

## Most elderly people satisfied with support

September 24 2015

A longitudinal study of advanced ageing has found that most elderly people are satisfied with the relationships they have with family and friends.

More than 90 percent of people were satisfied most or all of the time in their relationships with family and friends. Forty-one percent of Māori reported being satisfied all of the time with the kinds of relationships they had with their family and a further 55 percent were satisfied most of the time

Almost two-thirds (63 percent) of non-Māori were satisfied with family relationships all of the time and a further 33 percent were satisfied most of the time.

The findings are from a population-based sample of Māori (aged 80 to 90 years) and non-Māori (aged 85 years), living in the Bay of Plenty, who are taking part in the <u>longitudinal study</u> of advanced ageing, called Life and Living in Advanced Age: a Cohort Study in New Zealand - Te Puāwaitanga O Ngā Tapuwae Kia Ora Tonu (LiLACS NZ).

More than 80 percent of those in advanced age reported having someone to provide them with <u>emotional support</u> – for men this was usually their spouse and for women, their daughter.

The study revealed that fewer people who lived alone reported having someone to give emotional support (78 percent) than those who lived with their spouse (84 percent) or with others 84 percent).



More Māori, particularly those in areas of high <u>socioeconomic</u> <u>deprivation</u>, reported an unmet need for emotional support than non-Māori.

Study director, Professor Ngaire Kerse from the University of Auckland's School of Population Health, says " It is reassuring that most people in advanced age feel supported emotionally and are satisfied with their relationships. We have found that there are a small proportion of people (disproportionately more of the group who were living with others), who feel they could do with more support, and this was surprising."

The study report described the prevalence of people in advanced age receiving emotional support, who gives that support and the satisfaction that people in advanced age feel about their relationships with family and friends; by ethnicity, gender, socioeconomic deprivation and living arrangement. The report included people living in the community and those in residential care.

Significantly more men (17 percent) than women (10 percent) reported that they did not need emotional support.

For those who did appreciate emotional support; for men the person most helpful in giving emotional support was their spouse; recorded as 41 percent of Māori men and 56 percent of non-Māori men.

Daughters were most helpful in giving emotional support for 42 percent of Māori women and 40 percent of non-Māori women.

Forty-five percent of people in advanced age lived alone and 33 percent lived with only their spouse or partner. Significantly more women (57 percent) lived alone than men (30 percent) and significantly more Māori lived with others (33 percent) than non-Māori (15 percent).



In the study, an unmet need for emotional support was greater among Maori people in advanced age.

The study asked people whether they "could have used more emotional support than they received". Overall, 10 percent said that they could have used more emotional support.

The report also noted that significantly more Māori (16 percent) than non-Māori (5 percent) reported an unmet need for emotional support. There were more Māori women (15 percent) than non-Māori women (7 percent) who reported an unmet need for emotional support. The difference for men was not statistically significant (possibly due to the smaller number of men in the sample).

Seventeen percent of people living with others reported unmet need for emotional support. Of those who lived with others as well as their spouse, 19 percent reported unmet need for emotional support; among those who lived with others but not their spouse 17 percent reported unmet need.

In contrast, of those living only with their spouse, six percent had an unmet need for emotion support while for those living alone, nine percent reported unmet need for emotional support.

## The LiLACS NZ Study

- Sample: 932 people of advanced age; Māori aged 80–90 years and non-Māori aged 85 years living in the Bay of Plenty and Lakes District Health Boards region. Non-Māori are 90 percent NZ European, 9 percent other European and 1 percent other. Participant numbers vary slightly according to topic being discussed.
- Mode: Standardised home-based interview and standardised



nursing assessment, repeated annually. Hospitalisation and mortality outcomes data were obtained, with permission, by matching the NHI with nationally held hospitalisation data from the Ministry of Health.

- Timing: Results refer to the population sample recruited in the first wave of data gathering in 2010.
- Funding: LiLACS NZ was originally funded by a programme grant from the Health Research Council of New Zealand. Ngā Pae o te Māramatanga, Heart Foundation NZ, Oakley Mental Health Foundation, Auckland Medical Research Foundation, the Faculty of Medical and Health Sciences also provided project support. The University of Auckland, the Rotorua Energy Trust and the Ministry of Health have funded LiLACS NZ from 2013.
- Representation: The study is strengthened by the extensive breath of domains investigated and is designed to engage with a full cohort of Māori allowing equal explanatory power for separate analyses. The findings for Māori and non-Māori may not be generalizable beyond the Bay of Plenty region. However, the overall response rate in the first wave is consistent with other longitudinal studies of ageing; 56 percent of all Māori and 59 percent of all non-Māori who were invited participated. In gender and age the sample engaged was similar in proportion to the population of the area and the population of New Zealand. Although all age-eligible older adults were sought and invited, lower enrolments than expected from residential care facilities limits separate analyses of frailer participants.

**More information:** For more information, see the LiLACS NZ webpage: <u>www.fmhs.auckland.ac.nz/en/faculty/lilacs.html</u> and other Ministry of Health short reports.



## Provided by University of Auckland

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