

Social Support Improves the Quality of Life Among Institutionalized Older People in The Social Protection Center, Banten Province, Indonesia

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Abstract

Background: Optimal quality of life is the hope of all older people. In the life span of older people, they experience a period where they are faced with a difficult situation that results in stress or even a traumatic bad experience. Several supporting factors are needed for older people to achieve optimal quality of life.

Aims: This study was aimed to determine the predictor factors of the quality of life of institutionalized older people.

Methods: This study used a correlation analysis design and a cross-sectional approach. Samples in this study were 50 older people at the Banten Social Protection Center. Data was collected by using questionnaires consisting of WHO Quality of Life, Barthel Index, HAM-A, and social support.

Results: This study found that there was a strong relationship between quality of life with stress levels ($p < 0.01$), level of dependence ($p < 0.05$), and social support ($p < 0.01$). The result of further analysis using multiple regression found that social support (Beta = 0.345, $p < 0.05$) was found to be a predictor of quality of life for institutionalized older people.

Conclusion: Quality of life of older people can be achieved to be optimal by increasing the social support surrounding. Thus, this study suggests the Banten Social Protection Center can facilitate to seek social support from both external and internal.

Keywords:

Quality of life, institutionalized older people, social protection center, Banten.



INTRODUCTION

High quality of life is the hope of everyone regardless of age. During life span, there always a period of difficult conditions, so it can lead to stress or even traumatic experiences. Older people are known as a vulnerable group to have problems related to health both physically and psychosocial (Beales & Tulloch, 2013). High quality of life enables older people to overcome stressors so that it can maintain the health status of older people (Lavretsky, 2012).

The dependency level of self-care among older people determined their physical and psychological health. The inability of self-care enables older people to have depressed, especially older people who live in a nursing home (Jumita et al., 2012). One study found that the quality of life of older people is determined by the ability of self-care. This self-care can be either independent, with help, or aided by a caregiver (Choowattanapakorn et al., 2016). Another study stated that older people who live with families have a better quality of life than the elderly who live in nursing homes. This is related to self-care where the older people who live with the family get more attention in self-care (Coon, 2012).

One of the important factors that influence the quality of life of older people is social support. Social support obtained by older people is from families, relatives, peers, and the community (Coon, 2012; Perrig-Chiello & Hutchison, 2010). Besides, women older people show a better quality of life when they get good social support compared to men older people. Furthermore, when social support takes the form of religious activities, the quality of life arises due to the spiritual resilience that is built on a spiritual approach (Choowattanapakorn et al., 2016; Gulbrandsen & Walsh, 2015; Syukrowardi et al., 2017).

Regarding the population of older people, developing countries will achieve a 250% increase, while developed countries 71% respectively (Kementerian Kesehatan RI, 2017). One of the developing countries that will contribute to increasing the number of older people in the world is Indonesia (Kementerian Kesehatan RI, 2017). Based on projected data on older people population in Indonesia, it is estimated that in 2017 around 23.66 million people or 9.03% of the total population of Indonesia, which amounts to 262 million people. The increasing of older people predicted by 2020 (27.08 million), in 2025 (33.69 million), in 2030 (40.95 million), and 2035 (48.19 million) respectively. From the results of these statistics, Indonesia belongs to an old structured group of countries. This is because the number of elderly people in Indonesia is more than 7% of the total population (Kementerian Kesehatan RI, 2017).

Morbidity rates are used as an indicator of population health status. According to World Health Organization (WHO), the delay in diagnosis and unhealthy behavior of older people results in physical illness, which affects mental problems (WHO, 2017.). Also, health problems and poverty factors contribute to psychosocial problems in older people. According to National Team for the Acceleration of Poverty Reduction of Indonesia (TNP2K) states that 45% of older people live with families and 40% of them being at a low economic level (TNP2K, 2017).

Furthermore, 67% of older people living with low economic families have neglected categories (TNP2K, 2017). Besides, data from the Ministry of Social Affairs, the number of older people

who are prone to neglect is 4,658,280 people and displaced 2,851,606 people. This number also occurs in Banten Province, which is around 14,647 elderly who are included in the abandoned category (Banten, 2016).

According to data taken from the profile of Social Protection Center, Banten Province., the number of neglected older people registered to stay in the nursing home of Social Protection Center, Banten Province from year to year continues to increase. However, this is not following the acceptance quota of neglected older people who can live in there which can only accommodate a maximum of 60 persons. Physical and psychosocial problems in neglected older people living in the nursing home of Social Protection Center, Banten Province are things that must be addressed (Banten, 2016). In this phase, the older people are very vulnerable to having psychosocial problems, so increasing the ability of self-defense in facing difficult situations will help older people achieve a high quality of life.

METHODS

Study Design

This study design was descriptive correlational with cross-sectional.

Sample/Participants

Samples were 50 older people who live in the nursing home of Social Protection Center, Banten Province. All samples were recruited by using the purposive sampling technique with inclusion criteria including the ability to communicate verbally and willing to be a respondent.

Instrument

Data were collected by using standardized questionnaires including WHO Quality of Life with the reliability test showed Cronbach alpha 0.84, and validity test showed correlate at around 0.9. (WHOQOL Group, 1998). Barthel Index with the reliability test showed Cronbach alpha 0.8, and validity test showed adequate at around 0.857 (Sponton et al., 2010). Hamilton Anxiety Rating Scale with the reliability test showed Cronbach alpha 0.756, and validity test showed range at 0.529 to 0.727 (Ramdan, 2018), and the ENRICH Social Support Instrument with the reliability test showed Cronbach alpha 0.94, and validity test showed all items and item-total score ($p < 0.001$) (Vaglio et al., 2004).

Data Collection

Since the respondent was older people and data collection was taken by using a questionnaire, so to minimize the bias information, the researcher also read aloud each item of the question of the questionnaires. Thus, all pieces of information were directly validated by the respondent.

Data Analysis

In this study, data analysis used was Pearson correlation to investigate the relationships between quality of life with the level of dependency, stress level, and social support. Further analysis was multiple regressions to investigate predictor factor that can predict the quality of life of older people.

Ethical consideration

Ethical consideration in this study was based on considering the number of questions and statements in the questionnaires, and the limited cognitive abilities of the respondents, the time of collecting data taken 30 minutes per day for three days in each respondent. In addition, the respondents who were willing to become respondents were given the freedom to choose the time of data collection. Respondents were also given the freedom to refuse to answer questions if they were perceived as disturbing the respondent's comfort, and in the end, the respondent's data would not be used in the study.

RESULTS

This study showed that the mean quality of life among respondents was 62.2, the level of stress was 29.1, the level of dependency was 125.3, and social support was 36.9.

Tabel 1. Level of quality of life, stress, dependency level, and social support of respondents (N = 50).

Variable	Min	Max	Mean	SD
Quality of life	46	84	62.2	9.4
Level of stress	13	59	29.1	11.7
Level of dependency	115	130	125.3	5.7
Social support	19	64	36.9	13.1

As shown in table 2, there found that stress level ($r = -0.444$, $p < 0.01$), dependency level ($r = 0.354$, $p < 0.05$), and social support ($r = 0.490$, $p < 0.01$) were associated to the quality of life of older people at nursing home of Social Protection Center, Banten Province. To investigate more about factors that predict the quality of life of older people, further analysis was carried out by using multiple regressions which were presented in table 3.

Tabel 2. The relationships between quality of life with stress, dependency level, and social support of respondents (n = 50).

No	Variables	1	2	3	4
1.	Level of stress	-	-0.417**	-0.427**	-0.444**
2.	Level of dependency		-	0.552**	0.354*
3.	Social support			-	0.490**
4.	Quality of life				-

* $p < 0.05$; ** $p < 0.01$

Tabel 3. Predictor of quality of life (N = 50).

Variables	B	Beta	t	SE
Level of stress	-0.211	0.107	-1.983	0.107
Level of dependency	0.074	0.048	0.318	0.233
Social support	0.274	0.345	2.267*	0.121
R ²	0.309			
Adjusted R ²	0.264			
F	6.862**			

** p < 0.01, * p < 0.05

Based on the results of this study, all associated factors of the quality of life produced $R^2 = 0.309$, adjusted $R^2 = 0.264$, $F = 6.862$ with significant alpha at level <0.01 . by judging from B value (Beta Standardized), it can be seen that social support (Beta = 0.345, $p < 0.05$) was found to be a predictor factor of the quality of life. This means that if the social support score increases by 1 point, it will impact the quality of life score of 0.345 if other variables are controlled. In addition, all variables analyzed in this multiple regression analysis accounted for 26.4% of the variance of quality of life.

DISCUSSION

Older people who live in a nursing home are inseparable from psychological problems. Although their daily needs are fulfilled because they are borne under the responsibility of the country, the decreasing functions of organs, the tendency to experience psychological problems will easily approach them (Wafroh et al., 2016). Identification of factors that affect the quality of life in older people is very important so that the improvement of the quality of life can be improved properly. These factors are stress level, level of dependence, and social support (Choowattanapakorn et al., 2016; Tribess et al., 2012; Wafroh et al., 2016).

Older people who have low-stress levels tend to have a good quality of life. This is consistent with previous research that stated that older people who can manage stress well, can better manage life, fulfill their basic needs, and impact on improving to the high quality of life (Mauceri & Marco, 2014). In addition, the lower the level of dependence, the better the fulfillment of basic needs can be met. Following the statement of the previous study that older people with physical activity and the ability to take good care of themselves have a high quality of life (Choowattanapakorn et al., 2016). Determination of the quality of life of older people in nursing home of Social Protection Center, Banten Province is possible to be donated from factors of self-care and fulfillment of basic needs such as eating, drinking and toileting carried out independently, following routine gymnastics and religious activities.

Social support of older people in the nursing home of Social Protection Center, Banten Province was obtained from fellow friends, nurses, and social workers. Fewer older people still have relatives who visit them irregularly. The results of the findings in this recognized that the quality of life can also be obtained from social support from the closest person. As stated in the previous study that supports coming from anywhere will help improve the lives of the elderly, so that at the end of their lives they have a good quality of life (Perrig-Chiello & Hutchison,

2010).

In this study, there are three factors related to the quality of life of older people including stress level, independency level, and social support. This study found that the most influential factor in improving the quality of life of older people was social support. No matter how small social support comes from, that will increase the social support of older people. This social support will be perceived by older people such as how caring people around themselves are, understanding their needs, and responding to their complaints (Niskanovic & Siljak, 2015).

CONCLUSION

This study showed that there are three significant factors related to the quality of life of older people. Stress level, level of dependence, and social support. However, from these three factors, social support is a predictive factor in improving the quality of life of the elderly at Social Protection Center, Banten Province. If the score of social support increases by 1 point, it will impact the elderly quality of life score of 0.345 with other variable requirements, namely stress level and dependency level controlled. It is highly recommended that Social Protection Center, Banten Province provide social support to the elderly because it will determine their quality of life. Although this study has reached the goals of research question, however the total respondents were concerned as a small sample size. Therefore, future research should be a large sample size.

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