Thriving, Not Just Surviving
The Importance of Social Support Among the Elderly

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Safety and function often are the most important considerations when discharging an elderly client. The ability to take medications safely, to make appropriate decisions, and to address medical and personal care needs are some of the areas needing assessment prior to discharge. Although these are significant considerations that may predict the elderly patient’s ability to survive in the home environment, the patient’s needs exceed these criteria.

A nurturing environment goes beyond mere survival and encompasses the ability of individuals to have their biological, psychological, social, and spiritual needs met. This holistic environment allows an individual to experience growth regardless of age and realize his or her full potential.

Social support plays an important role in this process, as among the elderly, support has a positive effect on health and independence. Social support also fosters the process of life review, which is crucial in progressing through the last stage of human development. Health care professionals must be aware of the role of social support, need for assessment, assessment criteria, and interventions that facilitate an environment in which the elderly patient can thrive.

Role of Social Support
Social support is difficult to define. In examining the conceptual issues of social support, Ducharme, Stevens, and Rowat (1994) report that although social support in nursing care has been around since Florence Nightingale, the literature does not provide a clear definition. In reviewing the listing of major conceptualizations of social support, however, these authors note that social support is multidimensional (encompassing many behaviors such as attachment, problem solving, information, and material aid) and reflects interaction with others.

Social support received through interaction is an important factor of health maintenance. Based on a review of the literature, House, Landis, and Umberson (1988) reported that inadequate social support is as much of a health risk as many common risk factors such as cigarette smoking, high blood pressure, elevated blood lipids, obesity, and lack of physical activity.

How does this occur? Two prominent theories attempt to explain the complex relationship between social support and health.

The first is the “main effects model,” which proposes that social support directly affects health through the positive attributes that come with social support (i.e., sense of well being, acceptance, knowing others care, and feelings of contentment). These effects are thought to be constant and do not require a stressful situation.

The second theory is the “stress buffering model,” which states that the effects of social support occur only when an individual encounters stress (Cohen & Syme, 1985). Regardless of the theory one tends to use in viewing the relationship of social support and health, Kiecolt-Glaser and Glaser...
(1988) contend that because the elderly have weakened immune systems, they are more at risk for illness due to psychosocial distress.

Social support also affects the ability of the elderly patient to remain independent. Caregiving is an important role of social support, and the most common source of informal caregivers are family members.

**Deficits in activities of daily living**

With increasing age comes an increasing potential for deficits in activities of daily living. In looking at health during the last year of life, Lentzner, Pamuk, Rhodenhiser, Rothenberg, and Powell-Griner (1992) found only 14% of the decedents to be fully functional; 10% required institutionalization. The remaining 76% of the decedents needed some assistance with activities of daily living but did not require institutionalization. Without an adequate support system, many of these individuals would not be able to remain independent and would be inappropriately institutionalized.

**Completing developmental tasks**

Another area affected by social support is the successful completion of developmental tasks. The last stage of human development is ego integrity versus despair (Erikson, Erikson, & Kivnick, 1986). In this stage, the integration of negative events often occurs during the process of life review. Life review allows the individual to look through positive and negative life events and see them as being necessary to a unique life.

Although this can occur in many ways, the most common method is reminiscence. During reminiscence with friends or family, the elderly individual recalls and shares the past. Through this process, the individual may be able to find meaning in past experiences. Participation in reminiscence is strongly correlated with the successful completion of ego integrity versus despair (Taft & Nehrke, 1990).

A less recognized method of facilitating ego integrity versus despair occurs through revisiting various developmental stages.

Kivnick (1988) describes the acceptance of negative events through action via the grandparenting role. Grandparents may focus on the weaknesses elderly often are negatively affected by age-related changes; therefore, nurses must be aware of the need for social support assessment.

**Social Support Assessment**

As the number of elderly patients has grown, the needs of the aged have attracted increased notice. The changes in social support with age are important to consider. With age, the number of available social supports decreases (Lang & Carstensen, 1994). Nurses are well aware of salient life changes such as retirement or death of a loved one and their effect on social support systems; less obvious changes such as the decreased ability to get out and socialize due to illness or physical limitations also must be recognized.

**Home and community**

The home and neighborhood may facilitate or hinder socialization, and the advantages and disadvantages of remaining in the current setting must be weighed. Fogel (1992) describes the benefits of remaining in one’s home as: independence and privacy with control over the physical characteristics of the home, familiarity, continued access to the neighborhood, social support networks, activities of home maintenance, and a locus of meaning.

On the neighborhood level, Unger and Wandersman (1985) report the benefits of remaining in one’s neighborhood as continuity of social support, predictability of community environment, and a continued sense of community.

These advantages, however, may be outweighed by deteriorated housing and neighborhoods that hinder interaction with family and friends. Decreased mobility combined with stairwells in need of repair or poor vision combined with inadequate lighting tends to isolate the elderly in their homes.

Furthermore, elderly patients may reside in deteriorated neighborhoods due to a limited education and the resulting financial constraints (Krause,
As neighborhoods deteriorate, a sense of distrust pervades the neighborhood and the elderly may no longer feel safe, negatively affecting the maintenance of social ties (Krause).

**Family support**
Elderly persons often rely heavily on family to fulfill social support needs (Connidis & Davies, 1992). As their number of friends dwindles due to illness or death, younger family members take on greater importance in the lives of the elderly. This is important, considering the mobility of today's society in which family members may live far away and be unable to provide for the social support needs of elderly members.

**Education and financial status**
Other variables affecting the level of social support of elderly patients are education and family income. Krause and Borawska-Clark (1995) found that as educational level increased from less than a high school education to some college, statistically significant increases in contact with friends and satisfaction with support resulted. With increased income, contact with friends, satisfaction with support, and contact with family increased. Many of the elderly patients we care for fall into the category of limited education and income. An assessment of their social support systems may yield important information in facilitating a nurturing environment.

**Physical and Psychological Needs**
Individual need is one of the most important considerations in the assessment of social support. Are the elderly client's basic needs being met in the current living situation? Physical needs are relatively simple to assess through observation while bathing, dressing, and eating. Questions about the living environment also are important. Can the elderly client access the community to participate in activities independently? Does he or she feel safe in his or her environment? If physical assistance is needed, does the individual have a social support system to sustain him or her in his or her current living situation? Is the client able to participate in activities that promote spiritual fulfillment?

Psychological needs as they relate to developmental tasks are less apparent but equally important to determine. Assessing the type of reminiscence in which the elderly client engages is one way to measure if he or she has been successful in integrating negative events. Lo Gerfo (1980) describes obsessive reminiscence as an indication of inability to integrate negative past events. In obsessive reminiscence, the individual is overcome by guilt and despair and tends to focus on a single negative event. Failing to come to terms with that event may lead to a sense of despair manifested by agitation, depression, or suicidal thoughts.

**Interventions**
If deficits in social support are found, several options can be considered in securing a nurturing environment. Resistance on the part of the elderly client is possible, as he or she may fear change or fail to realize the importance of social support. Facilitating supportive measures in the current living situation is least intrusive and most easily accepted.

**Community opportunities**
Information on community programs that promote social interaction is appropriate for the elderly client who is capable of getting out into the community. Senior centers offer a vast array of programming ranging from quilting to exercise activities. Besides the programs, these centers bring together a diverse group of elderly people for socialization. If the elderly client is uneasy about joining community programs, a volunteer companion may help with the transition, or the client may be more comfortable in a less diverse setting.

Culturally specific centers may be less intimidating as they bring together people with common beliefs and backgrounds. Participating in culturally familiar songs and festivities can be comforting, stimulate reminiscence, and encourage friendships. Religion-based senior activities also offer many of these advantages. Congregate meals at a senior center or nutrition site provide an excellent opportunity to meet friends, share stories, and enjoy a nutritionally sound meal. Instruction on the availability of handicapped transportation may facilitate participation in these programs.

Informing the individual of appropriate opportunities to perform volunteer work can be beneficial. The senior companion program, for example, provides a small stipend to low-income elderly people who volunteer as part-time companions for the homebound elderly.

Support groups are an excellent outlet through which the elderly can talk through and integrate negative experiences. Those particularly appropriate for the elderly include bereavement, arthritis, low vision, cardiac, and stroke support groups. Intergenerational programs such as the foster grandparent program may benefit those in need of actively working through negative parenting issues.
Bringing support to the patient

If community integration is not an option, social supports can be brought into the current living situation through volunteer home visits. Home pastoral visits may assist in meeting spiritual needs. If informal support is inadequate to provide for basic needs, the informal system may be bolstered by assistance through home nursing agencies.

Although the majority of elderly patients prefer to “age in place,” in some instances discharge planning may need to take into consideration the benefits of placing the individual outside the home. This may be difficult as the need for personal independence has permeated this society for decades. Leaving one’s home and going to a congregate facility may be difficult as it signals the beginning of dependence.

Wilson, a pioneer in assisted living, tackles this belief: “I hope we redefine the word ‘home,’ because we’ve really done a disservice to seniors by making them think the only way to remain independent was to live in a stand-alone house” (cited in Bowe, 1993, p. 34). Socially isolated individuals who are functioning marginally in the community may benefit from congregate housing, residential care facilities, or assisted living facilities.

Housing options

Congregate housing began in the 1970s as a low-rent program for the elderly. Additional funding in 1978 allowed for a full realm of services such as meals, housekeeping, laundry, and personal care (Chellis, Seagle, & Mackey Seagle, 1982). The building of social support systems in congregate housing is based on similarity and propinquity. Same-age residents have been found to initiate friendships based on proximity (Nahemow & Powell Lawton, 1975).

Assisted living facilities are another discharge option for the elderly client with a challenged social support system. Assisted living facilities grew out of the congregate apartments. The elderly rent self-contained apartments and are independent apartment dwellers with meals, housekeeping, laundry, and personal care provided as needed. One advantage of assisted living facilities is a rich social environment. Not only do the residents benefit from similarity and propinquity, the majority of these institutions have professionals who coordinate social activities.

Residential care facilities provide the individual with a rented room with those who lack an adequate informal network of support.

Summary

As the number of elderly patients continues to climb, becoming aware of the special needs of elderly clients grows in importance. Facilitating environments that build social support systems is beneficial to the elderly in overall health, the ability to remain independent, and the opportunity to process negative events through social interaction, allowing a progression through the developmental task of ego integrity versus despair.

The elderly are at risk of deficits in social support; therefore, health care providers must realize the importance of social support for the elderly, assess for deficits in support, and provide appropriate options to bolster support systems. This process goes beyond the traditional survival environmental assessment of safety and function and facilitates a thriving environment that is nurturing and increases the potential for health and growth.

References


Psychosocial Rehabilitation


1. For the elderly patient, social support is instrumental in preserving health, maintaining independence, and completing developmental tasks.

2. The role of the home, neighborhood, and friends and family must be included in determining access to and adequacy of social support.

3. Many options such as home visitation programs or community groups are available to address deficits in social support.

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