

THE IMPACT OF SOCIAL SUPPORT ON THE QUALITY OF LIFE OF INSTITUTIONALIZED ELDERLY PEOPLE

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INTRODUCTION

Life expectancy has increased significantly, even compared to 10 years ago. In the current context, population aging is one of the main demographic and social challenges facing 21st century society. The well-being of the elderly is becoming a priority. Society and health systems have key roles to ensure well-being in old age through social support, but also through interpersonal relationships, to reduce the risk of depression or other mental health problems, to maintain physical health and to extend life in good health [1].

Social support is defined as the totality of emotional, informational and practical resources provided to the individual's social networks. Therefore, the social support of the elderly includes the support received from family members to friends or other significant people in their lives. Studies validate the positive impact of social support in terms of the physical and mental health of the elderly [2]. Social support has benefits that contribute to the well-being of individuals: emotional support (which helps reduce stress and create mental health), practical support (which provides concrete help with everyday activities), and informational support (which provides access to useful resources and information). Those who enjoyed adequate social support showed a reduction in stress levels, risk of depression and anxiety [3,4], a better ability to cope with

INTRODUCTION: This study aimed to investigate the impact of social support and interpersonal relationships on the well-being of institutionalized elderly individuals. It also sought to assess the extent to which these factors influence the perception one has about their physical and mental health and to explore potential social support-based interventions to improve quality of life.

METHODS: A cross-sectional, observational study was conducted between January and April 2024 in nursing homes and general practitioners' offices in Hunedoara County. The sample included 163 participants aged over 65 years, of whom 48 were institutionalized and 115 were community-dwelling. Data were collected through face-to-face administration of validated questionnaires, including the Multidimensional Scale of Perceived Social Support (MSPSS), Geriatric Depression Scale – Short Form (GDS), and Generalized Anxiety Disorder-7 (GAD-7). Descriptive statistical analysis (mean, median, frequencies, and percentages) was performed using Microsoft Excel.

RESULTS: Institutionalized elderly individuals reported significantly lower perceived social support from both family and friends compared to non-institutionalized participants. A high proportion of institutionalized participants expressed dissatisfaction with family support and limited ability to communicate personal problems. Similarly, they reported reduced emotional support from friends and fewer meaningful social interactions. Self-perceived physical health was generally poor in both groups, with more negative perceptions among institutionalized individuals. Depression and anxiety were prevalent in both groups, with slightly higher rates of mild and moderate depression and severe anxiety among institutionalized participants.

DISCUSSION AND CONCLUSIONS: The findings highlight the critical role of social support in shaping the physical and mental well-being of elderly individuals, particularly those in institutional care. Reduced family interaction and limited social networks contribute to increased emotional distress and lower quality of life. Interventions aimed at enhancing social support such as promoting family involvement, facilitating peer interactions, and implementing structured social programs may significantly improve well-being. A holistic, interdisciplinary approach to elderly care, integrating medical, psychological, and social support, is essential for optimizing health outcomes and quality of life in this vulnerable population.

Keywords: Social support, elderly, institutionalized patient, integrated approach, multidisciplinary approach

everyday difficulties.³ and may even increase physical health and prolong life [4].

Close and trusting interpersonal relationships provide a sense of security and belonging, which has a significant impact on the well-being of older people. Conversely, the lack of these types of relationships can lead to social isolation and loneliness, factors that have been identified as strong predictors of physical and mental decline in older people [5]. Older people face different and multiple challenges: the loss of a life partner, the loss of close friends, and perhaps even the loss of physical independence, all of which increase the risk of social isolation, anxiety, or depression. On top of all this, chronic diseases, disabilities, and cognitive or physical decline can be added. According to statistical data, over 80% of older people suffer from at least one chronic condition (high blood pressure, diabetes, or arthritis), and over 50% have at least two chronic conditions [6,7]. Even though some are luckier, with advancing age the human body inevitably goes through a series of physiological changes that reduce their physical capacity and sometimes even their physical independence.

Nurses, social workers and care workers play key roles in the provision of care and social support. →

They offer emotional support, counselling and personalized interventions based on identified needs [3]. The provision of social support for older people faces challenges and difficulties: human resources are limited, funding is not always sufficient to cover all the necessary services and accessibility in rural or remote areas is difficult or absent. In some cases, language or cultural barriers are added. In some communities, older people unfortunately face age-based discrimination and stigmatization.

The transition from a social environment to a care institution can be a difficult process, marked by feelings of loss. Although they have access to continuous medical and social care, they can feel isolated and lose their autonomy. In the process of caring for the elderly, the emphasis is often only on physical care, such as medication administration and body care, while emotional and social needs are neglected. Therefore, interpersonal relationships must be maintained in the process of adapting to the new environment, and social support during the transition period has a crucial role [8].

The main motivation for this research stems from the desire to improve the quality of life of institutionalized older adults by promoting effective evidence-based interventions. This study aims to assess the impact that social support and interpersonal relationships have on the lives and well-being of institutionalized older adults. It aims to identify the factors that contribute most to the well-being of this vulnerable group, through the perspective of the elderly regarding their perception of the social support they receive and the quality of their interpersonal relationships. The study will also explore potential interventions [9] to improve the current state. Public policies and appropriate intervention programs must be evidence-based [10], and this study aims to be a research that can be used as evidence in this regard. By raising awareness and understanding in depth the role of social support and interpersonal relationships for older adults, one can significantly contribute to the creation of institutional environments that ensure their well-being and quality of life [11-13].

PURPOSE OF THE STUDY

The aim of this study is to investigate the impact of social support and interpersonal relationships on the well-being of institutionalized older adults. The study aims to determine to what extent these factors influence the physical and mental health of participants and to explore potential interventions based on social support and whether they can improve their quality of life.

MATERIALS AND METHODS

A cross-sectional, observational research study was conducted, in which the perception of the elderly regarding the need for social support was analyzed.

The study analyzed the period January-April 2024. This was carried out in nursing homes and family doctor's offices in Hunedoara County. The data were collected directly, by administering Multidimensional Scale of Perceived Social Support (MSPSS) questionnaires, addressed to the elderly, which included:

- demographic information,
- assessment of relationships with family members and friends,
- assessment of physical and social well-being,
- assessment of depression,
- assessment of anxiety.

To assess depressive status, the Geriatric Depression Scale (GDS) test – Short Version was applied. To assess anxiety level, the Generalized Anxiety Disorder 7 (GAD-7) questionnaire was applied. These questionnaires can be found in Appendix 1.

The sample: consisted of 163 elderly subjects, over 65 years of age, institutionalized 48 and non-institutionalized 115.

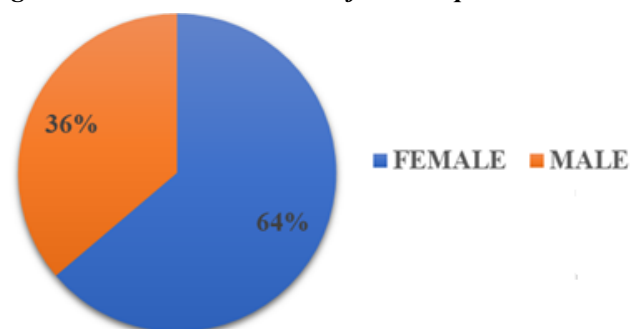
Data Collection: Data were collected by face-to-face administration of questionnaires by nurses or other trained individuals from the elderly center, to ensure understanding of the questions and correct completion of the answers. The questionnaires were applied in a common room or in the individual rooms of the elderly, as appropriate, depending on their preferences and needs, respecting their privacy.

Statistical Analysis: Descriptive statistics included calculating the mean, median, frequency and percentages for each variable. The Excel application from the Microsoft Office package was used.

RESULTS

Of the total sample of 163 subjects, 64% were female and 36% male, 51% were widowed, more institutionalized at a proportion of 75%, 30% were married, predominantly non-institutionalized, 12% were single, of these 66% were institutionalized and 7% were divorced. (Figure 1)

Figure 1. Gender distribution of the sample

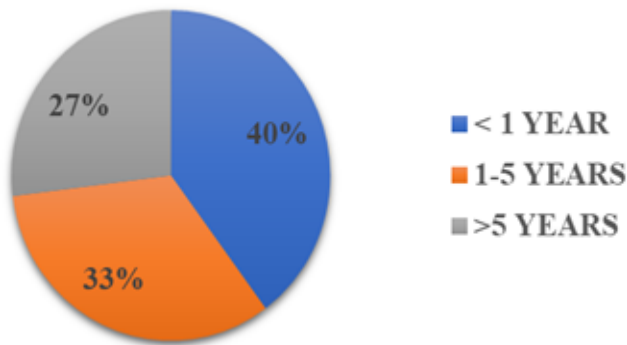


Of those institutionalized, 27% have been institutionalized for over 5 years, 33% for less than a year, and 40% for a period between 1 and 5 years. (Figure 2)

At the beginning part of the questionnaire, the relationship with family members was assessed

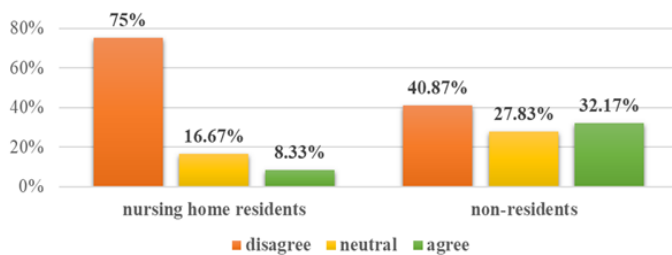
A first statement in the administered questionnaire was "My family really helps me feel good", to which the participants responded as follows: 75% of the subjects in the institutionalized group disagreed (compared to only

Figure 2. Distribution of institutionalized participants according to the duration of institutionalization



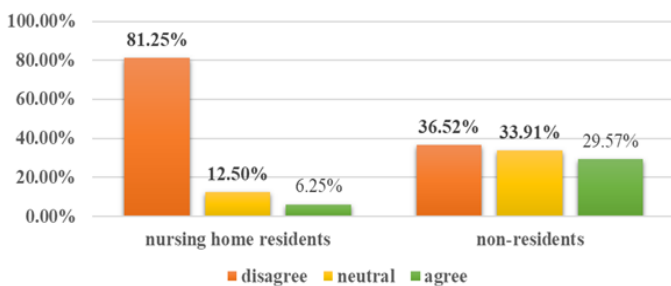
46.87% of the non-institutionalized group) and 8.33% of the institutionalized ones agreed (compared to 32.17% of the non-institutionalized subjects). The rest up to 100% declared themselves neutral in this regard. (Figure 3)

Figure 3. Participants' perception of the statement "My family really helps me feel good", depending on institutionalized/non-institutionalized status



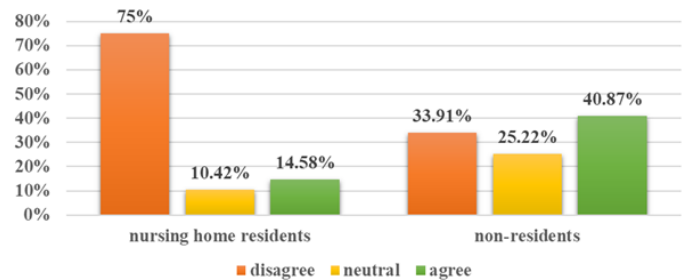
The subjects' perception of the possibility of discussing their problems with family members was distributed as follows: 81.25% of the subjects from the institutionalized environment expressed disagreement, 11.50% neutral and 6.25% agreed, compared to non-institutionalized participants who declared 36.25% disagreed, 33.91% neutral and 29.57% agreed. (Figure 4)

Figure 4. Perception of the possibility of discussing their problems with family members, depending on institutionalized/non-institutionalized status



Another requirement of the questionnaire was that participants rate the statement "My family is prepared to help me make decisions." As with the previous questions, institutionalized subjects are 75% disagreeing, 11.42% neutral, and 14.58% agreeing, compared to non-institutionalized subjects who are 33.91% disagreeing, 8.22% neutral, and 40.87% agreeing. (Figure 5)

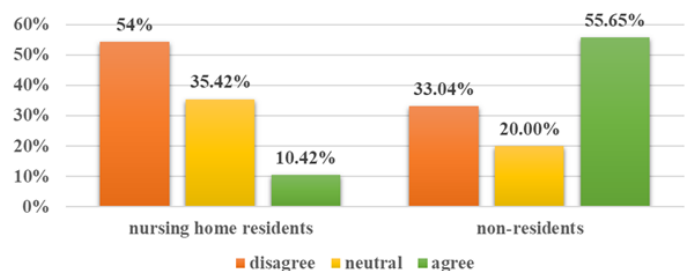
Figure 5. Perception regarding the statement "My family is prepared to help me make decisions", depending on institutionalized/non-institutionalized status



The next part of the questionnaire focused on relationships with friends.

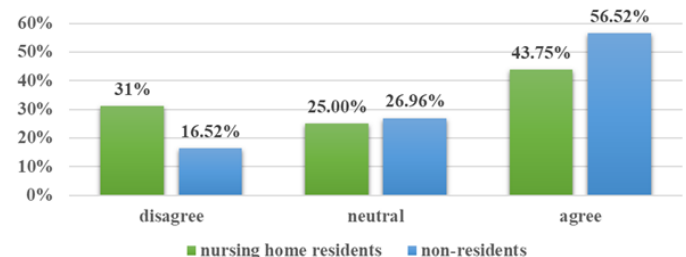
First, the perception of the statement "My friends provide me with emotional support" was assessed. A strong contrast was observed in the responses between the institutionalized subjects where the majority (54.17%) disagreed, and the majority of the non-institutionalized (55.65%) agreed with the statement. 35.42% of the institutionalized subjects and 20% of the non-institutionalized were neutral. (Figure 6)

Figure 6. Participants' perception of the statement "My friends provide me with emotional support", depending on institutionalized/non-institutionalized status



Participants also had to rate the statement "I can count on my friends when I need them." In both groups, the results were similar: 43.75% of institutionalized subjects and 56.52% of non-institutionalized subjects agreed, while 31.25% of institutionalized subjects and 18.52% of non-institutionalized subjects disagreed with the statement. (Figure 7)

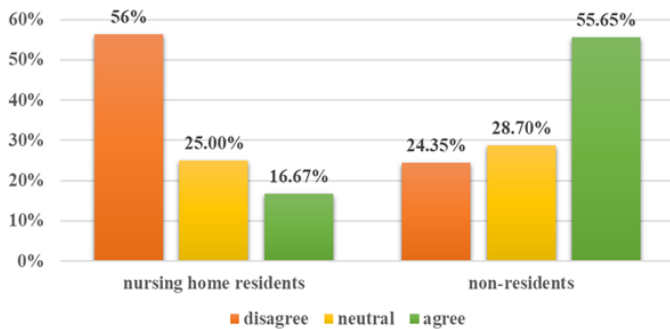
Figure 7. Perception regarding the statement "I can count on my friends when I need them", depending on institutionalized/non-institutionalized status



"I have friends with whom I can share joys and sorrows" again revealed a contrast in perception between the institutionalized and the non-institutionalized: 56.25%

of the institutionalized expressed disagreement and only 16.67% agreed, and 56.65% of the non-institutionalized expressed agreement and only 24.35% disagreed. (Figure 8)

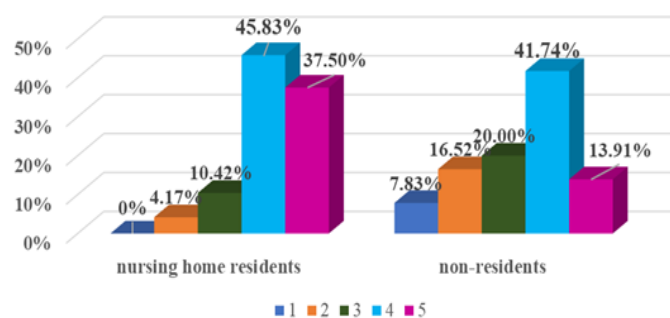
Figure 8. Perception regarding "I have friends with whom I can share joys and sorrows", depending on institutionalized/non-institutionalized status



In the next part of the questionnaire, participants self-assessed their health status.

Thus, the perception of the subjects' physical health status revealed that the majority of subjects in both groups considered themselves to have poor health (45.83% of those institutionalized and 41.74% of those non-institutionalized) and very poor health (37.5% of those institutionalized and 13.91% of those non-institutionalized). Some assessed their health status as average: 20% of those non-institutionalized and 10.42% of those institutionalized. (Figure 9)

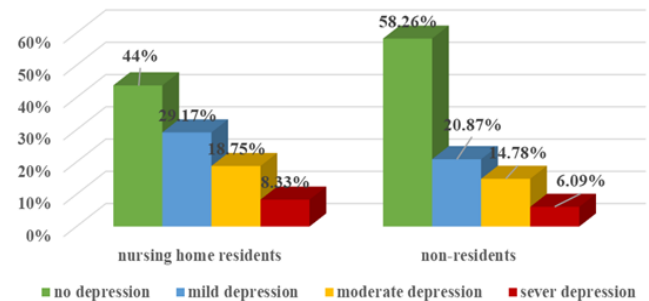
Figure 9. Perception of physical health where 1=very good, 2=good, 3=average, 4=poor, 5=very poor; depending on institutionalized/non-institutionalized status



In the next stage, the participants were administered the GDS test to assess depressive status. Following the analysis of the results, 24.17% of the institutionalized subjects and 20.87% of the non-institutionalized subjects suffered from mild depression, 18.75% of the non-institutionalized subjects and 14.78% of the institutionalized subjects suffered from moderate depression, and 8.33% of the institutionalized subjects and 6.33% of the non-institutionalized subjects suffered from severe depression. (Figure 10)

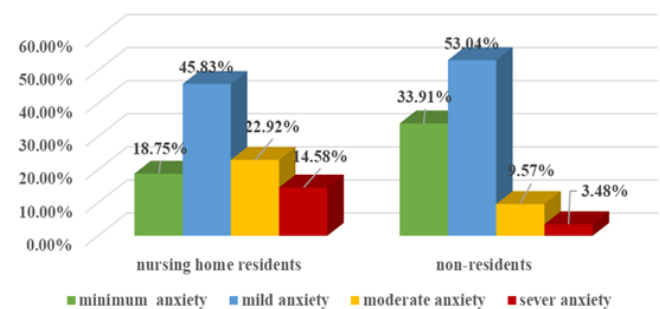
To measure the level of anxiety of the participants, the GAD-7 questionnaire was further applied. Analysis of the responses provided through this questionnaire revealed that 45.83% of the institutionalized subjects and 53.04% of the non-institutionalized ones suffer from mild anxiety. 22.92% of the non-institutionalized ones and 9.57% of the institutionalized ones suffer from moderate anxiety. 14.58%

Figure 10. Depressive status of participants, assessed using the Geriatric Depression Scale – Short Version, according to institutionalized/non-institutionalized status



of the institutionalized ones and 6.48% of the non-institutionalized ones suffer from severe anxiety. (Figure 11)

Figure 11. Participants' anxiety level, assessed using the Generalized Anxiety Disorder 7 questionnaire, according to institutionalized/non-institutionalized status



11) DISCUSSIONS

The present study compared two groups of elderly people: those from care institutions and those living in their own homes. A series of aspects related to health, well-being and quality of life were analyzed [14-18]. The results obtained highlighted significant differences between the two groups, providing important evidence on the impact of the living environment on the elderly.

The results presented previously related to the perception of the elderly on family support or related to communicating problems with family members suggest that among the institutionalized, family support is perceived as significantly reduced, as is the possibility of communicating with them. This is also found in the literature [19,20] and can be explained by the initial physical distancing, which is followed by emotional distancing, often when the elderly move to institutions. Lack of family interaction and social isolation are problems that frequently occur in institutionalized elderly people [21]. On the other hand, there are studies that show that elderly people who live at home and benefit from strong social support have significantly better physical and mental health outcomes [22]. This also leads to the feeling that they cannot discuss personal problems with their family, because they often feel isolated and unable to communicate. However, it is not always possible for the elderly person to remain at home. In order to benefit

Care strategies should include, in these cases, frequent family visitation programs and regular communication with family members (by telephone or digital means), by incorporating modern communication technologies into the life of the institutionalized elderly person [23].

Regarding the participants' perception of the statement "My friends provide me with emotional support", a strong contrast was observed between the responses of the institutionalized and non-institutionalized: the majority of the institutionalized subjects (54.17%) disagreed, and on the other hand, 55.65% of the non-institutionalized agreed with the statement. This result suggests that the institutionalized elderly perceive significantly less emotional support from friends compared to the non-institutionalized. Friends represent, in everyone's life, an important source of emotional support. The lack of this support can lead to greater social and emotional isolation among the elderly in institutions. Specialized studies confirm that friends are essential for the emotional health of the elderly, and the lack of their support is associated with a deterioration in well-being [11]. Regarding the statement "I can count on my friends when I need them", almost half of each group agreed. However, although a significant percentage of subjects in both groups feel that they can count on their friends, there is a notable discrepancy between the groups: institutionalized elderly people seem to feel less support from friends than the non-institutionalized elderly group. This is particularly important and has been noted in the literature. The study by Litwin and Stoeckel (2013) demonstrated that elderly people with extensive social networks and consistent support from friends reported a higher quality of life and lower levels of depression and anxiety [11]. Other studies show that maintaining and developing friendly relationships can help reduce feelings of isolation and social disconnection, and can even provide a sense of belonging and security, improving the general well-being of the elderly (Tsai and Wang, 2011) [24].

Therefore, the support provided by friends is perceived in a different valence compared to family support, being complementary to it. From this arises a recommendation for institutions that have elderly people in care: the development and implementation of an interactive social program, which facilitates and encourages social interactions and friendships between them. Friendly relationships in proximity can improve the elderly's perception of the social support they benefit from and can improve their quality of life (10). Group activities, mentoring programs, such as volunteer programs that can provide opportunities for the elderly, and regular visits from family and friends can contribute to reducing feelings of isolation and improving the emotional state of institutionalized elderly people.

Our study revealed a general negative perception of physical health (the majority assessing their health as poor or very poor) among institutionalized and non-institutionalized older adults, with a stronger tendency among institutionalized older adults. These results suggest the need for interventions to improve older adults' perception of their physical health, especially among institutionalized older adults. Interventions may include exercise programs tailored to the needs of older adults, group or outdoor physical activities, access to quality health care, and

activities that promote social engagement and emotional connection, as described above. Bowling and Dieppe (2005) have shown that health perception is an important predictor of quality of life in older adults [25].

Results from the Geriatric Depression Scale (GDS) - Short Version suggest that depression is a significant problem for both institutionalized and non-institutionalized older adults. The present study shows that depression has a higher prevalence (mild and moderate forms) among institutionalized older adults. Frequently underdiagnosed and undertreated among the elderly, depression can have a major impact on quality of life. Our results are consistent with those in the literature, which states that institutionalization can exacerbate depressive symptoms, especially in the absence of adequate social support and due to feelings of isolation [26]. Depression not only affects the emotional state of the elderly, but, especially in their case, is also associated with functional decline, increased morbidity and mortality, as well as higher use of medical services [27].

In the case of depression, in addition to the activities mentioned above, an additional recommendation would be to conduct screening for early detection of depression. At the same time, it is recommended that all these aspects be presented to families, to help them understand and adequately manage the emotional needs of their elderly. The results obtained regarding anxiety among institutionalized and non-institutionalized elderly people suggest that the differences may indeed be due to the living environment. In a safe and controlled environment, it is expected that people will present mild or moderate anxiety less frequently, while in the community and feeling the uncertainties and daily pressures more acutely, it is expected that there will be a mild or moderate degree of anxiety. A prevalence of severe anxiety of 14.58% among institutionalized persons and 6.48% among non-institutionalized persons may reflect the specific difficulties faced by elderly people in care institutions in adapting to a new environment and living conditions.

We found similar studies in the literature that identified anxiety as being associated with social isolation, fear of dependency, and loss of autonomy [28]. All of these are relevant issues for older people, regardless of residence. Managing anxiety among older people requires an integrated approach that includes social support, appropriate medical care, and the promotion of a living environment that provides them with feelings of safety and belonging.

CONCLUSIONS

Social support for the elderly is a crucial area in healthcare. Thus, the nurse plays a key role in improving the quality of life of these vulnerable people. In a society where the population is aging at an increasingly accelerated pace, the care and social support of the elderly are becoming essential. Many of these people face multiple health problems (chronic diseases, mental health problems, decline in cognitive and physical functions) and social or emotional (loss of life partners, close friends or other family members), which requires empathy, support and an integrated and personalized approach from medical staff and social workers.

The results of this study validate the status of vulnerable people and the idea from which it started: the elderly must be approached comprehensively and taking into account all the particularities of age. Good social support, which encompasses emotional, practical and informational support, can provide a better quality of life and even improve the physical and mental health of the elderly.

The correct and effective involvement of medical and care personnel in the concept of social support for the elderly should mean more than the punctual treatment of acute or chronic health problems. They should promote the autonomy and independence of the elderly, further encourage the pursuit of the principles of a healthy lifestyle (physical activity, proper nutrition) and provide, within the limits of time and possibilities, emotional and psychological support

through active listening, counseling (if it is within the competence of the medical or care staff) and encouragement in the face of daily challenges. Coordonarea îngrijirilor și colaborarea interdisciplinară în contextul îngrijirii persoanelor vârstnice este esențială pentru asigurarea unei abordări coerente și comprehensive. Asistentul medical, medicii specialiști, terapeuții, asistenții sociali și alți profesioniști din domeniu ar trebui să colaboreze pentru a asigura o îngrijire integrată și eficientă, care să fie transcrisă în rezultate pozitive în ceea ce privește calitatea și prelungirea vieții vârstnicului.

In conclusion, the holistic approach to the elderly (from social support to medical treatment) plays an essential role in maintaining the well-being and health of the elderly

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QUESTIONNAIRE

Suggested Instrument: Multidimensional Scale of Perceived Social Support (MSPSS)

Description:

The Multidimensional Scale of Perceived Social Support (MSPSS) is a standardized questionnaire that assesses perceived social support across three dimensions: support from family, support from friends, and support from significant others.

Section 1: Demographic and General Information

Age: 65–74, 75–84, 85+

Sex:

Variables: Male, Female

Length of stay in the institution: < 1 year, 1–5 years, > 5 years

Marital status:

Variables: Single, Married, Widowed, Divorced

Section 2: Multidimensional Scale of Perceived Social Support (MSPSS)

Responses are recorded on a 7-point Likert scale (1 = Strongly disagree, 7 = Strongly agree)

Family Support

“My family really tries to help me.”

“I can talk about my problems with my family members.”

“My family is willing to help me make decisions.”

Friends Support

“My friends provide me with emotional support.”

“I can count on my friends when I need help.”

“I have friends with whom I can share joys and difficulties.”

Support from Significant Others

“There is a special person who is always there for me.”

“I have a special person who provides me with support and encouragement.”

“There is someone who helps me feel valued.”

Section 3: Assessment of Physical and Mental Well-being Perceived Health Status

“How would you describe your overall health?”

Variables: Very good, Good, Fair, Poor, Very poor

Depression Level: Geriatric Depression Scale (GDS) – Short Version

Are you generally satisfied with your life?

Have you dropped many of your activities and interests?

Do you feel that your life is empty?

Do you often get bored?

Are you hopeful about the future?

Do you often feel nervous or anxious?

Do you prefer to stay at home rather than go out and do new things?

Do you feel helpless regarding your personal problems?

Do you feel happy most of the time?

Do you often feel lonely?

Do you feel that people are unfriendly toward you?

Do you enjoy most things in your life?

Do you frequently have problems with memory?

Do you think it is wonderful to be alive now?

Do you feel worthless at present?

Answer options: Yes / No

Scoring:

Each response indicating depressive tendency (e.g., “Yes” for items 2, 3, 4, 7, 8, 10, 11, 13, 15 and “No” for items 1, 5, 6, 9, 12, 14) receives 1 point.

Maximum score: 15 points

Interpretation:

0–4 points: No depression

5–8 points: Mild depression

9–11 points: Moderate depression

12–15 points: Severe depression

A score above 5 suggests depression and indicates the need for further clinical evaluation.

Anxiety Level: Generalized Anxiety Disorder Scale (GAD-7) Over the last two weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious, or on edge

Not being able to stop or control worrying

Worrying too much about different things

Trouble relaxing

Being so restless that it is hard to sit still

Becoming easily annoyed or irritable

Feeling afraid as if something awful might happen

Response options:

Not at all (0)

Several days (1)

More than half the days (2)

Nearly every day (3)

Scoring (GAD-7):

The total score ranges from 0 to 21.

Each item is scored from 0 to 3.

Interpretation:

0–4: Minimal anxiety

5–9: Mild anxiety

10–14: Moderate anxiety

15–21: Severe anxiety

Next Steps:

A score of 10 or higher is considered a good indicator for identifying cases of generalized anxiety disorder. Individuals with higher scores should be further evaluated by a healthcare professional for appropriate diagnosis and treatment.

The GAD-7 is a simple and efficient tool for identifying and monitoring symptoms of generalized anxiety and can be used in both clinical practice and research settings.