

# Social Support and Quality of Life in Domestic Korean and Korean American Elderly People



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**Purpose:** The aim of this study was to investigate the relationship between social support and quality of life (QOL) in elderly people and to examine potential cross-cultural differences.

**Methods:** The author surveyed 82 elderly people, over the age of 65, residing in a nursing home in a Korean rural area and 73 Korean immigrants living in Houston Texas USA who were also elderly. The degree of social support was measured with 20 questions that were answered using a 5 grade scale. The quality of life was measured in 5 fields (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression, each scored using a 3 grade scale) with EUROQOL EQ-5D.

**Results:** The mean score of social support was 65.43 for domestic Korean elderly people (range: 26 to 98); it was 73.43 for elderly Korean Americans (range: 26 to 100). The score was lower for domestic Koreans despite the traditional environment ( $p < 0.05$ ). Regarding QOL, 61% of domestic Korean elderly people complained of pain/discomfort and 47.5% appeared to have anxiety/depression, 30.5% complained of limitations in mobility, 20.7% reported limitations in usual activities, and 14.6% had limitations in basic self-care activity such as washing or dressing. A similar proportion of Korean American elderly had limitations in usual activities (19.2%) and self care activity (9.5%). But significantly fewer complained of anxiety/depression (16.5%,  $p < 0.01$ ) or pain/discomfort (38.3%,  $p < 0.01$ ). The major differences in psychological domains of QOL may be related to the degree of social support and the difference in the socio-cultural environment.

**Conclusion:** Social support is a major determinant of QOL, especially for psychological domains, and these relationships are under the influence of the socio-cultural environment.

**Keywords:** Elderly Koreans, Social support, Quality of life

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## I. Introduction

Due to recent advances in medical science and standard of living, average life span has increased. According to the National Statistics Office (NSO), one out of ten people in the current population is over the age of 65, which is to say that 10.3% of the whole population is elderly. Also, the NSO predicts that Korea will become an aged society by 2018.<sup>1</sup> An increasing proportion of elderly people inevitably causes problems for the aged people, and they are often social problems.

Problems of the aged include health problems, economic insecurity caused by retirement, loneliness due to the change in one's position in society and at home, a sense of alienation, and

fear of death. Those problems should be dealt with from psychological, physical, and economic perspectives.<sup>2</sup> Physically the elderly are required to pay more attention to their health than people at other ages because the elderly have to be more concerned about senile disease and daily health.<sup>3</sup> It is known that the possibility of experiencing cardiac disease, high blood pressure, diabetes, osteoporosis, falls, stroke, depression, colon cancer, and early death can be increased by diminishing physical activity in the elderly years.<sup>4</sup> One of the important factors that affect the health of the elderly is social support. Social support is a widely used term that means aid from families, friends, and neighbors. Social support can relieve or reduce stress that would otherwise cause health problems.<sup>5</sup> A senior citizen with strong

social support and social relationships has many opportunities to get different kinds of information and has a high morale and confidence. On the contrary, poor social support is related to a negative influence on general health status and quality of life.<sup>6,7</sup> Social support is a significant factor in one's life, especially in the lives of the elderly who have physical, psychological, and social problems.<sup>8</sup> In terms of social support, the elderly have specific needs that are different from other age groups.<sup>9</sup>

According to the World Health Organization (WHO),<sup>10</sup> QOL is the personal perception of one's status in relation to one's goal, expectation, standard, and interest in the context of one's culture and value system. Major determinants of quality of life in elderly people are physical functioning, level of independence, and emotional status.<sup>11,12</sup> Social support is emotional and instrumental support from family, friends, or society and it is an important factor that determines health and QOL in the elderly. Kaplan<sup>13</sup> reported that people without close social groups such as family and friends have a higher chance of getting disease than people with close social groups. QOL is closely related to one's socio-cultural environment and its role is growing with modernization of society, the prevalence of nuclear families, and changes in the pattern of life.<sup>14,15</sup> Since 1970, when the Korean government launched an emigration policy, the number of Korean people living in other countries has increased, and the first generation of Korean immigrants have become elderly. There has been no study that has tried to demonstrate cross-cultural differences in social support and QOL among Korean elderly. Therefore, the author investigated social support and QOL of domestic Korean elderly and of Korean American elderly.

## II. Methods

### 1. Subjects

The author surveyed 73 Korean American elderly in day care centers in Houston Texas USA from April 2006 to June 2006 and 82 domestic Korean elderly people in day care centers in Cheongwon-gun Chungbuk Korea from January 2008 to July 2008.

### 2. Research tools

The questionnaire was composed of 9 queries on demographic

characteristics, 20 queries on social support, and EUROQOL EQ-5D for assessment of quality of life. The degree of social support was evaluated with a 5 grade scale for each of the 20 questions so the total score could range from 20 to 100. EUROQOL EQ-5D has 5 domains: mobility, self care, usual activities, pain/discomfort, and anxiety/depression. Each of these domains was measured with a 3 grade scale.

### 3. Data collection

The author got permission from the institutes on voluntary service and surveys. At first the author became familiar with the elderly people in the institutes by talking with them and providing some services for them. Then the author surveyed them with their consent.

### 4. Research design

This was a cross-sectional study on social support and quality of life of 82 domestic Korean and 73 Korean American elderly.

### 5. Statistical analysis

The data were analyzed with SPSS/Window (version 12.0) to describe social support and quality of life. Demographic data were analyzed with a t-test or a  $\chi^2$  test. Between group comparisons of social support were done with a t-test. Quality of life was analyzed with a  $\chi^2$  test. The correlation between social support and quality of life was analyzed with a Pearson correlation coefficient.

## III. Results

### 1. Demographic characteristics

The mean age of domestic Koreans was 73.67; for Korean Americans it was 70.15. Among 82 domestic Koreans, 67 were female; among 73 Korean Americans, 42 were female. There was no significant difference between the two groups regarding the proportion having a spouse. Domestic Koreans (mean, 3.04) had significantly more offspring than Korean Americans (mean, 2.38) ( $p < 0.01$ ). Significantly more Korean Americans practiced their religion ( $p < 0.01$ ) (Table 1).

### 2. Social support

The social support score for domestic Koreans was between 26

**Table 1.** Demographic characteristics of domestic Korean and Korean American elderly people

		Domestic Korean (N=82)	Korean American (N=73)	Z value
	Age (M±SD)	73.67±6.52	70.15±5.24	3.72**
	Offspring (M±SD)	3.04±1.56	2.38±1.18	2.98**
				$\chi^2$ value
Sex	Man	15	31	10.81**
	Woman	67	42	
Spouse	Have spouse	27	34	3.01
	No spouse	55	39	
Religion	Have religion	64	68	6.97**
	No religion	18	5	

\*p&lt;0.05, \*\*p&lt;0.01

**Table 2.** Degree of social support in domestic Korean and Korean American elderly people

	Min	Max	Mean	S.D.	Z value
Domestic Korean (N=82)	26	98	65.43	19.70	2.43*
Korean American (N=73)	26	100	73.43	21.03	

\*p&lt;0.05

and 98 (mean 65.43); for Korean Americans it was between 26 and 100 (mean 73.43), which was higher than the score for domestic Koreans ( $p<0.05$ )(Table 2).

### 3. Quality of life

Among domestic Korean people, 61% complained of pain and/or discomfort, 47.5% of anxiety/ depression and they were prevalent problem not specific for some people. Additionally, 30.5% appeared to have problems with mobility, 20.7% with usual activities, and 14.6% with self care. On the contrary, a significantly smaller proportion of Korean American elderly complained of pain/discomfort (38.3%,  $p<0.01$ ) or anxiety/ depression (16.5%,  $p<0.01$ ). A similar proportion of people had limitations in usual activities (19.2%), self care (9.5%), and mobility (21.9%) (Table 3).

### 4. Correlation between social support and quality of life

For domestic Koreans there was no significant correlation between the degree of social support and each component of the EURO QOL except for a strong association between social support and mobility ( $p=0.10$ ). There was a strong correlation

between each component of the EURO QOL (Table 4). Our analysis also failed to disclose any significant correlation between the degree of social support and each component of the EURO QOL in Korean Americans. Similar to domestic Korean elderly people, Korean Americans showed a correlation between social support and mobility ( $p=0.16$ ). Similarly, there was strong correlation between each component of the EURO QOL (Table 5).

## IV. Discussion

Since birth, one is in mutual relationships with other people and groups. In other words, as one grows up, one takes on a role in one's family, neighbor, and society. And one plays a in keeping these social relationships.<sup>8</sup> Lin<sup>16</sup> defines social support as one that is available to a person through social bonds with other individuals, groups, and communities. Also, Lin includes family members, relatives, colleagues, and communities as part of social support. Most Korean elderly people in day care centers are alone because of bereavement. Even though they have sons and daughters, their social support ranges from 26 to 98 with an average of 65.4. That is to say, social support for Korean elderly people is insufficient. It is expected that the size of the elderly population and the proportion of nuclear families will continue increasing; therefore, under these conditions, a community policy or a national level policy is needed to improve the situation. After surveying Korean elderly with Euro QOL, it was shown that 61% of the participants had pain or discomfort and 47.5% felt anxiety or depression. Therefore, it seems that pain or depression is a general problem of Korean elderly people. Other

**Table 3.** Quality of life in domestic Korean and Korean American elderly people

Components of QOL	Degrees	Numbers (%)		$\chi^2$ value <sup>‡</sup>
		Korean	American	
Mobility	No problems in walking about	55(68.3)	56(76.7)	1.56
	Some problems in walking about	25(30.5)	15(20.5)	
	Confined to bed	0	1(1.4)	
Self Care	No problems with self-care	70(85.4)	62(84.9)	0.68
	Some problems in washing or dressing	11(13.4)	5(6.8)	
	Unable to wash or dress	1(1.2)	2(2.7)	
Usual Activities	No problems in usual activities	62(75.6)	58(79.5)	0.09
	Some problems in usual activities	17(20.7)	13(17.8)	
	Unable to perform usual activities	0	1(1.4)	
Pain/ Discomfort	No pain or discomfort	31(37.8)	44(60.3)	7.95**
	Moderate pain or discomfort	46(56.1)	25(34.2)	
	Extreme pain or discomfort	4(4.9)	3(4.1)	
Anxiety/ Depression	No anxiety or depression	40(48.8)	59(80.8)	17.56**
	Moderate anxiety or depression	37(45.1)	11(15.1)	
	Extreme anxiety or depression	2(2.4)	1(1.4)	

\*p<0.05, \*\*p<0.01

<sup>‡</sup> Statistical analysis was done with two categories, no problems and problems present, because the frequencies were low in the most severe categories

**Table 4.** Correlation between the degree of social support and QOL in domestic Korean elderly

		Social Support	Mobility	Self Care	Usual Activities	Pain/ Discom-fort	Anxiety/ Depress-ion
Social Support	Pearson Coefficient	1					
	p value						
Mobility	Pearson Coefficient	0.19	1				
	p value	0.10					
Self Care	Pearson Coefficient	0.07	0.33**	1			
	p value	0.54	0.00				
Usual Activities	Pearson Coefficient	-0.15	0.39**	0.50**	1		
	p value	0.19	0.00	0.00			
Pain/ Discomfort	Pearson Coefficient	-0.09	0.40**	0.02	0.25*	1	
	p value	0.44	0.00	0.87	0.03		
Anxiety/ Depression	Pearson Coefficient	-0.11	0.31**	0.24*	0.37**	0.36**	1
	p value	0.34	0.01	0.03	0.00	0.00	

\*p<0.05, \*\*p<0.01

studies also found that depression is a major problem that needs an aggressive intervention.<sup>17,18</sup> Also, 30.5% of the participants had difficulty with mobility and 20.7% had trouble with usual activities. Only 14.6% responded that they could not perform basic activities such as washing or dressing. Hence, we should not just emphasize increasing life span but rather pay more attention to increasing quality of life by various methods.<sup>19</sup> Relationships have been shown to be important components of

quality of life; however, there was no relationship between quality of life and social support. Only mobility, which is also a component of quality of life, had an association with social support. It is likely that the validity of the instrument for social support or the reliability of the data affected the relationship between social support and quality of life. It is expected that development of a more valid instrument and doing bigger study will yield more reliable and more significant results.

**Table 5.** Correlation between the degree of social support and QOL in Korean American elderly

		Social Support	Mobility	Self Care	Usual Activities	Pain/ Discomfort	Anxiety/ Depression
Social Support	Pearson Coefficient	1					
	p value						
Mobility	Pearson Coefficient	-0.16	1				
	p value	0.17					
Self Care	Pearson Coefficient	-0.04	0.36**	1			
	p value	0.72	0.00				
Usual Activities	Pearson Coefficient	-0.04	0.54**	0.44**	1		
	p value	0.74	0.00	0.00			
Pain/ Discomfort	Pearson Coefficient	0.02	0.34**	0.34**	0.46**	1	
	p value	0.86	0.00	0.00	0.00		
Anxiety/ Depression	Pearson Coefficient	-0.09	0.23	0.37**	0.32**	0.39**	1
	p value	0.45	0.06	0.00	0.01	0.00	

\*p&lt;0.05, \*\*p&lt;0.01

Immigrants face environmental changes and culture or value differences. Furthermore, it is harder for elderly immigrants to adapt to new environments and endure stress than it is for other age groups; therefore, they need more help to maintain and improve their health.<sup>20</sup> Nevertheless, average social support scores of Korean American elderly (73.48) was higher than for domestic Korean elderly. It is thought to be due to more comprehensive attention and better infrastructure for the Korean American elderly at social and governmental levels. Also, Korean Americans get social support from various sources of social and religious activities. Regarding quality of life, a significantly smaller proportion of Korean American elderly complained of pain/discomfort (38.3%) or anxiety/depression (16.5%). A proportion of these people had limitations with usual activities (19.2%), self care (9.5%), and mobility (21.9%). It is noteworthy that there was a bigger difference in the psychological domains of QOL such as pain or depression than in the relatively objective or physical domains such as mobility, usual activities, or self care when compared to those of domestic Korean elderly. It may be related to a higher degree of social support. It is possible that a higher degree of social support gives a sense of security or well-being, and this in turn influences subjective feeling such as pain, discomfort, anxiety, or

depression. For such domains as usual activities, mobility, and self care, there are many factors having influences on them, such as medical conditions or physical disability. We did not find any correlation between domains of QOL and social support within this group. But differences in the degree of social support and subjective domains of the QOL between the two groups appears to be significant. Further research is needed to investigate the relationships between social support and the quality of life in greater depth and to find social interventions to improve the quality of life of the elderly.

## V. Conclusion

Owing to recent advances in medical sciences and in the standard of living, the average span of life is steadily increasing. This in turn increases the proportion of elderly people and causes many societal and social problems. The increase in the average span of life should be considered with the quality of life. To maintain a good quality of life in the elderly we should meet physical, psychological, and social needs of the elderly. Factors closely related to quality of life in the elderly are physical health, economic or occupational status, and social support systems.

Factors influencing social support such as marital or familial status, friends, social activity, and religion are closely related to the socio-cultural environment as is shown in this study. Diverse social support systems will improve the quality of life in the elderly.

### Author Contributions

Research design: Kim HJ

Acquisition of data: Kim HJ

Analysis and interpretation of data: Kim HJ

Drafting of the manuscript: Kim HJ

Administrative, technical, and material support: Kim HJ

Research supervision: Kim HJ

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