



RELATIONSHIP BETWEEN SOCIAL SUPPORT AND SUBJECTIVE WELL-BEING IN OLDER PEOPLE: SYSTEMATIC REVIEW

Relação entre apoio social e bem-estar subjetivo em idosos: revisão sistemática

Relación entre apoyo social y bienestar subjetivo de mayores: revisión sistemática

Luiz Fellipe Dias da Rocha

Rio de Janeiro State University (*Universidade do Estado do Rio de Janeiro - UERJ*) - Rio de Janeiro (RJ) - Brazil

Evelyn Rodrigues Oliveira

Rio de Janeiro State University (*Universidade do Estado do Rio de Janeiro - UERJ*) - Rio de Janeiro (RJ) - Brazil

Marcia Maria Peruzzi Elia da Mota

Rio de Janeiro State University (*Universidade do Estado do Rio de Janeiro - UERJ*) - Rio de Janeiro (RJ) - Brazil

ABSTRACT

Objective: To investigate the scientific evidence on the association between social support and subjective well-being in older people. **Methods:** Systematic literature review of articles published in the last ten years available in the database of the Capes Journals Portal. The descriptors used were: social support AND well being OR life satisfaction OR positive affect OR negative affect. The study included full articles published in English, Portuguese and Spanish aimed at assessing the prediction of social support in subjective well-being. **Results:** Initial selection resulted in 311 articles. After analysis and application of inclusion and exclusion criteria, ten articles remained; all the articles were in English. All the selected studies found associations between social support and subjective well-being. In summary, four types of impacts were observed: (a) direct and positive; (b) direct and negative; (c) direct and mediator; and (d) indirect and mediated. **Conclusion:** The results of this review pointed out that the relationship between social support and subjective well-being is generally positive. Therefore, the articles showed that the support improves older people's well-being, leading them to rate their lives more positively and to experience more pleasant affects and less unpleasant affects.

Descriptors: Aged; Social Support; Quality of Life.

RESUMO

Objetivo: Investigar as evidências científicas acerca da associação entre apoio social e bem-estar subjetivo em idosos. **Métodos:** Revisão de literatura advinda da busca de artigos publicados nos últimos dez anos, na base de dados do Portal de Periódicos da Capes. Os descritores utilizados foram: social support AND well being OR life satisfaction OR positive affect OR negative affect. Incluíram-se no estudo artigos completos publicados em periódicos, nos idiomas inglês, português e espanhol, que tinham como objetivo avaliar a predição do apoio social no bem-estar subjetivo. **Resultados:** A seleção inicial resultou em 311 artigos. Após análise e submissão aos critérios de inclusão e exclusão, restaram dez artigos, sendo todos em língua inglesa. Todos os estudos selecionados encontraram associações entre apoio social e bem-estar subjetivo. Em suma, quatro tipos de impactos foram observados: (a) direto e positivo; (b) direto e negativo; (c) direto e mediador; e (d) indireto e mediado. **Conclusão:** Os resultados dessa revisão apontaram que a relação entre apoio social e bem-estar subjetivo é, de modo geral, positiva. Portanto, a tendência dos artigos avaliados foi a de que o apoio eleva o bem-estar dos idosos, levando-os a avaliar suas vidas de modo mais positivo, a experimentar mais afetos agradáveis e menos afetos desprazerosos.

Descritores: Idoso; Apoio Social; Qualidade de Vida.



RESUMEN

Objetivo: Investigar las evidencias científicas sobre la asociación entre el apoyo social y el bienestar subjetivo de mayores. **Métodos:** Revisión de la literatura con la búsqueda de artículos publicados en los últimos diez años en la base de datos del Portal de Periódicos de Capes. Los descriptores utilizados fueron: social support AND well being OR life satisfaction OR positive affect OR negative affect. Se incluyeron en el estudio los artículos completos publicados en periódicos en los idiomas inglés, portugués y español que tenían el objetivo de evaluar la predicción del apoyo social en el bienestar subjetivo. **Resultados:** La selección inicial fue de 311 artículos. Tras el análisis y la observación de los criterios de inclusión y exclusión se quedaron diez artículos todos en el idioma inglés. En todos los estudios elegidos se encontraron asociaciones entre el apoyo social y el bienestar subjetivo. En resumen, fueron observados cuatro tipos de impactos: (a) directo y positivo; (b) directo y negativo; (c) directo y mediador; y (d) indirecto y mediado. **Conclusión:** Los resultados de esa revisión apuntan a que la relación entre el apoyo social y el bienestar subjetivo es, en general, positiva. Por lo tanto, la tendencia de los artículos evaluados fue que el apoyo mejora el bienestar de los mayores llevándolos a evaluar sus vidas de manera más positiva y experimentar más a los afectos agradables y menos a los afectos que no causan placer.

Descriptores: Anciano; Apoyo Social; Calidad de Vida.

INTRODUCTION

Subjective well-being (SWB) is defined as the way a person evaluates his/her own life and its different domains in cognitive and affective terms. That is, the SWB is a construct of tripartite structure composed of a cognitive component (satisfaction with life - SL) and two affective components (positive affects - PA; and negative affects - NA)⁽¹⁻³⁾. A high level of subjective well-being involves frequent positive emotional experiences, rare negative emotional experiences, and a high level of satisfaction with life⁽⁴⁾.

Several authors have recognized subjective well-being as an essential indicator for assessing successful aging. This is because quality of life goes far beyond objective indicators such as economic status or sociodemographic criteria. It encompasses social indicators that include criteria for the personal judgment of well-being, i.e., the way in which the various domains of life are perceived⁽⁵⁻⁷⁾.

Subjective well-being is an important variable to be considered in gerontological studies as it informs the degree of adaptation of older people to the objective circumstances of life. Thus, a better understanding of the behavior of this psychological construct in the third age is essential for the implementation of measures to increase the well-being of this population and to lead them to live a life that is worth living⁽⁸⁾.

One way to increase a person's SWB is by knowing the variables that are associated with it and thus intervening in them. An individual's internal factors (top-down model) and external factors (bottom-up model) have been shown to be important predictors of well-being⁽²⁾. In the first case, regarding the set of intrinsic factors, the literature has shown the substantial influence of personality, spirituality, control locus, coping strategies, self-referenced beliefs, subjective interpretation of events, among others⁽⁹⁻¹²⁾.

With regard to the set of extrinsic factors, the most researched variables are health, income, level of education, marital status, life events, among others^(10,13,14). In addition to the aforementioned variables, social support has gained prominence in the bottom-up model as it is strongly associated with SWB throughout the life cycle, but especially in longevity, when older people tend to lose social roles and demonstrate greater susceptibility to vulnerability and frailty^(6,10).

There is no consensus in the literature regarding the definition of social support (SS); however, most studies consider its functional aspect. Therefore, social support is defined as any type of behavior that is intended to meet the needs of other people and/or groups and which results in positive effects on the lives of those who receive it⁽¹⁵⁾.

While support provision is an essential behavior for meeting basic, social and psychological needs, providing support is not a simple process and relies on a range of cognitive and emotional skills such as: (a) recognizing that a person needs help; (b) assessing whether that person is open for help; (c) analyzing what kind of help the person needs; (d) deciding to help; and (e) deciding how to help.

Because it is a complex construct, there are many ways of studying it. Numerous researchers choose to use different perspectives of social support. One author⁽⁶⁾ points out the existence of at least three of them: perceived support, enacted support (or received support), provided support. These dimensions usually appear in the Brazilian literature and in other Portuguese-speaking countries, respectively: Perceived Support, Received Support and Provided Support.

Received support, as the term suggests, refers to the support that people report to be currently receiving or that they have received at some point in their life. Perceived support is defined as the support that a person believes to be available should she need it. Provided support assesses, from the provider's perspective, the amount and/or quality of support a person provides or believes he or she is willing to provide to others.

There is also the possibility of considering social support in dimensions that refer to the content of the support, such as the instrumental/material support, which concerns the provision of material resources or practical assistance in concrete activities, the emotional support, related to behaviors that generate a sense of recognition in other people, and the informational support, which is the provision of useful information or advice⁽¹⁵⁾.

Discriminating different dimensions of support may be important as each of them may be related in a different way to other health indicator constructs. Such multidimensionality of SS presents itself in a controversial way in empirical studies and can be explained by the fact that the dimensions are closely correlated. “People receiving a particular type of support are also more likely to receive other types of help”, which leads to greater dependence between dimensions⁽¹⁶⁾.

A previous study⁽¹⁷⁾ pointed out to the different ways in which people understand the meaning of the items of the scales that are intended to measure SS as one of the possible causes of the difficulty in discriminating its dimensions. According to those involved in support relationships, social support can still be defined as formal or informal. Formal support is related to institutions (governmental or non-governmental) and professional interactions (e.g.: interactions with physicians, nurses, caregivers and social workers). On the other hand, informal support involves people who are part of the social network of the individual, such as family members, friends and neighbors⁽¹⁸⁾.

Given that both social support and subjective well-being are complex constructs, the present study aimed to investigate the scientific evidence on the association between social support and subjective well-being in older people.

METHODS

The present systematic review was carried out in the database of the CAPES Journals Portal, which gathers different relevant indexes of national and international scientific journals, such as PubMed, SciELO and Pepsic. The search was carried out in January 2017. We selected scientific papers published in the last 10 years whose titles presented the following keywords: “social support” AND “well being” OR “life satisfaction” OR “positive affect” OR “Negative affect”. The initial selection resulted in 311 articles, as shown in Figure 1. After applying the exclusion criteria (“language other than English, Spanish or Portuguese” and “abstract not available in the Capes Portal”), 129 articles were withdrawn from the sample. After the withdrawal of duplicates, 167 articles remained for analysis of the abstracts.

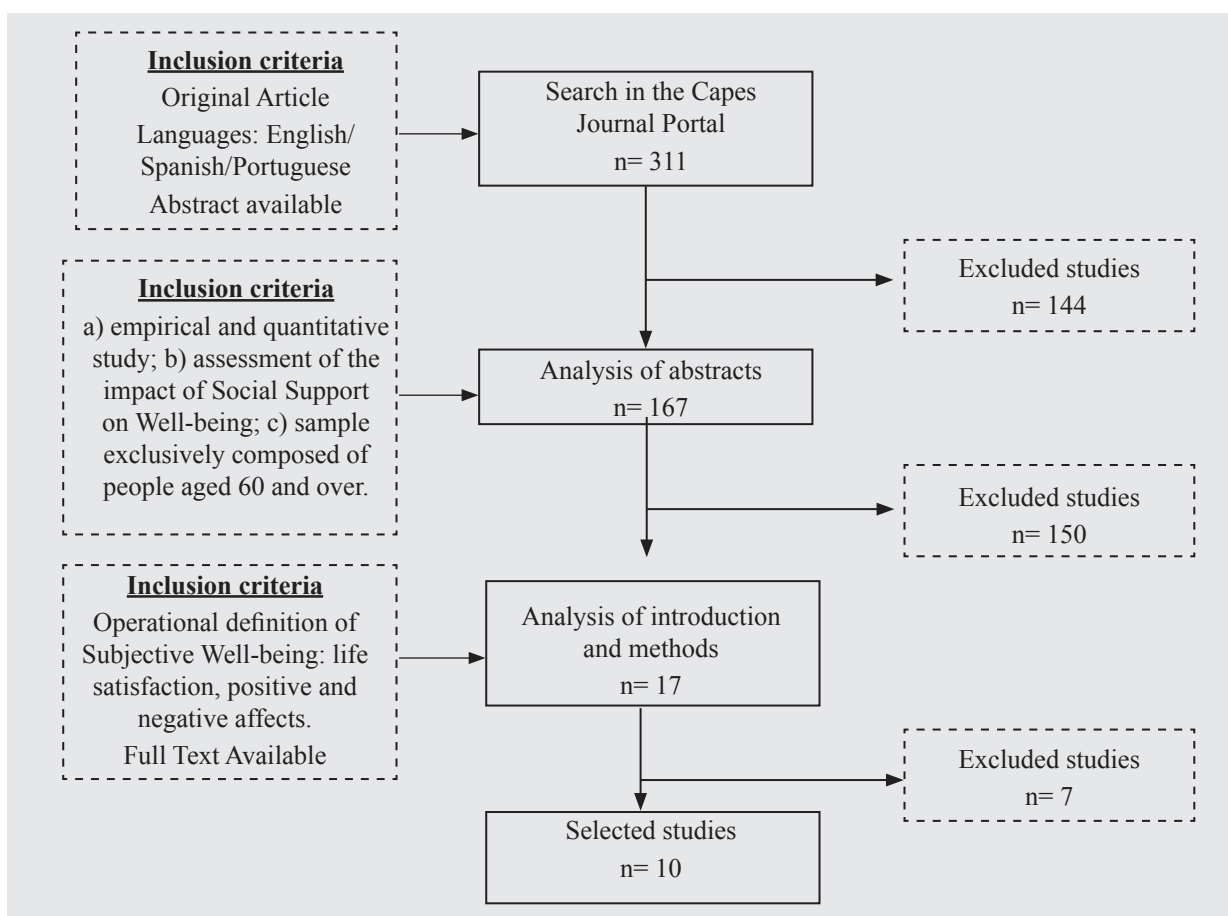


Figure 1 - Flow chart of the bibliographic search.

In this phase, two examiners assessed the abstracts separately to check whether they met the following inclusion criteria: a) empirical and quantitative study; b) assessment of the impact of social support on well-being; (c) sample consisting exclusively of individuals aged 60 years or over. There were no disagreements between the examiners and 17 articles were selected for analysis of the introductions and methodologies with the objective of checking whether the study specifically examined the influence of social support on the facets of subjective well-being, namely life satisfaction and positive and negative affects. Likewise the analysis of the abstracts, this analysis was carried out by two examiners independently. In case of divergences when comparing the results, consensus was sought. Two articles were not fully available and were therefore withdrawn from the sample. After analysis, five other articles were removed. At the end of all the phases, ten articles remained in the final sample.

The analytical and full reading of each study was carried out in order to identify the key ideas, analyze methodological strategies and synthesize the results found. To facilitate the analysis, classification and categorization of articles, the data were arranged in a form developed by the authors based on the Guidelines for Critical Review Form: Quantitative Studies⁽¹⁹⁾. All the studies presented good methodological quality.

RESULTS

All the studies were carried out in Eastern countries: seven in China (70%), two in Nepal (20%) and one in Malaysia (10%). Most of them (60%) were published in the last five years. All the studies presented a non-experimental cross-sectional design. The sample size varied between 133 and 1880 older people, with a mean age ranging 63 to 79 years.

The selected studies were organized in the following axes: authors, year of publication, research locale, type of study, sample size, mean age of participants (Chart I), study objectives, scales used to measure social support (Chart II), methodology of data analysis and main results (Chart III).

Chart I - Characteristics of the selected studies on social support and subjective well-being between 2007 and 2017.

| Authors | Year of publication | Research locale | Type of study | Sample | Mean age of participants (Standard Deviation) |
|---------------------------------|---------------------|---------------------|-----------------|--------|---|
| Kooshiar et al. ⁽²⁰⁾ | 2012 | Peninsular Malaysia | Cross-sectional | 1880 | 69.79 (SD= 7.36) |
| Wang ⁽²³⁾ | 2014 | Hefei, China | Cross-sectional | 314 | 65.32 (SD= 3.16) |
| Tu; Yang ⁽²⁴⁾ | 2016 | Ten cities in China | Cross-sectional | 335 | NI |
| Tian ⁽²⁵⁾ | 2016 | NI, China | Cross-sectional | 429 | 63.22 (SD = 3.23) |
| Lou ⁽²⁸⁾ | 2010 | Hong Kong, China | Cross-sectional | 215 | 79.3 (SD= 6.9) |
| Li et al. ⁽³⁰⁾ | 2014 | Beijing, China | Cross-sectional | 700 | NI |
| Peng et al. ⁽³¹⁾ | 2015 | Shenzhen, China | Cross-sectional | 133 | 65.46 (SD= 4.23) |
| Phillips et al. ⁽³³⁾ | 2008 | Hong Kong, China | Cross-sectional | 518 | NI |
| Chalise et al. ⁽³⁴⁾ | 2007 | Kathmandu, Nepal | Cross-sectional | 509 | NI |
| Chalise ⁽³⁵⁾ | 2010 | Kathmandu, Nepal | Cross-sectional | 332 | 68.95 (SD= 7.45) |

Note: SD: Standard deviation; NI: Not informed

Chart II - Characteristics of the selected studies on social support and subjective well-being between 2007 and 2017.

| Authors | Objectives | Social support scales (reliability) | Subjective well-being scales (reliability) |
|---------------------------------|--|--|---|
| Kooshiar et al. ⁽²⁰⁾ | To examine the relationships between types of living arrangements, social support, and life satisfaction | Medical Outcomes Study Social Support Survey scales (a = 0.95) | Philadelphia Geriatric Center Morale Scale (a = 0.76) |
| Wang ⁽²³⁾ | To examine the relationships between social network, perceived social support and subjective well-being | Perceived Social Support Scale (a= 0.88) | Subjective Well Being scale (alpha of subdomains between 0.79 and 0.84) |
| Tu; Yang ⁽²⁴⁾ | To explore the relationships between self-control, social support, and subjective well-being | Chinese Social Support Rating Scale (a= 0,72) | Subjective Well Being scale (alpha de subdominios entre 0,70 e 0,74) |
| Tian ⁽²⁵⁾ | To measure the effect of intergenerational social support on subjective well-being | Intergenerational Social Support Scale for provided and received support (0.774) | Subjective Well Being scale (alpha of subdomains between 0.76 and 0.84) |

| | | | |
|---------------------------------|---|---|---|
| Lou ⁽²⁸⁾ | To investigate the association between social support in relation to grandchildren and life satisfaction | Author-developed scales on support (NI) and quality of relationship (a= 0.76) | Life Satisfaction Scale for Chinese Old Adult (a= 0.90) |
| Li et al. ⁽³⁰⁾ | To measure the impact of social support on the experience of positive and negative affects | Author-developed scale on provided and received social support (a= 0.84) | The Positive and Negative Affect Scales (a= 0.75 and 0.87, respectively) |
| Peng et al. ⁽³¹⁾ | To assess the role of intergenerational and external supports on the affective dimension of subjective well-being | Author-developed scales on provided (a= 0.91) and received (a=0.93) transgenerational support/ Perceived Social Support Scale adapted for external support (a=0.91) | Memorial University of Newfoundland Scale of Happiness (a= 0.84) |
| Phillips et al. ⁽³³⁾ | To analyze the impact of satisfaction with received support on the affective dimension of SWB | Author-developed single-item scale on satisfaction with received support (a=NI) | Items extracted from the World Health Organization Quality of Life (a=NI) |
| Chalise et al. ⁽³⁴⁾ | To analyze the influence of social support on subjective well-being and loneliness/isolation | Author-developed scales on provided and received support (alpha between 0.71 and 0.93) | Life Satisfaction Index K (a= 0.80 for cognitive subdomain and a= 0.92 for affective subdomain) |
| Chalise ⁽³⁵⁾ | To analyze the influence of social support on subjective well-being and loneliness/ isolation | Author-developed scales on provided (a= 0.68) and received (a= 0.94) support | Life Satisfaction Index K (a= 0.80 for cognitive subdomain and a= 0.92 for affective subdomain) |

Note: a: Cronbach's alpha; NI: Not informed

Chart III - Characteristics of the selected studies on social support and subjective well-being between 2007 and 2017.

| Authors | Analysis of data | Main findings |
|---------------------------------|------------------------------|---|
| Kooshiar et al. ⁽²⁰⁾ | Pearson's correlations | Social support was significantly correlated to life satisfaction ($r= 0.36, p<0.001$) |
| | Structural equation modeling | There was a significant relationship between social support and life satisfaction ($\beta= 0.28, p<0.01$) |
| Wang ⁽²³⁾ | Pearson's correlations | NI |
| | Structural equation modeling | Perceived social support functioned as a mediator variable between social network and subjective well-being ($\chi^2 (12, n = 314) = 31.49, \chi^2/df = 2.62; RMSEA = 0.072; SRMR = 0.063; and CFI = 0.98$) |
| Tu; Yang ⁽²⁴⁾ | Pearson's correlations | Social support was significantly correlated with life satisfaction ($r= 0.16; p< 0.01$), positive affects ($r= 0.40, p< 0.01$) and negative affects ($r= -0.22; p< 0.01$) |
| | Multiple regressions | Social support significantly predicted life satisfaction ($\beta= 0.114; p<0.05$) and positive affects ($\beta= 0.346; p<0.001$). Self-control partially mediated the relationship between support and: life satisfaction ($\beta= 0.007; p<0.05$), positive affects ($\beta= 0.099; p<0.01$), negative affects ($\beta= -0.199; p<0.01$) |
| Tian ⁽²⁵⁾ | Pearson's correlations | Well-being was correlated to provided social support ($r= 0.45; p< 0.01$), received social support ($r= 0.40; p< 0.01$), self-esteem ($r= 0.41; p< 0.01$) and loneliness ($r= -0.33; p< 0.01$) |
| | Structural equation modeling | Intergenerational social support had a direct effect ($\beta= 0.43; p< 0.05$) on SWB and an indirect effect ($\beta= 0.21, p< 0.05$) on self-esteem and loneliness (Bootstrap estimation) |
| Lou ⁽²⁸⁾ | Multiple regressions | In the relationship with grandchildren, life satisfaction was predicted by the received ($\beta= 0.14; p< 0.05$) and reciprocal ($\beta= -0.13; p<0.01$) emotional support and the quality of the relationship ($\beta= 0.13; p< 0.05$) |

| | | |
|---------------------------------|------------------------|--|
| Li et al. ⁽³⁰⁾ | Pearson's correlations | Among married older people, positive affect was associated with: support in relation to the spouse ($r=0.18$; $p<0.001$), in relation to the children ($r=0.30$; $p<0.001$) and in relation to friends ($r=0.43$; $p<0.001$). Negative affect was associated with: support in relation to the spouse ($r=-0.35$; $p<0.001$), in relation to the children ($r=-0.27$; $p<0.001$) and in relation to friends ($r=-0.13$; $p<0.01$). Among widowed or divorced older people, positive affect was associated with: support in relation to children ($r=0.20$; $p<0.05$) and in relation to friends ($r=0.41$; $p<0.001$). Negative affect was associated with: support in relation to children ($r=-0.34$; $p<0.001$) and friends ($r=-0.21$; $p<0.01$) |
| | Multiple regressions | Among married older people: Support in relation to friends was the only significant predictor of positive affects ($\beta=0.32$; $p<0.001$) and support in relation to the spouse was the only significant predictor of negative affects ($\beta=-0.26$; $p<0.001$). Among widowed/divorced older people: support in relation to friends was the only significant predictor of positive affects ($\beta=0.36$; $p<0.001$) and support in relation to children was the only significant predictor of negative affects ($\beta=0.29$; $p<0.01$) |
| Peng et al. ⁽³¹⁾ | Pearson's correlations | The affective dimension of subjective well-being showed a direct and significant correlation to received emotional support ($r=0.477$; $p<0.01$), provided emotional support ($r=0.377$; $p<0.01$) and received instrumental support ($r=0.329$; $p<0.01$) in the relationship with children among older migrants; and only to emotional support provided to the children ($r=0.377$; $p<0.01$) among older people |
| | Multiple regressions | The affective dimension of SWB could be predicted only by the emotional support received from children ($\beta=0.37$; $p<0.01$) among older migrants; and the emotional support provided to children ($\beta=0.26$; $p<0.05$) among local older people |
| Phillips et al. ⁽³³⁾ | Pearson's correlations | The affective dimension of subjective well-being showed a direct and significant correlation to satisfaction with general received support ($r=0.12$; $p<0.01$) and satisfaction with support received from relatives ($r=0.22$; $p<0.001$) |
| | Multiple regressions | The affective dimension of SWB could be predicted by the satisfaction with received support ($\beta=0.15$; $p<0.001$) |
| Chalise et al. ⁽³⁴⁾ | Logistic regressions | Satisfaction with life was predicted by the social support received from the spouse ($\beta=0.27$; $p<0.05$) and support provided to children who did not cohabit ($\beta=0.44$; $p<0.05$) and relatives ($\beta=-0.26$; $p=0.053$) among male older individuals. There was a significant relationship between life satisfaction and support provided to children who did not cohabit ($\beta=0.26$; $p=0.011$) in the general sample. |
| | | Among men, the affective dimension of SWB was predicted by the support received from relatives ($\beta=-0.48$; $p=0.003$) and the support provided to the cohabiting children ($\beta=0.31$; $p=0.011$). In the general sample, the affective dimension of SWB was predicted by the support received from relatives ($\beta=0.18$; $p=0.05$) |
| Chalise ⁽³⁵⁾ | Multiple regressions | Among Chhetri individuals, life satisfaction was predicted by the supports received and provided in the relationship with the spouse ($\beta=0.216$; $p<0.1$ and $\beta=0.260$; $p<0.1$, respectively). Among the Newar individuals, life satisfaction was predicted, in the relationship with the children, by the received support ($\beta_{\text{cohabiting children}}=0.343$; $p<0.01$; children who do not cohabit= 0.159 ; $p<0.05$) and provided support ($\beta_{\text{cohabiting children}}=0.151$; $p<0.01$; $\beta_{\text{children who do not cohabit}}=0.184$; $p<0.01$). The support provided to friends/neighbors predicted life satisfaction among Chhetri older people ($\beta=0.153$; $p<0.05$) and Newar older people ($\beta=0.127$; $p<0.05$) |
| | | The affective dimension of SWB was associated in both castes with support received from the spouse ($\beta_{\text{Chhetri}}=0.099$; $p=0.038$, $\beta_{\text{Newar}}=0.132$; $p=0.008$) and support provided to the spouse ($\beta_{\text{Chhetri}}=0.117$; $p=0.026$; $\beta_{\text{Newar}}=0.132$; $p=0.001$). Support provided to friends/neighbors was associated with the affective dimension of SWB in both Chhetri ($\beta=0.141$; $p=0.008$) and Newar ($\beta=0.146$; $p=0.006$) individuals. Among the Newar individuals, the support received from the cohabiting children ($\beta=0.127$; $p=0.008$), from children who do not cohabit ($\beta=0.131$; $p=0.008$), from friends/neighbors ($\beta=0.191$; $p=0.008$) and the support provided to children who did not cohabit ($\beta=0.126$; $p=0.008$) were also related to a higher level of affective dimension of SWB |

Note: NI: Not informed

Subjective Well-being

Regarding the measurement of subjective well-being, five studies analyzed the three facets of SWB, while two analyzed exclusively its cognitive component of life satisfaction and three analyzed the affective components. As for the instruments used to measure life satisfaction, one study⁽²⁰⁾ applied the Philadelphia Geriatric Center Morale Scale (PGCMS)^(21,22), which consists of 17 dichotomous items related to life satisfaction. Only affirmative answers are scored and a zero value is assigned to each “no” answer. The total score ranges from 0-17, with a higher score indicating a higher level of life satisfaction.

Three studies⁽²³⁻²⁵⁾ used the Satisfaction with Life Scale^(26,27) composed of five sentences related to the measured construct in which the participants indicate how much they agree or disagree with each one on a 7-point Likert scale (strongly disagree to fully agree). Another author⁽²⁸⁾ used a version of this scale that was adapted to the Chinese context⁽²⁹⁾.

To evaluate the affective dimension of SWB, the most used scale was the Positive Affect and Negative Affect Scale (PANAS)^(23-25,30). This instrument consists of a series of words that represent different emotions related to pleasure and displeasure in which the person must indicate how he or she has felt lately. The positive and negative affects are corrected separately, and the higher the score, the higher the degree of that characteristic.

A recent study⁽³¹⁾ used the University of Newfoundland Scale of Happiness (MUNSH), which was developed to assess the affective experience among older people though items divided into four dimensions: positive affect, negative affect, positive life experiences and negative life experiences⁽³²⁾. In addition to analyzing the affective dimension of well-being, another study⁽³³⁾ used five items of the Chinese version of the World Health Organization Quality of Life (WHOQOL).

The adapted version of the Life Satisfaction Index K instrument (LSIK) was used in two studies^(34,35) that aimed to assess both cognitive well-being (long-term life satisfaction) and affective well-being (short term). LSIK measures SWB through the assessment of these constructs separately.

Regarding the way of analyzing the measured data, of the five studies that analyzed all components of SWB (LS, PA and NA), only one presented separate measures for each of them⁽²⁴⁾. Other two studies obtained a global well-being score from the combination of the three measures (SWB = LS + PA - NA)^(23,25). There were also two other studies that presented an independent score for life satisfaction and a second measure consisting of the affective balance (PA - NA)^(34,35).

Among the studies that analyzed only the affective experience, one study⁽³⁰⁾ presented separate measures for positive affects and negative affects, while two other studies^(31,33) presented a single measure for the affection experience (PA - NA).

Two studies with similar methodological designs analyzed the relationship between subjective well-being components and carried out a confirmatory factorial analysis that indicated a single factor for the three measures, which justified the adoption of a global SWB measure. In addition, they found an association between this single score and the three measures separately through structural equation modeling. The results of the first study revealed that the global SWB presented a high and significant degree of association with life satisfaction and positive affects ($\beta = 0.88$, $p < 0.05$, and $\beta = 0.83$, $p < 0.05$, respectively) and a weak association with negative affects ($\beta = -0.23$, $p < 0.05$)^(23,25). Similarly, there were very strong and significant associations between global SWB and life satisfaction ($\beta = 0.83$, $p < 0.05$) and also between global SWB and positive affects ($\beta = 0.91$, $p < 0.05$). A weak association with negative affects was also found ($\beta = -0.15$, $p < 0.05$).

Previous research⁽²⁴⁾ found a weak correlation between life satisfaction and positive affects ($r = 0.182$, $p < 0.01$) and moderate correlation between life satisfaction and negative affects ($r = -0.34$, $p < 0.01$). The correlation between positive and negative affects was not significant. The relationships between these variables, however, were not analyzed in the multiple regressions performed.

Social Support

With regard to the instruments used to assess social support, those developed by the authors themselves based on the conceptual foundations of the construct were the most predominant (60%). One study⁽³⁴⁾ developed two independent scales to assess the frequency of support received and provided, as well as to investigate the kinship between the older person and those involved in the support relationship. A study carried out later used the same scale⁽³⁵⁾.

Another study⁽³⁰⁾ measured social support through three questions that assessed the frequency of contact with family and friends, the level of support received from them and the level of support provided to them. There were closed-ended questions and the response options ranged from 1 (very rarely) to 5 (very often). The final score was obtained from the average of the three items.

Another study analyzed the measurement of the degree of satisfaction of older people with the support received from each source separately (spouse, children and friends) using a single-item scale in which the participant chose the response from options that ranged from 1 (very dissatisfied) to 5 (very satisfied)⁽³³⁾.

A study⁽²⁸⁾ measured support from grandchildren considering three independent domains: received emotional support, reciprocal support and quality of relationship. The first was measured using the question “How often do you feel your grandchild provides emotional support to you?”. The response was indicated on a 5-point Likert scale (never to always). Reciprocal support was assessed using two items. “When you have an important decision to make, do you discuss this with your grandchildren?”

and “When your grandchildren have an important decision to make, do they ask for your help?”. Both items allowed Yes/No responses. Those who answered ‘yes’ to both questions were grouped into a reciprocal support group. The others were grouped into a non-reciprocal support group. Finally, the quality of the relationship with the grandchildren was measured through a 7-item scale that assessed the positive consequences of the relationship, such as new perceptions, family continuity and self-esteem.

The same group of researchers developed two scales, each one containing 28 items, to assess the frequency of received and provided support in the relationship between older people and their children. They also adapted the Perceived Social Support Scale (PSSS) to measure perceived support from people outside the family context⁽³¹⁾.

Among the studies that used scales developed and validated by other authors, the following stand out: Medical Outcomes Study Social Support Survey scales⁽²⁰⁾, Perceived Social Support Scale⁽²³⁾, Chinese Social Support Rating Scale⁽²⁴⁾ and Intergenerational Social Support Scale⁽²⁵⁾.

In summary, five studies measured both provided social support and received social support. Of these, three analyzed the types of support separately^(31,34,35) and two obtained a single score by combining the types of support^(25,30). Two studies investigated perceived social support^(20,23) and one investigated satisfaction with the support received⁽³³⁾. One study⁽²⁸⁾ assessed received emotional support and the quality of the relationship with grandchildren. Another study analyzed received and provided informational support, dividing the older people into two groups according to their responses (reciprocal support and non-reciprocal support) while another study⁽²⁴⁾ assessed subjective and objective support and the way support is used, although it did not provided details about what each of these dimensions meant. The global social support score was obtained by combining the measures.

Regarding the individuals involved in the support relationship, nine studies measured informal support through the assessment of social support generally perceived without specifying the source of the support, that is, older people indicated on each item of the instrument how much they believed that a particular type of support would be available if they needed it, without pointing out the person responsible for its provision⁽²⁰⁾.

Social Support and Subjective Well-being

Only one study did not carry out statistical analysis to verify the internal consistency of the instruments in the study sample. The others presented good reliability indicators. As shown in Chart II, all the instruments obtained Alpha values above 0.7, which is considered the minimum acceptable in the literature⁽³⁶⁾. These results indicate that the instruments used to assess social support and SWB have good internal consistency and are reliable to measure the proposed variables.

Regarding the results, all the studies selected found associations between social support and well-being. One study⁽³³⁾ found that older adults who reported being more satisfied with global support indicated a more positive emotional experience compared with those reporting a low level of satisfaction with support.

In the other studies, the associations between SS and SWB tended to vary, both in terms of magnitude and in terms of statistical significance, when taking into account the local culture and the type of relationship of those involved in social exchanges. One study⁽³⁵⁾, for example, assessed the impact of SS on SWB considering not only the level of self-reported support, but also the degrees of kinship in the support relationships (spouse, children and friends/neighbors). The study also considered the cultural aspect when analyzing and comparing two samples of different castes in the city of Kathmandu, Nepal (Chhetri and Newar).

In this case, Chhetri older people who reported receiving and providing support in the relationship with the spouse presented greater satisfaction with life. On the other hand, Newar older people’s satisfaction with life was greater for those who received and provided support in the relationship with their children (whether they lived together or not). Providing support to friends and neighbors increased satisfaction with life in both Chhetri older people and Newar older people⁽³⁵⁾.

Regarding the relationship between support and the affective dimension of SWB, older people who reported receiving and providing support in their relationship with their spouse presented a more positive affective experience in both castes. Likewise, those who reported providing support to friends and neighbors also demonstrated a high level of positive affective experience, whether they were Chhetri or Newar. However, the support received from cohabiting children and non-cohabiting children, from friends/neighbors, and the support provided to children who do not cohabit improved the affective experience only in individuals of the Newar caste⁽³⁵⁾.

A group of authors⁽³¹⁾ who analyzed a sample of older migrants living in Shenzhen (China) and local older people found that older migrants who received emotional support from their children tended to experience more positive affects and therefore fewer negative affects. Among local older people, what provided greater quality in the emotional experience was to provide emotional support to the children.

The results found in a sample of older people living in Beijing (China)⁽³⁰⁾ revealed that the more support they received from friends and the more support they provided to them, the more positive emotions experienced by older people, whether married, widowed or divorced. In addition, receiving and providing support in the relationship with the spouse protected the

married couple from negative affects. Among the widowed and divorced older people, the support received and provided in the relationship with their children replaced the support from the spouse regarding the protective role against negative affects.

Although pointing to positive relationships between social support and well-being, two studies also found negative associations between these variables. In addition, the study found that Nepalese older males who received support from the spouse and provided support to their cohabiting children tended to have higher degree of satisfaction with life. On the other hand, satisfaction with life among these older people tended to decrease with the provision of support to relatives. In addition, they also had the affective dimension compromised when they received support from relatives⁽³⁴⁾.

In a sample of Chinese older people (Hong Kong), those who received emotional support from their grandchildren were more satisfied with life. However, participants who indicated reciprocal informational support in their relationship with their grandchildren (giving and receiving advice) had lower satisfaction with life⁽²⁸⁾.

Two studies also pointed out the mediator effect of social support on the relationship between SWB and a third variable. The results found in these studies⁽²⁰⁾ revealed that the type of household arrangement influenced life satisfaction among older people through perceived social support. Thus, the household arrangement in which older people are inserted directly impacted their perception of support and this, in turn, impacted their life satisfaction. Another study⁽²³⁾ showed that perceived social support functioned as a mediator between the social network and subjective well-being. Therefore, it was not enough to have older people have contact with many people in their life; they need to represent probable sources of support that can positively impact older people's well-being.

Two other studies have found a positive impact of social support on subjective well-being through other variables. Chinese older people who received and provided support in their relationship with their children reported higher self-esteem and less loneliness, and therefore had a higher SWB levels⁽²⁵⁾. In that study, self-esteem and loneliness worked as bridges between social support and well-being. In another study, self-control partially mediated the relationship between support and life satisfaction, positive affects and negative affects in the study sample⁽²⁴⁾.

In summary, four types of impacts of SS on SWB were observed: (a) direct and positive, when support increases levels of life satisfaction and positive affects and decreases the level of negative affects; (b) direct and negative, when support decreases levels of life satisfaction and positive affects and increases the level of negative affects; (c) direct and mediator, when social support is placed between well-being and a third variable, mediating the relationship between them; and (d) indirect and mediated, when social support influences well-being through a third variable.

DISCUSSION

All the studies in the present review were carried out in Eastern countries. A possible explanation for this fact may have a cultural basis, since societies belonging to this hemisphere are predominantly collectivist, emphasizing social resources, aspects of interpersonal interaction and intra- and inter-group relations⁽³⁷⁻³⁹⁾. Added to this, there is also the population aging. Although the population of older people is growing around the world, population aging in Asia happens at a faster rate⁽⁴⁰⁾. It is estimated that the share of the population over 65 years old in Asia will be 16.8% by the year 2050⁽⁴¹⁾.

The most used instruments to assess the components of subjective well-being were the Satisfaction With Life Scale (SWLS)⁽²⁶⁾, used to assess the cognitive dimension of SWB, and the Positive Affect and Negative Affect Scales – PANAS⁽⁴²⁾, used to assess the affective dimension. Although they were developed in the 1980s, these scales continue to be used in several studies on well-being and have shown good indicators of validity and reliability, and may be considered gold standards in this field⁽⁴³⁾.

The same type of results has not been obtained with the instruments used to measure social support and its dimensions. Different scales have been used, with a predominance of author-developed instruments based on the conceptual foundations of the construct. A total of 6 studies out of the 10 studies analyzed used author-developed scales, while other studies used adaptations of other scales. A possible reason for this finding is the sensitivity of social support to the cultural differences present in the different groups studied, requiring the construction/adaptation of instruments that are ecologically valid^(44,45).

With regard to the association between social support and subjective well-being, the reviewed studies showed a positive impact of the first on the second, whether direct or indirect, indicating that the higher the level of support, the higher the level of well-being experienced by older people. These results were related to the direct (or main) effect model, which assumes that the support has direct and indirect effects on the well-being of the individuals⁽⁴⁶⁾. In addition, the results were consistent with previous results^(6,47-49). No evidence was found to corroborate the protective role of support in the face of adverse life circumstances (buffering model)⁽⁴⁶⁾.

The positive influence of the social support provided by older people on their subjective well-being in the articles analyzed should be highlighted. In general, it is assumed that older people need support to meet their needs, that is, older people are seen as passive individuals who demand care. The literature, however, points out that older people not only can be a source of support, but also experience benefits by helping others. These results point to a change of perspective when looking at the older population, recognizing them as subjects who can be active in giving and receiving resources to promote their well-being^(6,47).

Negative associations between support provided to relatives and life satisfaction and between support received from relatives and affective experience⁽³⁴⁾ can be explained culturally. Older men from the location analyzed have negative perceptions about giving and receiving support from relatives. However, the reasons behind these findings need further investigation in the future.

The results found in a study⁽²⁸⁾ also pointed to a negative side of social support. In that study, the older people who reported reciprocal informational support to and from their grandchildren (giving advice to them and seeking them for advice) showed a lower level of satisfaction with life. From the author's point of view, seeking advice from grandchildren violates the expectation of the social role of the older people, who, due to their experiences, should play a role of wisdom and authority.

The author understands that grandparents are not expected to seek advice from their grandchildren in the face of life's challenges. Again, culture seems to play an important role in how social support is interpreted by the subjects within a relationship. However, regarding informational support, the author divides the older people into two groups: "reciprocal support" and "non-reciprocal support". In the latter group, the author does not differ the older people who reported only seeking advice from their grandchildren from those who reported only being sought for advice⁽²⁸⁾. Therefore, further research could be carried out to improve understanding about this issue.

Thus, two articles showed a negative effect of social support on well-being. However, this influence was limited to certain types of support in specific interpersonal relationships (between older people and their grandchildren, or between older people and their relatives).

In general, all the studies found a positive relationship between support and subjective well-being, even those who also found a negative effect. Therefore, the results of the articles analyzed showed that the support elevates the SWB of older people, leading them to rate their lives more positively and to experience more pleasant affections and less displeasure. The significant differences between the subscales of subjective well-being and the different facets of social support corroborate the importance of also distinguishing the cognitive and affective components in the assessment and interpretation of this construct in old age^(50,51).

Regarding the results of the present study, limitations were also found. In some cases, the theoretical elements and the description of the instruments were not sufficiently explored by the authors, which prevented a more accurate analysis of these aspects.

In addition, the social support measures used were subjective, representing recognition of the availability of support by the individual. Therefore, low levels of self-reported social support do not necessarily indicate that older people are receiving less support. Variables intrinsic to the individual may lead one not to feel supported even if support is received⁽⁵²⁾. The scenario in which support is provided but the recipient does not recognize it is called by the literature as invisible support⁽⁵³⁾.

The present study is expected to contribute to the implementation of theoretical and methodological advances that may help in this issue as well as to promote the implementation of interventions to promote well-being and quality of life among the older people.

CONCLUSION

The results of this review indicate that the relationship between social support and subjective well-being is generally positive. The results showed that the support elevates the SWB of older people, leading them to rate their lives more positively and to experience more pleasant affections. However, these results may have been affected by cultural aspects, since only older people from Eastern countries were included in the samples, signaling the need for studies of other populations.

In addition, there is a need to develop research to investigate the influence of social support on subjective well-being using experimental designs, as they will allow a better understanding of the relationship between these two constructs.

REFERENCES

1. Coleta JAD, Lopes JEF, Coleta MFD. Felicidade, bem-estar subjetivo e variáveis sociodemográficas, em grupos de estudantes universitários. *Psico USF*. 2012;17(1):129-39.
2. Diener E. The remarkable changes in the science of subjective well-being. *Perspect Psychol Sci*. 2013;8(6):663-6.
3. Layous K, Zanon C. Avaliação da felicidade subjetiva: para além dos dados de autorrelato. In: Hutz CS. *Avaliação em psicologia positiva*. Porto Alegre: Artmed; 2014. p. 23-42.
4. Albuquerque AS, Tróccoli BT. Desenvolvimento de uma escala de bem-estar subjetivo. *Psicol Teor Pesqui*. 2004;20(2):153-64.
5. Teixeira INDO, Neri AL. Envelhecimento bem-sucedido: uma meta no curso da vida. *Psicologia USP*. 2008;19(1):81-94.

6. Siedlecki KL, Salthouse TA, Oishi S, Jeswani S. The relationship between social support and subjective well-being across age. *Soc Indic Res.* 2014;117(2):561-76.
7. Cho J, Martin P, Poon LW. Successful aging and subjective well-being among oldest-old adults. *Gerontologist.* 2015;55(1):132-43.
8. Oliveira SF, Queiroz MIN, Costa MLA. Bem estar subjetivo na terceira idade. *Motricidade.* 2012;8(Supl 2):1038-47.
9. Cardoso MCS, Ferreira MC. Envolvimento religioso e bem-estar subjetivo em idosos. *Psicol Ciênc Prof.* 2009;29(2):380-93.
10. Woyciekoski C, Stenert F, Hutz CS. Determinantes do bem-estar subjetivo. *Psico.* 2012;43(3):280-8.
11. Olson EA, Fanning JT, Awick EA, Chung HD, McAuley E. Differential trajectories of well-being in older adult women: the role of optimism. *Appl Psychol Health Well Being.* 2014;6(3):362-80.
12. Carmel S, Raveis VH, O'Rourke N, Tovel H. Health, coping and subjective well-being: results of a longitudinal study of elderly Israelis. *Aging Ment Health.* 2017;21(6):616-23.
13. Simone PM, Haas AL. Frailty, leisure activity and functional status in older adults: Relationship with subjective well being. *Clinical Gerontologist.* 2013;36(4):275-93.
14. Carr D, Freedman VA, Cornman JC, Schwarz N. Happy marriage, happy life? Marital quality and subjective well being in later life. *J Marriage Fam.* 2014;76(5):930-48.
15. Golçalves TR, Pawlowski J, Bandeira DR, Piccinini CA. Avaliação de apoio social em estudos brasileiros: aspectos conceituais e instrumentos. *Ciênc Saúde Coletiva.* 2011;16(3):1755-69.
16. Griep RH, Chor D, Faerstein E, Werneck GL, Lopes CS. Validade de constructo de escala de apoio social do Medical Outcomes Study adaptada para o português no Estudo Pró-Saúde. *Cad Saúde Pública.* 2005;21(3):703-14.
17. Mas-Expósito L, Amador-Campos JA, Gómez-Benito J, Lalucat-Jo L. Considering variables for the assignment of patients with schizophrenia to a case management programme. *Community Ment Health J.* 2013;49(6):831-40.
18. Shiba K, Kondo N, Kondo K. Informal and formal social support and caregiver burden: the AGES Caregiver Survey. *J Epidemiol.* 2016;26(12):622-8.
19. Law M, Stewart D, Pollock N, Letts L, Bosch J, Westmorland M. Guidelines for critical review form: quantitative studies [accessed on 2017 Jan 09]. Available from: <https://srs-mcmaster.ca/wp-content/uploads/2015/05/Guidelines-for-Critical-Review-Form-Quantitative-Studies.pdf>
20. Kooshiar H, Yahaya N, Hamid TA, Samah AA, Jou VS. Living arrangement and life satisfaction in older Malaysians: the mediating role of social support function. *PloS one.* 2012;7(8):e43125
21. Lawton MP. The Philadelphia Geriatric Center Morale Scale: a revision. *J Gerontol.* 1975;30(1):85-9.
22. Ma L, Green KE, Cox EO. Stability of the Philadelphia Geriatric Center Morale Scale: a multidimensional item response model and rasch analysis. *J Applied Gerontol.* 2010;29(4):475-93.
23. Wang X. Subjective well-being associated with size of social network and social support of elderly. *J Health Psychol.* 2014;21(6):1037-42.
24. Tu Y, Yang Z. Self-control as mediator and moderator of the relationship between social support and subjective well-being among the Chinese elderly. *Social Indicators Res.* 2016;126(2):813-28.
25. Tian Q. Intergeneration social support affects the subjective well-being of the elderly: Mediator roles of self-esteem and loneliness. *J Health Psychol.* 2016;21(6):1137-44.
26. Diener E, Emmons RA, Larsen RJ, Griffin S. The satisfaction with life scale. *J Pers Assess.* 1985;49(1):71-5.
27. Pavot W, Diener E. Review of the satisfaction with life scale. *Psychol Assess.* 1993;5(2):164-72.
28. Lou VW. Life satisfaction of older adults in Hong Kong: The role of social support from grandchildren. *Social Indicators Res.* 2010;95(3):377-91.
29. Lou VWQ, Chi I, Mjelde-Mossey LA. Development and validation of a life satisfaction scale for Chinese elders. *Int J Aging Hum Dev.* 2008;67(2):149-70.

30. Li H, Ji Y, Chen T. The roles of different sources of social support on emotional well-being among Chinese elderly. *PLoS One*. 2014;9(3):e90051.
31. Peng H, Mao X, Lai D. East or West, home is the best: Effect of intergenerational and social support on the subjective well-being of older adults: a comparison between migrants and local residents in Shenzhen, China. *Ageing Int*. 2015;40(4):376-92.
32. Kosma A, Stones MJ. The measurement of happiness: development of the Memorial University of Newfoundland Scale of Happiness (MUNSH). *J Gerontol*. 1980;35(6):906-12.
33. Phillips DR, Siu OL, Yeh AG, Cheng KH. Informal social support and older persons' psychological well-being in Hong Kong. *J Cross Cult Gerontol*. 2008;23(1):39-55.
34. Chalise HN, Saito T, Takahashi M, Kai I. Relationship specialization amongst sources and receivers of social support and its correlations with loneliness and subjective well-being: A cross sectional study of Nepalese older adults. *Arch Gerontol Geriatr*. 2007;44(3):299-314.
35. Chalise HN. Social Support and its Correlation with Loneliness and Subjective Well-being: A Cross-cultural Study of Older Nepalese Adults. *Asian Soc Work Policy Rev*. 2010;4(1):1-25.
36. Hora HRM, Monteiro GTR, Arica J. Confiabilidade em questionários para qualidade: um estudo com o Coeficiente Alfa de Cronbach. *Produto & Produção*. 2010;11(2):85-103.
37. Ferreira MC, Assmar EML, Souto SO. O individualismo e o coletivismo como indicadores de culturas nacionais: convergências e divergências teórico-metodológicas. *Psicol Estud*. 2002;7(1):81-9.
38. Gouveia VV, Andrade JD, Milfont TL, Queiroga F, Santos WD. Dimensões normativas do individualismo e coletivismo: É suficiente a dicotomia pessoal vs. social. *Psicol Reflex Crít*. 2003;16(2):223-34.
39. Keshtiarri N, Kuhlmann M. The Effects of culture and gender on the recognition of emotional speech: evidence from Persian speakers living in a collectivist society. *Int J Society Culture Language*. 2016;4(2):71-86.
40. Donehower G, Fürnkranz-Prskawetz A, Lee RD, Lee SH, Mason A, Miller T, et al. Population change and the economic security of older people in Asia. *National Transfer Accounts Bull*. 2016;10:1-4.
41. Gupta A, Mohan U, Singh SK, Manar MK, Tiwari SC, Singh VK. Screening depression among elderly in a city of Southeast Asia. *J Clin Diagn Res*. 2015;9(9):LC01-5.
42. Watson D, Clark LA, Tellegen A. Development and validation of brief measures of positive and negative affect: the PANAS scales. *J Pers Soc Psychol*. 1988;54(6):1063-70.
43. Jovanović V. A bifactor model of subjective well-being: A re-examination of the structure of subjective well-being. *Pers Individ Dif*. 2015;87:45-9.
44. Winemiller DR, Mitchell ME, Sutliff J, Cline DI. Measurement strategies in social support: a descriptive review of the literature. *J Clin Psychol*. 1993;49(5):638-48.
45. Antunes C, Fontaine AM. Percepção de apoio social na adolescência: análise fatorial confirmatória da escala Social Support Appraisals. *Paidéia*. 2005;15(32):355-66.
46. Cohen S, Wills TAS. Stress, Social Support, and the Buffering Hypothesis. *Psychol Bulletin*. 1985;98(2):310-57.
47. Guedea MTD, Albuquerque FJB, Tróccoli BT, Noriega JAV, Seabra MAB, Guedea RLD. Relação do bem-estar subjetivo, estratégias de enfrentamento e apoio social em idosos. *Psicol Reflex Crít*. 2006;19(2):301-8.
48. Siewert K, Antoniow K, Kubiak T, Weber H. The more the better? The relationship between mismatches in social support and subjective well-being in daily life. *J Health Psychol*. 2011;16(4):621-31.
49. Zhao J, Kong F, Wang Y. Shyness and subjective well-being: The role of emotional intelligence and social support. *Social Indicators Research*. 2013;114(3):891-900.
50. Busseri MA, Sadava SW. A review of the tripartite structure of subjective well-being: Implications for conceptualization, operationalization, analysis, and synthesis. *Pers Soc Psychol Rev*. 2011;15(3):290-314.
51. Busseri MA. Toward a resolution of the tripartite structure of subjective well being. *J Pers*. 2015;83(4):413-28.

52. Sarason IG. Social support: theory, research and applications. Washington: NATO ASI Series; 2013.
53. Ditzen B, Heinrichs M. Psychobiology of social support: the social dimension of stress buffering. Restor Neurol Neurosci. 2014;32(1):149-62.

Mailing address:

Luiz Fellipe Dias da Rocha
Universidade do Estado do Rio de Janeiro
Centro de Tecnologia e Ciências
Rua São Francisco Xavier, 524/ Sala 2145 F
Bairro: Maracanã
CEP: 20550-900 - Rio de Janeiro - RJ - Brasil
E-mail: felliperocha.uerj@gmail.com