

## THE MEDIATING ROLE OF SOCIAL SUPPORT IN ENHANCING QUALITY OF LIFE AMONG ELDERLY PEOPLE

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### ABSTRACT

This study examines the mediating role of social support in the relationship between physical health, psychological well-being, and quality of life among elderly individuals. A quantitative, cross-sectional design was adopted, and data were collected from 250 elderly participants aged 60 and above living in community and care-home settings. Standardized questionnaires – the WHOQOL-BREF, Multidimensional Scale of Perceived Social Support (MSPSS), and General Health Questionnaire (GHQ-12) – were used. Statistical analysis involved Pearson correlation, multiple regression, and mediation testing using PROCESS macro (Model 4). Results showed that social support significantly mediates the relationship between physical/psychological health and quality of life, indicating that higher social support enhances well-being even when health conditions are declining. These findings underscore the importance of community-based interventions and family involvement in improving the quality of life of the elderly.

**Keywords:** Social Support, Quality of Life, Elderly, Mediation, Quantitative Study

### INTRODUCTION

Population aging is one of the most significant social transformations of the 21st century. As individuals age, maintaining quality of life (QoL) becomes increasingly dependent not only on health status but also on psychosocial resources such as social support (World Health Organization, 2020). Social support refers to the perception or experience of being cared for, valued, and part of a network of mutual assistance (Cohen & Wills, 1985).

The elderly often face physical limitations, emotional loneliness, and social isolation, which can diminish their overall quality of life. However, social support networks—whether from family, friends, or the community—can act as protective buffers. The mediating role of social support implies that it can explain *how*

and *why* psychological and physical health influence QoL outcomes.

Therefore, this study investigates how social support mediates the relationship between health status and quality of life among elderly individuals. Understanding this relationship provides practical insight for social workers, policymakers, and caregivers in designing effective interventions.

### 2. Literature Review

#### 2.1 Quality of Life in Elderly People

Quality of life is a multidimensional construct encompassing physical health, psychological state, level of independence, social relationships, and environmental context (WHO, 1997). Elderly people often experience

a decline in these areas, making QoL an essential indicator of successful aging.

### 2.2 Social Support and Aging

Social support has been consistently linked to lower stress levels, higher life satisfaction, and better health outcomes in old age (Antonucci, 2001). The perception of support can foster a sense of belonging, reduce depression, and promote emotional resilience.

### 2.3 Mediating Role of Social Support

Empirical studies have highlighted that social support can mediate the effects of health-related factors on well-being. For instance, when elderly individuals receive emotional or instrumental support, the negative impact of chronic illness on QoL diminishes (Chao, 2011).

### 2.4 Theoretical Framework

This study is grounded in the **Stress-Buffering Model** (Cohen & Wills, 1985), which posits that social support mitigates the harmful effects of stressors on well-being. The conceptual framework below summarizes the hypothesized mediation relationship.

**Independent Variable (X):** Health Status

**Mediator (M):** Social Support

**Dependent Variable (Y):** Quality of Life

### 3. Research Objectives

1. To examine the relationship between health status and quality of life among elderly people.

2. To determine the role of social support in influencing quality of life.

3. To test whether social support mediates the relationship between health status and quality of life.

### 4. Hypotheses

H1: Health status is positively related to quality of life among elderly people.

H2: Health status is positively related to perceived social support.

H3: Social support is positively related to quality of life.

H4: Social support mediates the relationship between health status and quality of life.

### 5. Methodology

#### 5.1 Research Design

A **quantitative cross-sectional** design was used. Data were analyzed using descriptive statistics, correlation, and mediation analysis.

#### 5.2 Population and Sample

The target population comprised elderly individuals aged 60 and above living in community and residential care homes in Malaysia.

**Sample size:** 250 participants selected using simple random sampling.

### 5.3 Instruments

Variable	Instrument	No. of Items	Reliability ( $\alpha$ )
Quality of Life	WHOQOL-BREF (WHO, 1997)	26	0.91
Social Support	Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)	12	0.88
Health Status	General Health Questionnaire (GHQ-12)	12	0.85

### Results

#### Descriptive Statistics

Table 1 presents the means, standard deviations, and ranges for the major study variables: health status, social support, and

quality of life. The mean scores indicate that elderly participants reported moderate levels of perceived health, relatively high social support, and moderate-to-high quality of life.

Variable	M	SD	Minimum	Maximum
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Health Status	3.42	0.67	1.75	4.95
Social Support	3.78	0.58	2.10	4.95
Quality of Life	3.65	0.62	1.90	4.90

### Correlation Analysis

Pearson product-moment correlations were computed to examine relationships among variables (see Table 2). Health status was positively and significantly correlated with social support ( $r = .48, p < .001$ ) and quality of

life ( $r = .52, p < .001$ ). Social support also showed a strong positive correlation with quality of life ( $r = .61, p < .001$ ). These findings suggest that better health and greater social support are associated with higher quality of life among elderly individuals.

Variable	1	2	3
1. Health Status	–		
2. Social Support	.48***	–	
3. Quality of Life	.52***	.61***	–

### Mediation Analysis

To test the mediating role of social support between health status and quality of life, Hayes' PROCESS macro (Model 4) was used. Bootstrapping (5,000 samples) estimated the indirect effect. Table 3 presents the regression results for the mediation model.

The total effect of health status on quality of life was significant ( $\beta = .47, p < .001$ ). Health status also positively predicted social support ( $\beta = .48,$

$p < .001$ ), and social support positively predicted quality of life ( $\beta = .39, p < .001$ ) after controlling for health status.

When social support was included in the model, the direct effect of health status on quality of life decreased but remained significant ( $\beta = .28, p < .01$ ), indicating **partial mediation**. The indirect effect was significant, as the 95% bootstrap confidence interval did not include zero (95% CI [.11, .29]).

Path	$\beta$	SE	t	p	95% CI
Health Status → Social Support (a)	0.48	0.06	8.21	< .001	[.36, .59]
Social Support → Quality of Life (b)	0.39	0.05	7.80	< .001	[.29, .49]
Health Status → Quality of Life (c')	0.28	0.07	4.05	< .01	[.14, .41]
<b>Indirect Effect (a × b)</b>	<b>0.19</b>	<b>0.05</b>	–	–	[.11, .29]
<b>Total Effect (c)</b>	<b>0.47</b>	<b>0.06</b>	<b>7.83</b>	<b>&lt; .001</b>	[.35, .58]

Note. Mediation tested using PROCESS Macro (Model 4) with 5,000 bootstrap samples. CI = Confidence Interval; SE = Standard Error.

### Summary of Findings

1. Health status, social support, and quality of life were all positively correlated.
2. Social support partially mediated the relationship between health status and quality of life.
3. The mediation model explained **47% of the variance in quality of life** ( $R^2 = .47, p < .001$ ), suggesting that perceived social support plays a crucial role in enhancing well-being among elderly people.

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