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Research Article

Structural Equation Modeling to Assess Discrimination, Stress, Social Support, and Depression among the Elderly Women in South Korea

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SUMMARY

Purpose: The purpose of this study was to find the relationship and conceptual model of discrimination, stress, support, and depression among the elderly in South Korea.

Methods: This was a cross-sectional descriptive study involving 207 community-dwelling elders. Data were collected through questionnaires from May 5 to May 31, 2014 in community senior centers, and analyzed using descriptive statistics, *t* test, analysis of variance, Scheffé test, and structural equation modeling.

Results: There were significant effects of discrimination on stress, support on stress and stress on depression. Moreover, there were two significant indirect effects observed between discrimination and depression, and between support and depression. For each indirect effect, the mediating factor was stress. Additionally, there was no direct effect between discrimination and depression or support.

Conclusions: This study found that social support and discrimination had indirect effects on depression through stress. More specifically, decreased stress led to a reduction of depression. Therefore, social support based on a thorough understanding of stress is very important for caring elderly who are depressive.

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Introduction

There is a growing interest in the relationship between social support and depression among older adults in South Korea. Depression in late life may be a risk factor for dementia or elderly suicide [1]. Therefore, the Visiting Nurse Associations in Korea has supported depressive elders in the community. The depression rate of senior citizens at age 65 or older exceeded 34.0% in 2009, and it was higher for women than men [2]. According to Statistics Korea [3], this phenomenon has increased medical expenses for the elderly which have risen to more than 30.0% of all South Korean medical expenses. Welfare costs, including financial aids and long term care services, have also increased rapidly since 2008 [4]. In dealing with these rising costs, the budget for elderly facilities may not be used effectively if nursing services are provided without a thorough understanding of the elderly's needs. Furthermore, healthcare cannot be effectively provided without an

understanding of older adults' psychological states. Among the psychological problems that afflict elderly individuals, depression is an important issue. Much research on depression among the elderly along with related factors such as stress and social support has been conducted. Social support has been found to mitigate elderly depression while stress has been found to be a risk factor that increased elderly depression [1,5–8]. Elderly stress is believed to come from life-related factors such as the spouse's death and restrictions in the activities of daily living resulting from diseases. On the other hand, it has been reported recently that the elderly women who have experienced discrimination suffer a high level of stress [9–11]. Thus, if experience in discrimination aggravates stress, elderly discrimination is also likely to influence depression in the aged. However, studies on the relationship between discrimination and depression are relatively rare.

Discrimination against the elderly women that isolates individuals from society is one of the most important factors to be considered when developing a social support system for senior citizens [9,12]. Many of the elderly have experiences of discrimination in social institutions that have been built without regard for their needs. Palmore [13] claimed that discrimination against senior citizens, known as ageism, is one of the worst forms of

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prejudice along with racism and sexism. However, while racism and sexism are related to specific groups, any individual can experience ageism if they live long enough [14]. People, who experience discrimination, are driven to feel that society has no place for them, and this negative feeling can manifest as severe stress [10,11]. According to Ezzati et al [15], when an individual is not able to deal with this condition, stress causes diverse symptoms, one of which is depression. In other words, ageism increases the elderly's stress levels and in turn causes depression [1,16]. Since depression is a major cause of social and health problems such as suicide and various psychological disorders, it will worsen as ageism increases. Therefore, it is important to analyze how experiencing discrimination affects stress and depression among the elderly to promote not only the health of senior citizens but also that of the entire society.

Research on depression and its related factors, such as social demographic factors, social support and stress, has been conducted for a long time. However, the relationship between discrimination and depression among South Korean elderly women has been studied only on a limited basis. Moreover, the overall interaction among discrimination, stress, social support and depression has not yet been investigated. Therefore, the current study was conducted to assess not only the interactions between elderly women discrimination (ageism), social support, stress and depression but also the magnitude of the interactions among these factors. In particular, the way in which social support helps reduce depression was highlighted. The specific goals of this research were (a) to gain an understanding of the elderly population's experience of discrimination, stress, social support and depression in terms of social demographic factors; (b) to establish a research model demonstrating the overall paths and interactions among discrimination, stress, support and depression; and (c) to identify causal factors by examining the direct, indirect and total effects of each variable. Based on these goals, the following hypotheses were developed: (a) discrimination increases stress; (b) stress worsens depression; (c) social support reduces stress; and (d) the reduction in stress leads to decreases in depression among the elderly women.

Methods

Design and sample

This cross-sectional survey study was conducted to examine the relation of discrimination, stress, support and depression in elderly women. For this, elderly women, who lived in rural areas and attended community senior centers, were selected by convenient sampling. All of the study participants lived for more than 10 years in K province (Gyeongsangbuk-Do). Eligibility criteria included being at least 65 years old without cognitive impairment, having the ability to communicate verbally in Korean and consenting to participate in this study.

The generally recommended sample size for structural equation modeling analysis is 150–400 [17]. Thus, in consideration of drop-outs, this study distributed questionnaires to 220 elders, and used 207 of them as valid data, satisfying the requirement of sample size.

Procedures

For the survey, letters requesting cooperation were sent to the directors of all the senior centers in K Province with the help of the social welfare department of the provincial office. As 23 of the centers agreed to participate in the research, the researcher obtained a prior permission from the director of each senior center by phone and visited the center. The purpose of the research was explained to the elderly members in the senior center, and then

their written consent was obtained. Data were collected by the researchers and 10 assistants from May 5 to May 31, 2014 in community senior centers. The research assistants were nurses, who had worked as home visiting nurses for elderly for more than 3 years. The self-reported questionnaires were completed by the participants. If the participants were illiterate, research assistants helped them. The assistants had been educated about interview methods for 8 hours by the researchers.

Ethical consideration

The study was approved by the Institutional Review Board of the researcher's institution (IRB; SMU-14-04-05), and performed in accordance with the Declaration of Helsinki. To protect the participants' human rights, permission to collect data was granted from the director of the relevant facility. Before the survey was administered, the purpose and process of the study, a guarantee of confidentiality, voluntary participation, anonymity of data and their right to discontinue participation at any time during the process were explained to the director of the community senior centers and potential participants. The researchers explained the participation details and survey questionnaires to the participants who decided to join in the survey and completed a written consent form. For the protection of the participants' personal information, the survey did not ask about information related to personal identity, and collected data were discarded when the study was finished.

Instruments

Discrimination was assessed in terms of the typology of ageism developed by Palmore [13]. The typology was translated into Korean by Won [11] and consisted of 20 items, being divided into three groups that evaluated ignorance, avoidance and negligence. Each item was rated from 1 point to 4 points according to the Likert scale. Respondents indicated how often they experienced a particular event as 1 (*never*), 2 (*rare*), 3 (*often*), and 4 (*very often*). The index for ignorance consisted of six items on verbal humiliation, ignorance of the individual's words, behavior, and opinions, and a lack of attention to the elderly. The avoidance index contained seven items in terms of conversation and cooperation. The index for negligence had seven items asking whether the participants felt neglected in social settings. When calculating the score for each index, the average item score was used. The higher the score was, the more an individual experienced ageism. As evidence of the instrument's reliability, Cronbach α was .93 in this study.

The level of stress was assessed using a stress recognition scale for the elderly developed by Lee and Lee [6]. The instrument contained a total of 21 items, which were regrouped into four subcategories by the sources of stress during daily life. The four subcategories were the following: stress derived from family relationships (9 items), economical status (5 items), health-related issues (4 items) and home environment factors (3 items). Each item was rated from 1 to 4 points; 1 (*never*), 2 (*rarely*), 3 (*sometimes*), and 4 (*often*). The average scores of items were calculated for the four subcategories. Higher average scores indicated greater stress levels. As evidence of reliability of this instrument, Cronbach α was .85 in this study.

Social support was measured by the Multi-dimensional Scale of Perceived Social Support, which was developed by Zimet, Dahlem, Zimet and Farelly [18], and translated into Korean by Ko and Seo [7]. The scale includes three subcategories that measure neighborhood support, support from friends and support from family. Responses for items in these subcategories include seven choices ranging from "strongly disagree" (1 point) to "strongly agree" (7 points). The average score for the items in each subcategory was used for data

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