Social support network, activities of daily living, depression and health-related quality of life of male elders

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Abstract. The study was done to identify social support network, activities of daily living, depression and health-related quality of life of male elders and to clarify the relationship among these variables. The data were collected via self-report questionnaire from 194 male elders who visited the senior welfare center in City G from December 20, 2014 to January 31, 2015. The social support network of the subjects was 35.48 points; the activities of daily living, 20.83 points; depression, 2.93 points; and health-related quality of life, 0.83 points. The health-related quality of life of the subjects exhibited a positive correlation with social support network (r=.23, p=.001) and with activities of daily living (r=.40, p<.001) and a negative correlation with depression (r=-.55, p<.001).

Keywords: social support network, activities of daily living, depression, health-related quality, male elders

1 Introduction

Male elders are taken care of by females and receive the benefits from the patriarchal society throughout their lives until the retirement from their jobs, the moment from which they enter the unfamiliar life at home and face considerable severance and difficulty to adapt. Especially, when the male elders are bereaved of their wives, they live a poor life in solitude and isolation due to the cutoff from the social network inexperience at daily living, and the quality of their lives degenerate [1]. Moreover, male elders have lower average life expectancy and higher mortal rate than female elders. In fact, among the causes of death among elders between the age of 60 and 69, the mortal rate due to malignant neoplasm is 2.5 times higher, and the rate due to cerebrovascular

This work was supported by research fund of Catholic Kwandong University(CKURF-201407130001).
disease, cardiac disease, or diabetes is 2 times higher than adults [2], male elders’ health require attention and emphasis on promotion of health.

At old age, the necessity for care increases, and thus, the relations of social support network become more important; however, male elders has a smaller size of community in social support network than female elders, and it is difficult to sustain the locally integrative network. If the contacts with family, relatives, friends, and acquaintances are frequent, the structure of social support network is large, the relations in the social support network are diverse, and support are available at old age, these factors would contribute to the health and psychological well-being and enhance the quality of elders’ lives [3].

Activities of daily living of elders is an important factor to successful aging and appears to influence the overall living activities and health-related behaviors. Depression is one of the very important measures of psychological health: if depression is neglected, it causes physical, cognitive, social disorders, delays recovery from diseases, may cause increased visits to hospitals and suicide, and degenerates the quality of life [4].

Health-related quality of life is a status of health evaluated subjectively by each individual; it is defined as the degree of satisfaction of each patient or individual in comparison of what is considered to be feasible or ideal to the current functionality [5]; the elders’ health-related quality of life is influenced by activities of daily living [6], depression, and other factors, and is different from younger generation’s health-related quality of life [6].

Therefore, this study aims to measure degree of social support network, activities of daily living, depression and health-related quality of life and to identify the relationship among social support network, activities of daily living, depression and health-related quality of life of male elders.

2 Materials and Methods

2.1 Design of research

This research is a descriptive research study that attempts to study the relationship among social support network, activities of daily living, depression and health-related quality of life of male elders.

2.2 Research subject and data collection

This study was approved (IRB No. KD-14-0101) by Institutional Review Board of the university the researcher is affiliated with, and collected the data of 194 male elders at and over the age of 65 who visited a senior welfare center at G City between December 20, 2014 and January 31, 2015.
2.3 Measures

Social support network was measured by Korean version of LSNS-K18 adapted by Kang [7], and activities of daily living was measured by Korean Activity of Daily Living, K-ADL developed by Won et al [8]. Depression was measure by Geriatric Depression Scale Short Form Korea Version, GDSSF-K developed by Kee [9], and health-related quality of life was measured by EQ-5D developed by EuroQol Group [10] and calculated in the manner Nam calculated [5].

2.4 Data analysis

The collected data were analyzed with frequency, mean, standard deviation, Pearson’s correlation coefficient by using SPSS WIN 20.0.

3 Research Results and Discussion

3.1 General characteristics of the subjects

The average age of the research subjects was 73.00±4.67, most (81.4%) of them were married, and the most frequent number of family members living together (35.1%) was one. The health status was reported as 49.5% ‘Average’ and 24.2% ‘Good’. 60.7% of the subjects were currently suffering a chronic disease, 81.4% were not restricted to daily life and social activities, and 51.5% felt stress a little. 58.2% reported to “have quit smoking but had smoked”, and 52.6% were drinking. 62.4% of the subjects exercised regularly, and 87.1% had six meals for past two days.

3.2 Social support network, activities of daily living, depression, and health-related quality of life of the subjects

The social support network of the research subjects was at a medium level with the average of 35.48±17.58 points (near the center of response range 0-76 points), similar to the averages of test 35.0±14.3 and of re-test 33.9±11.8 from the research that applied the Korean version of a social support network assessment tool LSNS-18 to investigate reliability and validity [7].

The activities of daily living of the research subjects was at a high level with the average of 20.83±1.04 points (response range 12-21 points). In a research about elderly in facilities and elderly at home, the average activities of daily living of the elderly in facilities and elderly at home were respectively 3.9±3.6 and 0.5±1.9, and elderly at home were more independent, exhibiting lower dependency in daily life [11]. This is similar to the research result that signifies that the higher the score of decoding at the time of statistical processing is, the lower the dependency is.
Depression was at a low level with the average of 2.93±3.68 points (response range 0-15 points). In a research about female elderly in rural area, depression was at a high level with the average of 8.4±3.54 [12], exhibited a considerable difference to male elders, and confirmed that there is gender difference in depression between female elders and male elders.

Health-related quality of life was at a high level with the average of 0.83±0.30 (response range -1.27-0.99 points). Compared to the average health-related quality of life of 0.8930 from Korea National Health and Nutrition Examination Survey [13] on elders at or over the age of 65, the average health-related quality of life of this research was 0.83, slightly lower than the health-related quality of life score of the residents in the local community (Table 1).

Table 1. Social support network, activities of daily living, depression, and health-related quality of life of the subjects (N=193)

<table>
<thead>
<tr>
<th>variables</th>
<th>Mean±SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>social support network</td>
<td>35.48±17.58</td>
<td>0-76</td>
</tr>
<tr>
<td>activities of daily living</td>
<td>20.83±1.04</td>
<td>12-21</td>
</tr>
<tr>
<td>depression</td>
<td>2.93±3.68</td>
<td>0-15</td>
</tr>
<tr>
<td>health-related quality of life</td>
<td>0.83±0.30</td>
<td>-1.27-0.99</td>
</tr>
</tbody>
</table>

3.3 Correlation among social support network, activities of daily living, depression, and health-related quality of life.

Health-related quality of life of the research subjects had positive correlations with social support network (r=.23, p=.001) and with activities of daily living (r=.40, p<.001) and a negative correlation with depression (r=-.55, p<.001). In other words, the health-related quality of life was higher with better social support network and with higher activities daily living and was lower with more depression (Table 2).

Table 2. Correlation among social support network, activities of daily living, depression, and health-related quality of life (N=193)

<table>
<thead>
<tr>
<th>variables</th>
<th>social support network r (p)</th>
<th>activities of daily living r (p)</th>
<th>depression r (p)</th>
<th>health-related quality of life r (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>social support network</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities of daily living</td>
<td>.24(.001)**</td>
<td></td>
<td></td>
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<td></td>
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</table>
In Lee’s research [14], the health-related quality of life and depression had a significantly negative correlation for both male elders and female elders, agreeing with the research result that the more severe depression, the lower the quality of life. Yim and Lee [6] stated that there is a positive correlation between basic daily life activities and quality of life, Moon [15] stated the more capable one is of daily life performance, the higher his/her quality of life is, supporting this research result. Such results demonstrate the necessity of appropriate nursing intervention that takes into account the characteristics of the elders by checking the activities daily living of elders.

4 Conclusion

The health-related quality of life of the research subjects becomes significantly better with better social support network and better activities of daily living. Therefore, it requires the solution to expand the social support network of male elders and the development of various leisure activity to facilitates independent and active life.

Reference


