

# Social Support and Quality of Life among Older Adults in Malaysia: A Scoping Review

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Ageing leads to the dependency of older adults on the people surrounding them. Social support provided by these people gives older adults emotional and material resources necessary for healthy ageing. Social support is associated with mortality, morbidity and quality of life. The objective of this review is to give a brief overview of the evidence between social support and quality of life among community-dwelling older adults in Malaysia. A systematic search was conducted using five databases. Articles in English and Malay were included in the search. A total of 282 articles were screened and four fulfilled the inclusion criteria. Among the four included articles, one was a qualitative study, while the remaining three were cross-sectional studies. All three cross-sectional studies found between social support and quality of life. The respondents in the qualitative study reported that social support was needed in improving their quality of life. In addition, emotional support and support from family were found to be important for a higher quality of life among the older adults. This study indicates that social support from the Malaysian setting is important to improve the quality of life among older adults. Therefore, a policy that can optimise family support in the community should be developed.

**Keywords:** Social support; quality of life; older adults; community-dwelling; Malaysia

## I. INTRODUCTION

As people age, older adults become more and more dependent on the people surrounding them. Social support has been shown to be associated with mortality, depression and well-being (Berkman and Syme, 1979; Chen and Silverstein, 2000; Holt-Lunstad, Smith and Layton, 2010; Schwarzbach *et al.*, 2014; Garipey *et al.*, 2016). Social support is defined as the exchange of resources between two individuals which is deemed to benefit the recipient (House, 1981; Oxman *et al.*, 1992). The support can be in the form of instrumental, emotional, appraisal and informational support (House, 1981; Thoits, 1982). It can be further categorised into structural and functional social support. Structural social support is an individual's social ties with

others, whereas functional social support is the exchange of different types of social support (House, 1981; Thoits, 1982).

Ageing is a worldwide issue contributed by the increase in life expectancy. However, the increase in life expectancy does not parallel the improvement in quality of life among older adults. Quality of life is defined by the World Health Organisation (WHO) as an individual's perception of their position in life with reference to their culture and value systems. It is also associated with the individual's goals, concern and standards (The WHOQOL Group, 1995). Quality of life among older adults decrease with increasing age especially after 70 years (Asakawa *et al.*, 2012). Poor quality of life has been found to be associated with increased hospital admissions and lower physical function (Zaninotto, Falaschetti and Sacker, 2009; Ingram, 2017). Social support

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has been found to be associated with improvements in quality of life (Everard *et al.*, 2000; Zaninotto, Falaschetti and Sacker, 2009).

Currently, Malaysia has 1.9 million older adults, accounting for 6.2% of the total population. It is estimated that in the year 2030 the older population will reach 15% making Malaysia an aged nation (Department of Statistics Malaysia, 2018). Therefore, Malaysia is currently in a position that requires urgent action in preparation for the increase in the number of older adults soon. Improving quality of life among older adults living in the community should be one of its priorities. The aim of this study is to review the body of knowledge regarding the association between social support and quality of life among community-dwelling older adults in Malaysia. The research questions for this study are:

- 1) What is the literature available on social support and its association with quality of life among community-dwelling older adults in Malaysia?
- 2) What are the measurement tools used to measure social support and quality of life?
- 3) What are the gaps for future research on the association between social support and quality of life?

## II. MATERIALS AND METHOD

We conducted a systematic search in four databases Medline, SocINDEX, CINAHL, Psychology and Behavioural Sciences using the keywords “social support”, “quality of life”, “older adults” and “Malaysia”. Apart from English articles, articles in Malay were searched using the Malaysian Citation Centre database using the same keywords in both English and Malay. This database contained Malaysian journals published in both English and Malay. Google Scholar was also searched using the keywords “social support”, “older adults”, and “Malaysia” and translated Malay keywords. Search findings in Google scholar were sorted according to relevance and the first 300 articles were screened. This was based on a study recommending a search of the 200-300 first titles in Google Scholar (Haddaway *et al.*, 2015).

Articles were chosen based on these inclusion criteria: 1) studies that used the general population of community-

dwelling older adults aged 60 years and above; 2) studies that measured social support as the exposure and quality of life as the outcome; 3) articles that report primary data regardless of whether it was quantitative or qualitative in terms of study design; and 4) articles in both English and Malay languages. For the exclusion criteria, studies that included participants with specific diseases, or older adults in the hospitals or long-term care were excluded. Limitation on the year of publication was not applied.

Selection of articles is illustrated as a Preferred Reporting Items for Systematic and Meta-Analyses (PRISMA) flow chart (Figure 1) (Moher *et al.*, 2009). Articles were screened by two independent authors. From each article, data such as title, year, location, study design, sampling method, population setting, sample size, methods and statistical outcomes were extracted. The information was extracted separately by two reviewers and then cross-checked. Any disputes were settled with a third reviewer.

## III. RESULT

A total of 282 articles were found in the systematic search. After screening all the articles, a total of four articles fulfilled all the criteria (Figure 1). The summary of the final four studies are presented in Table 1. Three cross-sectional studies (Sazlina Shariff Ghazali *et al.*, 2012; Ibrahim *et al.*, 2013; Abdul Rashid Khan and Ibrahim Tahir, 2014) and one qualitative study were found (Suridah Ali, 2017). All three cross-sectional studies were published in English, while the qualitative study was in Malay. The total population in the three cross-sectional studies was 2583 with a grand total of 2597 in all four studies. Two studies were conducted in rural areas (Ibrahim *et al.*, 2013; Suridah Ali, 2017) while one used a random sampling from the Penang state (Abdul Rashid Khan and Ibrahim Tahir, 2014). The remaining study did not specify the location of the study population in Selangor (Sazlina Shariff Ghazali *et al.*, 2012). Although our inclusion criteria mentioned including older population aged 60 years and above, one study with a population of 55 years or older was included due to the small number of studies.

The definition of social support and quality of life was specified in only two studies (Ibrahim *et al.*, 2013; Abdul Rashid Khan and Ibrahim Tahir, 2014). The WHO definition

of quality of life was used in both studies. For the definition of social support, both studies used similar definitions. Social support was defined as the interactive process where emotional, instrumental or financial and physical support is given by friends, family and other people in an individual's network (House, Landis and Umberson, 1988; Tomaka, Thompson and Palacios, 2006).

Table 1 shows the different social support and quality of life measures in all studies. All studies used different measures for both variables. Social support was measured using different questionnaires: Medical Outcome Study Social Support (MOS-SS) (Ibrahim *et al.*, 2013), Duke UNC Functional Social Support Questionnaire (Sazlina Shariff Ghazali *et al.*, 2012) and Oslo-3 Social Support Scale (Abdul Rashid Khan and Ibrahim Tahir, 2014). Quality of life was measured using SF-12, SF-36 and WHO-BREF quality of life in the three cross-sectional studies.

In all four studies, social support was found to contribute to better quality of life. Table 2 summarises the results of the three cross-sectional studies. Poor social support was associated with poorer overall quality of life (Abdul Rashid Khan and Ibrahim Tahir, 2014). However, the impact of social support on physical and mental component of quality of life has mixed results. In the study by Ibrahim *et al.* (2013), only emotional support was significantly associated with physical component of quality of life. But poor social support was found to be associated with both physical and mental component of quality of life in the Selangor study (Sazlina Shariff Ghazali *et al.*, 2012).

In the qualitative study, social support from family members were important in times of illness (Suridah Ali, 2017). The type of support that they require are preparing food, buying groceries and taking them for follow ups at the hospital or clinic. Older adult women expect social support from their children whereas older adult men who still have their spouses expect social support from their spouses. However, if they are independent, most of the older adults prefer to stay in their own homes (Suridah Ali, 2017).

#### IV. DISCUSSION

This study was aimed at gathering previous studies in Malaysia which studied the relationship between social

support and quality of life among older adults living in the community. Overall, poor social support is associated with lower quality of life scores among older adults in Malaysia. This reflects results of previous studies whereby good social support was found to be associated with better quality of life in Europe, Asia, North and South America (Zaninotto, Falaschetti and Sacker, 2009; Chen, Hicks and While, 2013; Unsar, Dindar and Kurt, 2015; Bélanger *et al.*, 2016; Dai *et al.*, 2016; Hakulinen *et al.*, 2016; Henchoz *et al.*, 2017).

Components of social support assessed in all cross-sectional studies were from the functional aspect of social support. Functional social support is the qualitative aspect of social support, which is the exchange of different types of social support between the older adult and the people surrounding them (House, 1981; Thoits, 1982; Schwarzbach *et al.*, 2014). They included questions on whether older adults received emotional or informational, tangible, affection and possible social interaction of social support. Another component of social support which was not measured was structural social support. Structural social support measures a person's social ties to the people surrounding them. This includes how many close family and friends they have, and how frequent they meet (Haber *et al.*, 2007).

Emotional support was found to be significantly associated with quality of life when compared to tangible or instrumental support, affectionate support and possible social interaction (Ibrahim *et al.*, 2013). This indicates that emotional support is the most important support for older adults. Our results correspond to previous studies that show emotional support is significantly associated with quality of life (Bélanger *et al.*, 2016; Neri *et al.*, 2018). But in the study conducted by Ibrahim *et al.* (2013) emotional support was found to be significantly associated with the physical component of quality of life and not the mental component. Receiving emotional support from family and friends, provides a sense of belonging and security resulting in increased psychological well-being (Cobb, 1976; Berkman *et al.*, 2000).

Table 1. Studies included in the review

Author (Year)	Study Design	Objective	n	Participants	Social support measure	Outcome measure	Findings
Ibrahim et al., (2013)	Cross sectional.	To examine the role of social support and depression in predicting the quality of life among the elderly living in rural	16 2	60 years and above in FELDA Sungai Tinggi.	Medical Outcome Study (MOS) Social Support	Quality of Life SF-12	Positive relationship between physical component of quality of life and emotional and informational support.
Sazlina et al., (2012)	Cross sectional.	To determine the health related quality of life and its predictive factors among older people with non-communicable diseases attending primary care clinics.	41 6	55 years and above with non-communicable diseases attending primary care clinics in Selangor.	Duke UNC Functional Social Support Questionnaire	Health Related Quality of Life SF-36	Poor social support, low income (<RM700), no formal education, presence of co-morbid were predictors for lower mental health and physical component of health related quality of life.
Khan & Tahir (2014)	Cross-sectional.	To determine the influences of social factors to the quality of life of the elderly in Malaysia.	20 05	60 years and above who received government aid in Penang.	Oslo-3 Social Support Scale, living arrangement, social activity.	WHO Quality of Life-Bref	Living with spouse and family member, being socially active and having good social support associated with increased quality of life.
Suridah Ali (2016)	Qualitative	To examine the quality of life of retirees from the perspectives of economic ability, health, social support, living conditions and social relationships.	14	Government retirees who have retired for at least 3 years from compulsory retirement in Besut, Terengganu.			Social support is important for better quality of life. Family support is important when older adults are ill. Spousal support is more important than support from children.

Table 2. Results for the cross-sectional studies

Author, Year	Social Support Scores	Quality of life scores Mean (SD)	Results of association between social support and quality of life
Ibrahim et al., (2013)	Medical Outcome Study - Social Support <ul style="list-style-type: none"> <li>• Emotional/ informational support: Mean Score 26.62 (SD 8.01)</li> <li>• Tangible support: Mean score 16.57 (SD 3.77)</li> <li>• Affectionate support: Mean Score 12.42 (SD 3.12)</li> <li>• Possible social interaction: Mean score 11.27 (SD 3.31)</li> </ul>	PCS 74.4 (SD 13.36) MCS 51.51 (SD 8.24)	Emotional support was significantly associated with PCS (B 0.477, $\beta$ 0.286) but not MCS.
Sazlina et al., (2012)	Duke UNC Functional Social Support Questionnaire: Mean score 4.38 (SD 1.07)	PCS 49.4 (SD 8.90) MCS 49.6 (SD 7.02)	Poor social support was significantly associated with PCS (B 0.75, OR 2.11) and MCS (B 0.10, OR 2.71)
Khan & Tahir (2014)	Oslo-3 Social Support Scale: Poor support: 16.3% Moderate support: 63.6% Strong support: 20.1%	Overall Mean 59.1 (SD 11.1) Physical 57.9 (SD 12.9) Psychological growth 61.7 (SD 13.1) Social Relations 56.8 (SD 15.4) Environment 59.9 (SD 12.5)	Poor social support (B -28.55) and moderate support (B -30.67) were significantly associated with quality of life.

Having good psychological well-being has been found to be associated with better physical health through immune functions, endocrine function and blood pressure regulation (Uchino, Cacioppo and Kiecolt-glaser, 1996). As a result, the health of the older adults improves.

In the qualitative study older adults reported the importance of having social support from family in times of illness (Suridah Ali, 2017). Abu Samah *et al.* (2010) conducted a qualitative study among older women to identify sources of social support and satisfaction level of social support of older women in Malaysia. Older women reported that they expected their children, especially sons to look after them in old age. The form of social support they wanted the most was more frequent contact, especially face-to-face contact (Asnarulkhadi Abu Samah *et al.*, 2010). This indicates that older adults in Malaysia still have expectations on their children to look after them. Among older adults without children, relatives and neighbours are their source of social support (Suridah Ali, 2017). In contrast, older adults in the western world depend more on their friends for support (Garipey *et al.*, 2016).

In the three cross-sectional studies, the majority of older adults lived with spouse or family (87.4%-92%) which is reflective of the National Health and Morbidity Survey 2015 and the United Nations Report (Malaysia, 2015; United Nations Department of Economic and Social Affairs, 2015). Therefore, family is an accessible social support resource for older adults in Malaysia and should be optimised. Government should conduct awareness campaigns in educating the families and the community in providing social support for older adults. Policies which encourage people to look after their parents should be enhanced further.

The strength of this review is in the systematic search of articles, the inclusion of Malay language studies and comparison between studies. To the best of our abilities, this is the first review studying the association between social support and quality of life among older adults in Malaysia. The findings of this review should pave the way for more future research in this topic and assist in future policies for older adults.

However, there are a few limitations in reviewing the studies. The studies used different measurements for social support and quality of life. Since there is no standardized

social support measurement, comparison between studies could not be made. This applies to both the social support and quality of life measurements. Social support scores and quality of life scores could not be compared between studies resulting in difficulty in interpreting the results.

The study design of the quantitative studies was cross-sectional study which could not confirm temporal causality between the association of social support and quality of life. Future research in this topic should be designed as a cohort study. Cohort studies looking at patterns of social support and its outcomes would enlighten us further in confirming causality and identifying trends in social support among older adults. Trends are important for analysing how social support changes over time and what impact it has on older adults' lives. In addition, structural social support was not included in the measurements of social support. Therefore, future studies should include both structural and functional measures of social support for comparison. More details on structural social support would improve understanding of the culture among Malaysian older adults.

## V. CONCLUSION

This review has highlighted the importance of social support on quality of life among older adults. It has confirmed previous findings that receiving good social support is important for better quality of life. Emotional social support and family support has been found to be important for older adults in Malaysia. Future research should include implementation research of how to improve social support from family to older adults and increase quality of life.

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