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Social support in older people: lessons from a developing country

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Abstract

Purpose

The purpose of this study was to determine the level of social support in older people presenting to the Emergency Department of a tertiary hospital in Trinidad.

Methods

This was a prospective observational study, assessing social support in patients ≥65 years presenting to the Emergency Department, using the Sarason Social Support Questionnaire.

Results

One hundred sixty-two respondents aged 65 years and older were included. Respondents reported a median Social Support Questionnaire Score (SSQS) of 4.83 and number (SSQN) of 1.67, which did not differ significantly between genders and ethnic groups. Patients who presented

via ambulance had a significantly lower SSQS (4.33 vs. 5.16) and SSQN (1.33 vs. 1.92) than those who arrived by their own transport. Respondents reported far greater median family scores (1.33) than non-family scores (0.00).

Conclusions

This study contributes to the understanding of social support for older people in developing countries. The dependence on family support in developing countries may prove challenging in the long term as family structures in these countries change with economic pressures. More extensive research is needed into the phenomenon of social support for older people in developing countries, particularly with the impending expansion of this age group in these countries.

Keywords

Sarason Social Support Questionnaire
Elderly
Aged
Social support
Emergency department

Electronic supplementary material

The online version of this article (doi:10.1007/s11136-015-1053-0) contains supplementary material, which is available to authorized users.

Introduction

There has been little research on the level of social support for older people in the developing world. However, social support provision for older people is not just a challenge in the developed world; populations in developing countries are currently aging rapidly. For example, one-third of the population in the Caribbean will be over 60 years old by 2050 [1].

Adequate social support protects against adverse life events, reduces depression, and helps individuals cope with physical illness [2–6]. It may also promote faster recovery from illness and reduce disability [7, 8].

The short form of the Sarason Social Support Questionnaire (SSQ-SR) was used to assess social support in patients in this study [9]. Developed in 1983, the SSQ was validated in four studies involving 1164 subjects and demonstrated good internal consistency while correlating well with measures of personality and adjustment [10]. A short from of the SSQ (the SSQ-SR) was subsequently created and had good inter-rater reliability while producing scores consistent with the SSQ [11]. We undertook this study to investigate the level and nature of social support available to older people presenting to an Emergency Department (ED) of a tertiary teaching hospital in Trinidad, using the SSQ-SR.

Subjects and methods

A prospective observational study was undertaken at the San Fernando General Hospital in Trinidad and Tobago from September to December 2010. The aims were to determine the level of social support available to older patients presenting to the Emergency Department (ED) and to identify factors affecting social support.

Trinidad and Tobago is a Commonwealth Caribbean island state, with a population of mixed ethnicity, the main ethnic groups being Afro-Caribbean and Indo-Caribbean. The state-run health service provides health care free of charge to all citizens and is the most widely used form of health care in the country. The study consisted of a convenience sample of patients 65 years and older attending the ED of a large state-run tertiary teaching hospital for non-life-threatening conditions, who were able and willing to complete the questionnaire. Sampling occurred at all times of day and on all days of the week. Patients were excluded if they were too ill to participate, if their mental status precluded participation, and if they were unable or unwilling to consent.

Suitable patients were identified by the on-call ED registrar, and written consent was obtained. The SSQ-SR was then administered to participants by the principal investigator in a face-to-face interview. The questionnaire took approximately 30 min to complete, and patients were allowed to have a relative or carer with them. The following scores were calculated from the SSQ-SR: the Social Support Number (SSQN), which indicates the number of individuals identified by the respondent as providing them with support; the Social Support Satisfaction Score (SSQS), which quantifies

respondents' satisfaction with the social support received and the family and non-family scores, which measure the numbers of individuals providing support from within and outside the respondent's family, respectively [11].

Data were not normally distributed, with positive skews for most scores. Summary statistics were therefore presented as median scores with interquartile ranges, and statistical analysis was performed using nonparametric tests. Mann–Whitney *U* test was used to compare scores between different genders and modes of transport to hospital; Wilcoxon's signed-rank test was used to compare family versus non-family scores, and Kruskal–Wallis *H* test was used for the comparison of scores between different ethnic groups. For all analyses, a p value of <0.05 was taken as statistically significant.

The study received ethical approval from the Research Ethics Committees of the University of the West Indies and the South West Regional Health Authority (which is administratively responsible for the hospital).

Results

During the study, 178 patients were recruited. Sixteen ~~[16]~~ were excluded due to incomplete data. Of the 162 remaining subjects, 87 were males while 75 were females with an age range of 65–95 years. There was no difference in age distribution between males and females within the study. The sample broadly reflected the ethnicity of the general population. The number of patients using their own transport was 82, while 80 patients arrived by ambulance.

The median Social Support Questionnaire Number (SSQN) for the sample was 1.67 (IQR 1.00–2.33). There was no significant difference in SSQN between genders and ethnicities (Table 1). However, the median SSQN for patients arriving by ambulance was significantly lower than for patients using their own transport (1.33 vs. 1.92; $p = .002$).

Table 1

Social Support Scores of older persons attending the ED

	SSQS	SSQN	Family score	Non-family score

Social Support Scores for different groups [median (interquartile range)]				
All participants (n = 162)	4.83 (3.67–5.54)	1.67 (1.00–2.33)	1.33 (1.00–2.16)	0.00 (0.00–0.16)
Gender				
Female (n = 75)	4.67 (3.33–5.33)	1.50 (1.00–2.67)	1.33 (0.83–2.50)	0.00 (0.00–0.16)
Male (n = 87)	5.00 (4.16–5.67)	1.67 (1.16–2.16)	1.33 (1.00–2.00)	0.00 (0.00–0.33)
p value	.114	.669	.870	.205
Mode of transport				
Ambulance (n = 80)	**4.33 (3.00–5.00)**	**1.33 (1.00–2.00)**	**1.33 (0.67–1.92)**	0.00 (0.00–0.17)
Self-referred (n = 82)	**5.16 (4.67–6.00)**	**1.92 (1.16–3.20)**	**1.50 (1.00–2.71)**	0.00 (0.00–0.16)
p value	**<.001**	**.002**	**.006**	
Ethnicity				
Afro-Caribbean (n = 61)	4.67 (3.08–5.83)	1.67 (1.00–2.50)	1.50 (0.75–2.16)	0.00 (0.00–0.17)
Indo-Trinidadian (n = 95)	5.00 (4.33–5.33)	1.67 (1.00–2.33)	1.33 (1.00–2.16)	0.00 (0.00-0.16)
Mixed (n = 6)	3.08 (2.54–5.50)	1.08 (0.88–2.12)	1.08 (0.75–2.12)	0.00 (0.00–0.04)
p value	.239	.433	.670	.633

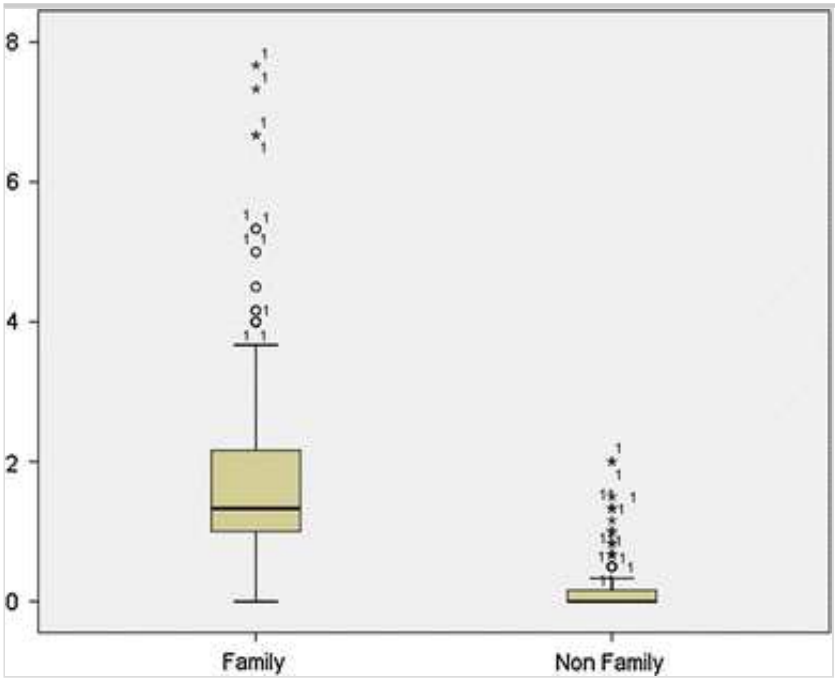
SSQS Social Support Satisfaction Score; *SSQN* Social Support Questionnaire Number. Significant differences are in bold script

The median Social Support Satisfaction Score (SSQS) for the sample was 4.83 (IQR 3.67–5.54). There was no significant difference in SSQS between patients of different genders and ethnicities (Table 1). However, patients who arrived by ambulance had an SSQS of 4.33 versus 5.16 for patients using their own transport ($p < .001$).

The median family score for all patients was significantly higher than the non-family score (1.33 vs. 0.00; $p < .001$) (Fig. 1). Patients who arrived by ambulance had a significantly lower family score compared to those using their own transport (1.33 vs. 1.5; $p = .006$) (Table 1).

Fig. 1

Family scores versus non-family scores for all subjects. The median family score (1.33) was significantly higher than the median non-family score (0.00) ($p < .001$)



Discussion

The majority of social support for older people in Trinidad comes from family members, and the level of support does not vary with ethnicity or gender. This predominance of family support suggests that there is a robust social safety net for older people in Trinidad. However, these traditional support networks are being eroded by changes in the demographic makeup of the population and modern living practices. The potential support ratio (PSR—the ratio of persons aged 15–64 years versus those aged 65 years and older) is steadily falling worldwide [12]. The PSR in Trinidad is projected to decline from 10:1 to 3:1 by 2050 [1]. Dependence on family support for older people is thus unlikely to be sustainable. Other authors report a decline of the extended family in the Caribbean, so the family support currently provided to older people is unlikely to be maintained. Rawlins et al. [13] found that one in three older people in Trinidad reported feelings of loneliness, related to lack of attention from family members [13].

Our study demonstrated equivalent levels of social support and satisfaction

in men and women. This differs from work done in the other countries, in which older men reported significantly less social support compared to women. For example, researchers in Europe, China, and Nepal noted a greater risk of social isolation in older men [14–16]. They hypothesized that these differences were due to lifelong social expectations: ~~In~~ in these societies, women develop strong family ties, while men are expected to be more independent of the family. Caribbean society may be different, with men being more assimilated into the family structure and benefiting more from these relationships in later life.

A unique finding of this study was the relationship between mode of transport to hospital and social support. Compared to patients using their own transport, those brought by ambulance had lower scores across most measures of social support (Table 1). This relation between mode of transport to hospital and social support has not been documented before. It may provide a simple screening tool for at-risk patients in the Emergency Department. More work is needed with regard to screening for social risk in the elderly; the authors of this study are currently piloting a simplified screening questionnaire for use in the Emergency Department.

This study is an important milestone in the investigation of social support in older people presenting to the Emergency Department. It gives a unique insight into the challenges faced in developing countries. There were some limitations to the study: ~~This~~ this was a single-center trial with a limited sample size. However, the hospital in which the study was performed serves approximately half of the population of the island, which broadly reflects the demographic makeup of the country as a whole. The sample size, though small, was calculated a priori, to ensure sufficient power to detect clinically significant differences in the different groups under investigation. Another limitation of the study was that participants were all relatively healthy older people, so these findings may not be transferrable to more seriously ill older people attending the ED.

This study highlights the need for more robust social service support to older people in Trinidad. They currently have a high level of family support, but the decline in the extended family is likely to put older people at risk in the future. Further research is needed into the phenomenon of aging in the developing world, particularly as it impacts on emergency services.

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Conflict of interest There are no sources of funding to declare, and no conflicts of interest.

Ethical standard The authors confirm that this is an original research project, which has not been submitted to any other journal for publication. All named authors contributed to the design, conduct, and reporting of this research project. Ethical approval for this study was obtained by the Ethics Committees of the University of the West Indies and the Southwestern Regional Health Authority of Trinidad. Signed patient consent was obtained from each participant in this research study.

Electronic supplementary material

Below is the link to the electronic supplementary material.

Supplementary material 1 (PDF 160 kb)

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