[1] MA Clinical Psychology, Amity University, Noida, India
*Responding Author

Received: June 01, 2020; Revision Received: June 21, 2020; Accepted: June 25, 2020

QOL incorporates aspects of a person's independence, environment, control over one's life, psycho-socio well-being of an individual and their physical health. The cognitive styles and factors of a person act as mediators on this subjective concept. [5].

Aging associated diseases can lead to disability and lower functionality among the older population. Problems like pain, proneness to falls, neurodegenerative disorders, etc can lead to a decrease in the QOL.

Researches, gave evidence based conclusions that good social support acts as a mediator of depression [6] , while others gave conclusive summaries of how cognition is aided by the presence of good social support, showing better gray matter networks in older populations with strong network of social support in comparison to elderly with a poor network of social support [7].

With the change in the family type from joint to nuclear, the older population in India is subjected to lesser regularity in social contact with family, fewer resources in the social aspect and greater losses.

Jalloh (2014) [8] defined happiness as the satisfaction and delight an individual subjectively receives from all areas of his life. The World Health Organisation extensively highlights happiness to be a component of health. (WHO, 2004). A four year study constituting of 60 women above the age of 60 helped conclude that there is a significant and direct relationship between social interactions and level of happiness [9].

Objectives

1. To study the relationship between Quality of Life, Perceived Social Support and Happiness among institutionalized and home residing senior citizens.
2. To measure the difference on the level of Quality of Life, Perceived Social Support and Happiness among institutionalized and home residing senior citizens.
3. To study the effect of Quality of Life and Perceived Social Support on level of Happiness among senior citizens.

Hypotheses

1. There will be significant relationship between the Quality of Life, Perceived Social Support and Happiness among institutionalized citizens and home-residing senior citizens.
2. The level of Quality of Life, Perceived Social Support and Happiness will be significantly higher in home-residing senior citizens when compared with institutionalized senior citizens.
3. Quality of life and Perceived Social Support will have a significant effect on Level of Happiness among senior citizens.

METHODOLOGY

Sample

This cross-sectional study used a sample of 120, with an age range of 60-80 years. The sample is divided into two populations: Institutionalised senior citizens (1) (n=60) and home residing senior citizens (n=60). Individual participants were dispersed geographically and were chosen at random, from either Chandigarh or Delhi, India. Out of the 181 approached, 120 filled up the questionnaires. The study was conducted from September-October 2019.

Instruments

Three measures were used in this study,

World Health Organisation Quality of Life-BREF (WHOQOL-BREF):

The WHOQOL-BREF was developed by World Health Organization in 1996 by Alison Harper after the WHOQOL proved to be a great tool for assessing QoL, but it was too lengthy for use for large populations and took too much time. This scale helps in epidemiological research as well as in clinical trials. The scale contains 26 questions, that help attain four domain scores, with the first two questions scored separately. The individual scores of the domain represent each person's subjective interpretation and perception of their quality of life. The higher the domain scores, the better the quality of life of an individual.

The four domains incorporate the facets from WHOQOL and as such, there is no facet scoring in this scale. *Physical health (D1)* includes an individual's work capacity, mobility, pain and discomfort, energy and fatigue, sleep and rest, activities of daily living and dependence on medicines. *Psychological (D2)* includes an individual's negative and positive feelings, body image, spirituality, self esteem and thinking, learning and concentration.

Social relationships (D3) includes social support, sexual activity and personal relationships. *Environment (D4)* includes an individual's freedom, physical safety and security, finance, transport, environment, and health and social care. The items are marked by the assessed person on a Likert scale from 1-5 and the manual gives a direct method to convert the raw scores of an individual to domain scores. There is no overall score for WHOQOL-BREF.

The domain scores of WHOQOL-BREF showed good content validity, discriminant validity and test-retest reliability. Cronbach's alpha of test-retest reliability was found to be 0.84-0.87.

Multidimensional Scale of Perceived Social Support (MSPSS):

Gregory D. Zimet, Nancy W. Dahlem, Sara G. Zimet and Gordon K. Farley developed the MSPSS in 1988 to assess the level of perceived social support where each item is answered on a 7 point scale; 1 being very strongly disagree to 7 being very strongly agree. Items are divided into three dimensions for scoring, where each dimension is summed up and then divided by 4, and dividing by 12 gives a total score. The three dimensions where social support is measured by MSPSS is 1) family; 2) significant other and; 3) friends. An individual can score anything between 12-84, where a higher score implicates higher level of support.

Investigators such as Pederson et al (2009) and zimet el al (1988) have revealed MSPSS as a construct of three-factors showing excellent test-retest reliability and internal consistency, with clinical samples having 0.92 and 0.94 Cronbach's alpha and non-clinical samples having 0.81-0.98 Cronbach's alpha.

Oxford Happiness Questionnaire (OHQ):

The OHQ was devised by Michael Argyle and Peter Hills in 1989 at Oxford University. The OHQ is a derivative of the Oxford Happiness Inventory. The questionnaire comprises of 29 statements in total, where each can be answered by an individual using a six point Likert scale, where 1 means strongly disagree and 6 means strongly agree. The scoring is done by reversing the score for each item that has 'R' next to it and keeping the rest as they are. The higher the score, the more the happiness of an individual is indicated. The test-retest reliability was found to be 0.95. The questionnaire's test-retest Cronbach's Alpha were 0.84

and 0.87 respectively. The questionnaire was submitted to expert psychologists to estimate the content validity of the test and was approved as a good assessment of happiness.

RESULTS

The results of the tests were found using multiple statistical methods. The descriptive statistics table shows the mean and standard deviation for Quality of Life, Perceived Social Support and Happiness which have been split into home residing and institutionalised senior citizens.

Table 1: Showing the mean and standard deviation of Quality of Life, Perceived Social Support and Happiness among home residing senior citizens.

	N	Mean	Standard Deviation
Quality of Life – D1 [Physical Health]	60	27.62	4.10
Quality of Life – D2 [Psychological Health]	60	24.48	2.29
Quality of Life – D3 [Social Relationships]	60	12.78	1.53
Quality of Life – D4 [Environment]	60	32.95	3.52
Multidimensional Scale of Perceived Social Support	60	75.02	12.26
Oxford Happiness Questionnaire	60	145.62	15.14

Table 2: Showing the mean and standard deviation of Quality of Life (D1,D2,D3 D4), Perceived Social Support and Happiness among institutionalised senior citizens.

	N	Mean	Standard Deviation
Quality of Life – D1 [Physical Health]	60	27.38	2.65
Quality of Life – D2 [Psychological Health]	60	22.7	2.92
Quality of Life – D3 [Social Relationships]	60	11.28	2.18
Quality of Life – D4 [Environment]	60	32.22	3.73
Multidimensional Scale of Perceived Social Support	60	67.12	9.21
Oxford Happiness Questionnaire	60	131.22	13.79

Table 3: Showing the T value of the difference in Quality of Life (D1,D2,D3 D4), Perceived Social Support and Happiness between home residing senior citizens and institutionalised senior citizens.

	N	t value	P-value	Null Hypothesis Rejected
Quality of Life – D1 [Physical Health]	120	0.38	0.7075	No
Quality of Life – D2 [Psychological Health]	120	3.66	0.0004	Yes
Quality of Life – D3 [Social Relationships]	120	4.36	0.0000	Yes
Quality of Life – D4 [Environment]	120	1.11	0.2705	No
Multidimensional Scale of Perceived Social Support	120	3.99	0.0001	Yes
Oxford Happiness Questionnaire	120	5.45	0.0000	Yes

The results are tested at 95% Confidence Interval. Therefore, a $P \leq 0.05$ is considered as significant.

Quality of life D1 has a t-statistic value of 0.38 with a corresponding p-value of 0.7075. This implies that there is no significant statistical difference between the two sample means. Quality of life D2 has a t-statistic value of 3.66 with a corresponding p-value of 0.0004. This implies that there is a significant statistical difference between the two sample means. Quality of life D3 has a t-statistic value of 4.36 with a corresponding p-value of 0.0000. This implies that there is a significant statistical difference between the two means. Quality of life D4 has a t-statistic value of 1.11 with a corresponding p-value of 0.2705. This implies that there is no significant statistical difference between the two sample means.

Table 4: Showing the correlation between Quality of Life, Perceived Social Support and Happiness among senior citizens. (where Quality of Life is taken as the sum of D1,D2,D3 and D4)

Correlation

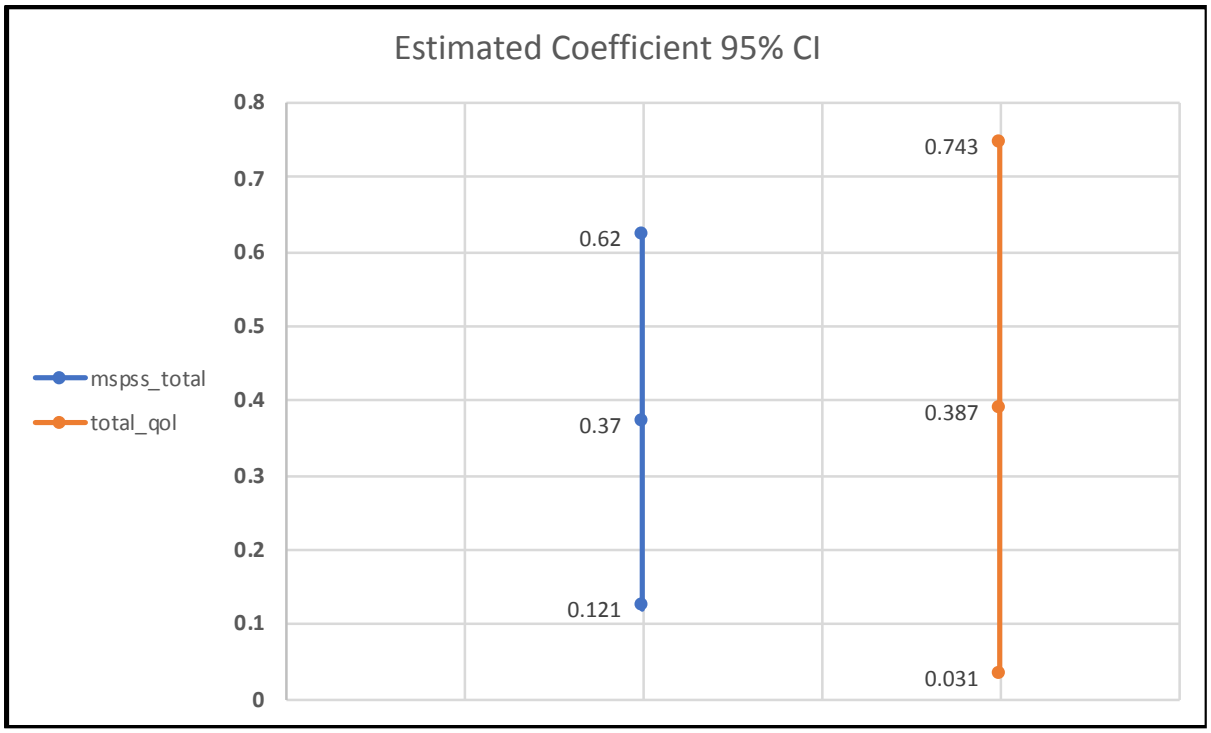
	Quality of Life	**Perceived Social Support**	**Happiness**
Quality of Life			
Perceived Social Support	0.29		
Happiness	0.27	0.32	

The result showed that Perceived Social Support is positively correlated with Quality of Life (r = 0.29, p-value = 0.0029), which indicates that if perceived social support increases, quality of life shall increase too, but much less in proportion. Quality of Life is positively correlated with Happiness (r = 0.27, p-value = 0.0028), which indicates that is quality of life increases, so will happiness, but much less in proportion. Perceived Social Support is also positively correlated with Happiness, (r = 0.32, p-value = 0.0028), which indicates that if perceived social support increases, so will happiness, but much less in proportion. (r <0.5, then the correlation is insignificant).

Overall, the correlation is insignificant among all three variables.

Table 5: Showing linear regression results of regressing MSPSS_total and total_QoL on OHQ.

Variables	**β**	**S.E.**	**95% CI**	***t***	***P***
Mspss_total	0.370	0.126	0.121, 0.620	2.94	0.004
Total_qol	0.387	0.18	0.031, 0.743	2.15	0.034



The following linear regression is modelled above:

$$ohq = \beta_0 + \beta_1 mspss_{total} + \beta_2 total\_qol + \varepsilon_i$$

β_1 = 0.37. This implies that if perceived social support increases by 1 unit, happiness increases by 0.37 units. This value is statistically significant, implying we can reject the null hypothesis of no effect [$\beta_1 = 0$].

β_2 = 0.39. This implies that if quality of life increases by 1 unit, happiness increases by 0.39 units. This value is statistically significant, implying we can reject the null hypothesis of no effect [$\beta_2 = 0$].

The above table shows the Correlation Analysis between Optimism and Resilience, with a result of 0.6857, it becomes evident that there is a high positive correlation between these two variables, proving that there is a significant relationship between optimism and resilience.

DISCUSSION

The results obtained reinforced the supporting literature showing an astonishing difference in the level of Quality of Life, Perceived Social Support and Happiness in home residing and institutionalised senior citizens. The results have been excellent indicators of the difference level of quality of life in these two set-ups.

1. There is a significant relationship between the Quality of Life, Perceived Social Support and Happiness among institutionalized citizens and home-residing senior citizens.
2. The level of Quality of Life, Perceived Social Support and Happiness is not significantly higher in home-residing senior citizens when compared with institutionalized senior citizens.
3. Quality of life and Perceived Social Support has a significant effect on Level of Happiness among senior citizens.

This data helps conclude that home residing senior citizens appear to have better quality of life, social support and a higher level of happiness than institutionalised senior citizens.

The highest significant difference is seen is the level of happiness. Subjective wellbeing (happiness) is already established as an important factor in predicting the quality of life [10]. *Wilhelmson et al (2005)[11]* interviewed 141 elderly to discover what they consider as an important factor for Quality of life. The results concluded that social support and relations with friends, family and significant other, and ability to function independently were seen as important factors of Quality of life. It is crucial to explore factors that are associated with an increase or decrease in quality of life in an individual.

REFERENCES

Blumen, H. M., & Verghese, J. (2019). Gray matter volume covariance networks associated with social networks in older adults. *Social neuroscience*, 14(5), 559-570.

Bowling, A., & Windsor, J. (2001). Towards the good life: A population survey of dimensions of quality of life. *Journal of Happiness Studies*, *2*(1), 55-82.

Graney, M. J. (1975). Happiness and social participation in aging. *Journal of gerontology*, *30*(6), 701-706.

Jalloh, A., Flack, T., Chen, K., & Fleming, K.,(2014) Measuring Happiness: Examining Definitions and Instruments. *Illuminare: A Student Journal in Recreation, Parks, and Leisure Studies.12, (2158-9070).* 59-67.

Kavana, G. V., SPARSHADEEP, E., Shiyas, M. A., & Sheeba, D. K. (2018). Assessment of Depression and Social Support in Elderly Subjects Residing in an Old Age Home: A Pilot Study. *Journal of Clinical & Diagnostic Research*, 12(12).

Kim-Prieto, C., Diener, E., Tamir, M., Scollon, C., & Diener, M. (2005). Integrating the diverse definitions of happiness: A time-sequential framework of subjective well-being. *Journal of happiness Studies*, *6*(3), 261-300.

Liu, L., Gou, Z., & Zuo, J. (2016). Social support mediates loneliness and depression in elderly people. *Journal of health psychology*, *21*(5), 750-758.

United Nations (2019). World Population Ageing 2019. *Department of Economic and Social Affairs.*

WHOQOL Group.(1995). The World Health Organisation quality of life assessment (WHOQOL): position paper from the World Health Organization. *Social science and medicine,* 41 (10), 1403-1409.

Wilhelmson, K., Andersson, C., Waern, M., & Allebeck, P. (2005). Elderly people's perspectives on quality of life. *Ageing & Society*, *25*(4), 585-600.

Zhao, X., Zhang, D., Wu, M., Yang, Y., Xie, H., Li, Y., ... & Su, Y. (2018). Loneliness and depression symptoms among the elderly in nursing homes: a moderated mediation model of resilience and social support. *Psychiatry research*, *268*, 143-151.

Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Walia, P. (2020). Quality of life and perceived social support as predictors of happiness in institutionalised and home residing senior citizens. *International Journal of Indian Psychology*, *8*(2), 1268-1274. DIP:18.01.145/20200802, DOI:10.25215/0802.145