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Feature Article

The role of interpersonal sensitivity, social support, and quality of life in rural older adults

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ABSTRACT

The mental health of elderly individuals in rural areas is increasingly relevant as populations age and social structures change. While social support satisfaction is a well-established predictor of quality of life, interpersonal sensitivity symptoms may diminish this relation. The current study extends the findings of Scogin et al by investigating the relationship among interpersonal sensitivity, social support satisfaction, and quality of life among rural older adults and exploring the mediating role of social support in the relation between interpersonal sensitivity and quality of life ($N = 128$). Hierarchical regression revealed that interpersonal sensitivity and social support satisfaction predicted quality of life. In addition, bootstrapping resampling supported the role of social support satisfaction as a mediator between interpersonal sensitivity symptoms and quality of life. These results underscore the importance of nurses and allied health providers in assessing and attending to negative self-perceptions of clients, as well as the perceived quality of their social networks.

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Introduction

The mental health of elders living in rural areas is increasingly relevant due to aging populations and changing social structures. The outward migration of younger family members may leave rural older adults isolated and susceptible to issues related to physical, mental, and economic well-being.¹ Older adults in rural areas often rely heavily on informal support from friends and family due to the lack of formal infrastructures that are generally present in urban areas.² The reliance on friends and family in providing physical and emotional support is complicated by the inherent challenges of living in rural areas, such as lack of local health care services, social isolation, and poverty. Rural older adults may also be vulnerable to decreased physical and mental well-being due to transportation barriers that limit access to informal and formal support services or fewer informal social ties.

Broadly defined, social support encompasses both the perception of support and various forms of assistance from both informal

and formal social networks.^{3–5} The quality of social relations, which are based on factors such as conflictual relationships, criticism, stressful social interactions; and the presence of confidants, are also associated with depressive symptoms.⁵ One of the most significant and consistent predictors of the quality of social relationships is relationship satisfaction.³ A social relationship in which there is a non-reciprocal exchange and low levels of emotional support is a risk factor for poor mental health.^{6,7} Similarly, stressful social interactions, criticism from family members, or poor social interactions are significantly associated with higher levels of depression.^{5,7,8} Although satisfaction with social support is related to the psychological well-being of older adults, feelings of inadequacy or inferiority, particularly in relation to others, may hinder this relationship.⁹ The concept of interpersonal sensitivity, the undue and exaggerated sensitivity to rejection, behaviors, and emotions of others, often leads to preoccupation with social relationships, increased sensitivity to criticism, and modifications in behavior to meet other's expectations. It involves the person's ability to correctly observe and interpret their environment and provide appropriate social and emotional responses.¹⁰ Negative cognitive tendencies, such as interpersonal sensitivity, have been strongly correlated with poor psychological functioning and identified as an underlying trait in anxiety disorders.^{11–13} Increased interpersonal sensitivity has been correlated with low self-esteem,

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leading to poor social relationships.¹⁴ In elder studies in which social cognitive styles have been hypothesized, interpersonal characteristics were clear risk factors for depression.¹⁵ Given these complexities, perceptions of interpersonal interactions have considerable effects on older adults' satisfaction with their social networks.

Researchers and clinicians have often targeted quality of life as a critical overall outcome for rural elders. The current study utilizes quality of life as conceptualized by Frisch, encompassing a comprehensive array of domains including self-perceptions, social relations, health, and community.¹⁶ Previous research suggests a positive relation between social support and the various facets of subjective well-being. For example, the perception of social support, or the satisfaction with support exchanges or anticipated support, is a significant predictor of quality of life among older adults.³ Based upon the public health burden associated with poor quality of life in older adults, it is important to identify the underlying processes to inform intervention strategies. However, the literature examining social support and quality of life related to interpersonal sensitivity, particularly in rural elders, is limited.

The current study is based upon findings of The Project to Enhance Aged Rural Living (PEARL), a randomized control trial conducted to assess the effects of home-based cognitive behavior therapy (CBT) on quality of life in an ethnically diverse sample of rural older adults.¹⁷ In the original study, in-home CBT significantly improved quality of life and reduced negative psychological symptoms. The PEARL study data have presented multiple opportunities to conduct secondary data analyses. The current study investigates the relationship among interpersonal sensitivity, social support satisfaction, and quality of life among rural older adults. Specifically, we predict that interpersonal sensitivity will be negatively related to quality of life, while social support satisfaction will be positively related to quality of life. Moreover, interpersonal sensitivity is expected to be negatively related to social support satisfaction. Finally, we also explore the mediating role of social support in the relation between interpersonal sensitivity and quality of life.

Method

The current study is a secondary analysis of data collected by Scogin et al as part of a randomized controlled trial that examined the efficacy of home-delivered CBT in improving the quality of life in rural older adults (see Scogin et al for additional details regarding methods and primary treatment outcomes).¹⁷ In the current study ($N = 128$), data are from baseline only.

Participants

Participants were recruited for the original study through advertisements, public and private home health care agencies, senior centers, church organizations, hospitals, and service providers such as physicians and pharmacists. Inclusion criteria were as follows: (a) age of 65 years or older, (b) a T score of 55 or lower on the Quality of Life Inventory (QOLI), (c) a T score of greater than 45 on the Global Severity Index (GSI) of the Symptoms Checklist-90-Revised (SCL-90-R) using non-patient adult norms, and (d) residence outside the cities of Tuscaloosa (AL) and Montgomery (AL).^{18,19} Exclusion criteria were (a) self-reported history of bipolar disorder, schizophrenia, or current substance abuse; (b) receiving psychotherapy currently; or (c) significant cognitive impairment indicated by a score of 23 or less (16 or less for those with less than a ninth-grade education) on the MMSE.²⁰

Measures

Background information

Background participant characteristics included age, sex, race, marital status, education, self-rated health, and income adequacy. Participant characteristics that predicted the outcome variable of quality of life were used as controls in the main analysis.

Quality of life

The Quality of Life Inventory was used to measure self-reported overall quality of life.¹⁸ The QOLI contains sixteen domains of assessment: health, self-regard, philosophy of life, standard of living, work, recreation, learning, creativity, helping, love relationship, friendships, relationships with children and relatives, home, neighborhood, and community. Participants rate the importance of each domain on a 3-point Likert scale (0, "not at all important" to 2, "very important"), and a 6-point Likert scale is used to rate satisfaction with the domain (−3, "very dissatisfied" to 3, "very satisfied"). The cross-product of these ratings are then summed, and this score is converted to T scores based on adult, community-dwelling norms. Cronbach's alpha in the normative study was .79 and .71 in the current study.¹⁸ The mean T score for the sample was 42.2 ($SD = 9.3$), which is in the low average range.

Social support satisfaction

This variable was created from the social support scale in the original study.¹⁷ These measures consist of multiple dimensions and were based on a measure of social support developed for the Resources for Enhancing Alzheimer's Caregiver Health I (REACH I) project.²¹ Four items from this scale were used in the current study: "Overall, how satisfied have you been in the last month with the help you have received from friends, neighbors, or family members?"; "Overall, how satisfied have you been in the last month with the help you have received with transportation, household and yard work, and shopping?"; "In the past month, how satisfied have you been with the support received during difficult times, comforting from others, how others have listened, and interest and concern from others?"; and "Overall, how satisfied in the last month have you been with the suggestions, clarifications, and sharing of similar experiences you have received from others?" Item responses ranged from 0 ("Not at all") to 3 ("Very"). Items were summed to create the social support satisfaction variable. The range of the social support satisfaction scale is 0–12, and the Cronbach's alpha value for the sample is .77. The mean score for the sample was 7.5 ($SD = 3.0$).

Interpersonal sensitivity

The Symptoms Checklist-90-Revised (SCL-90-R) is a 90-item inventory of nine primary psychological symptom dimensions (somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism).¹⁹ The IS dimension of the SCL-90-R focuses on feelings of inadequacy and/or inferiority in comparison to others. The person may experience self-doubt and discomfort in interpersonal interactions and have negative expectations about interpersonal relationships. Items addressed in the IS subscale of the SCL-90-R include (1) feeling critical of others (2) feeling shy of the opposite sex (3) feeling easily hurt (4) others are unsympathetic (5) people dislike you (6) feeling inferior to others (7) feeling uneasy when others are watching you (8) self-conscious around others and (9) being uncomfortable eating or drinking in public (Urban, 2014). Item responses range from 0 ("Not at all") to 4 ("Extremely"). The mean T score for the sample was 56.8 ($SD = 11.2$), which is in the average range. The Cronbach's alpha value for the sample is .78.

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