

# Social Capital and its Contribution to the Wellbeing of the Older Person in the Midlands Region Ireland.

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## BACKGROUND

The literature generally describes Social Capital as a characteristic of social structures made up of a network of relationships between residents of neighbourhoods and communities, focusing on levels of interpersonal trust and norms of reciprocity and mutual aid (Portes, 1998; Barr & Russell, 2006).

This study has been carried out in a Primary Health Care area in the Irish Midlands measuring Social Capital and its contribution to the wellbeing of the Older Person. The study uses a sample (n=195) of people over 65 years of age.

## AIM

The aim of the study is to investigate the level of Social Capital experienced, to determine if it predicts the self-reported health, quality of life and degree of loneliness of older people in the Midlands region, Ireland. This study is cross-sectional measuring Social Capital indicators such as social participation, informal networks, generalised trust, sense of belonging and level of volunteering.



## METHODOLOGY

Data was collected from a sample (n=195) of those 65yrs and older attending a Primary Health Care Environment using a self-administered survey. This report represents 39% (195) of the total sample (n=500). Ethical approval was granted by Athlone Institute of Technology (AIT) and the Irish College of General Practitioners (ICGP). Regression models were built and the variables were added in two blocks. All Analysis was carried out using SPSS Statistics 22.



## RESULTS

In this study 39% (n=76) of respondents self-reported excellent/very good physical health while 49% (n=94) self-reported excellent/very good mental and emotional health. The average overall results correspond with National data for physical health which showed 42% of respondents' self-reported excellent/very good physical health (Finucane et al., 2014). The results were less favourable with National figures for emotional and mental health showing 60% self-reporting excellent/very good mental and emotional health (O'Regan et al., 2011).

The overall results for quality of life score are broadly in line with National data (Layte, Sexton, & Savva, 2013) as are the results from the loneliness score (Satini, 2016).



## Quality of Life and Loneliness Outcomes Predicted by Demographics and Social Capital Indicators

DEMOGRAPHICS	Quality of Life (CASP-19)	p-values	Loneliness (UCLA)	p-values
Female (male)	-.014	.900	<b>-.196+</b>	.054
75+ (65-74)	.007	.954	-.044	.673
Some secondary	.132	.303	-.147	.248
Secondary or more	.204	.151	-.086	.539
Married	-.075	.670	.066	.693
Lives with others	.274	.085	<b>-.358*</b>	.020
Amenity closeness	.087	.421	-.113	.274
<b>SOCIAL CAPITAL INDICATORS</b>				
Social participation	.116	.362	-.058	.625
Informal network contact frequency	.205	.105	<b>-.253*</b>	.035
Has generalised Trust in people (No)	.012	.908	-.015	.876
Very strong/strong sense of belonging	.106	.381	.075	.494
Volunteering in activities associated with church (No)	.119	.322	-.119	.284
More than weekly religious attendance	-.077	.490	.116	.274
Rarely or more often, lack of transport affects social life/shopping (never)	-.079	.460	.152	.128
Adjusted R <sup>2</sup>	<b>.117</b>		<b>.123</b>	

\* p<0.05 + = marginally significant (p<0.10), note: default category in brackets  
 CASP-19 is a validated scale that views quality of life as needs satisfaction, thereby differentiating quality of life from the factors that influence it (Hyde et al., 2003).  
 California Los Angeles Loneliness Scale (UCLA) (Russell, 1996).

## Physical and Emotional/Mental Health Outcomes Predicted by Demographics and Social Capital Indicators

DEMOGRAPHICS	Excellent/Very Good Physical Health		Excellent/Very Good Emotional and Mental Health	
	Odds Ratio	p-value	Odds Ratio	p-value
Female (male)	.828	.679	.496	1.36
75+ (65-74)	<b>.328*</b>	.029	.782	.621
Some secondary	1.156	.810	<b>5.122*</b>	.008
Secondary or more	2.794	.106	<b>4.851*</b>	.015
Married	.813	.791	.547	.455
Lives with others	1.535	.587	1.432	.649
Amenity Closeness	.968	.561	.991	.863
<b>SOCIAL CAPITAL INDICATORS</b>				
Social participation	1.005	.841	.987	.574
Informal network contact frequency	1.080	.308	1.061	.426
Generalised trust	1.816	.320	.825	.743
Sense of belonging	1.271	.765	3.424	.126
Involved in activities associated with church	1.330	.586	2.510	.085
More than weekly religious attendance	.865	.772	.564	.255
Social life effected by transport	.704	.503	.455	.128
Nagelkerke R <sup>2</sup>	<b>.182</b>		<b>.210</b>	

\* p<0.05

## CONCLUSIONS

In this study Lower education levels (primary) predicts poorer emotional/mental health. Older people are five times more likely to have good emotional health if they are in the higher education bracket (some secondary education or greater). Older people over 75 years are more likely to have poor physical health. Those living alone, women and those having less than weekly contact with relatives, friends and neighbours (informal social network) have been found to have higher levels of loneliness.

The correlation between Social Capital and a supportive social environment where people look out for one another and interact positively with a sense of belonging has been well established (Cockerham, 2013), as a resource it needs to be utilised otherwise it will reduce (Putnam, 2000; Coleman, 1994). These findings have implications for promoting Social Capital since they clearly point to the need for social policies that focus on health, well-being and community support for older people in the Midlands Region, Ireland. This region is characterised by movement of younger people to more urban environments, potentially affecting the health and well-being of the older population.

There is a need for a growing emphasis on health promotion strategies that seek to intervene at the level of supporting individuals, strengthening communities and removing the structural barriers to production and consumption of Social Capital. Additional research using Interview-based qualitative data could further explore the extent and understanding of Social Capital and people over 65 yrs. of age in the Midlands Region Ireland.

Barr, F.M.B. & Russell, (2006). Social Capital – a potential tool for analysis of the relationship between aged individuals and their social environment. *Ageing International*, 31(3), pp.203-216.  
 Cockerham, C. (2013). *Medical Sociology on the Move*. C. W. C., ed., Birmingham, AL, USA: Springer, Dordrecht, Heidelberg, New York, London.  
 Coleman, J.S., (1988). Social capital in the creation of human capital. *American Journal of Sociology*, pp.S95-S120., J.S. (1988).  
 Finucane, C., Feeney, J., Nolan, H., & O'Regan, C. (2014). Changes in Physical and Behavioural health in Older Irish Adults. *COR Anne Nolan, Cara Dooley, Doireann Wallace, Ann Hever, & E.H. a. RAK Hilary Cronin (Eds.), The Over 50s in a Changing Ireland: Economic Circumstances, Health and Well-Being*, 53.  
 Hyde M, Wiggins RD, Blane D, Higgs P. (2003). A measure of quality of life in early old age: The theory, development and properties of a needs satisfaction model (CASP 19). *Aging & mental health*, 7(3):186-194  
 Layte, R., Sexton, E., & Savva, G. (2013). Quality of life in older age: Evidence from an Irish cohort study. *Journal of the American Geriatrics Society*, 61(82), S299-S305.  
 O'Regan, C., Cronin, H., & Kenny, R. A. (2011). 6 Mental Health And Cognitive Function. *Fifty Plus in Ireland 2011*, 155.  
 Portes, A. & Sensenbrenner, J., (1993). Embeddedness and immigration: Notes on the social determinants of economic action. *American Journal of Sociology*, 98(6), pp.1320-1350.  
 Putnam, R.D. (2000). *Bowling alone: The collapse and revival of American community* First ed., New York: Simon and Schuster  
 Russell, D., (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor Assessment, 66, 20-40.  
 Satini, Z. I., Fiori, K. L., Feeney, J., Tyrovolas, S., Haro, J. M., & Koyanagi, A. (2016). Social relationships, loneliness, and mental health among older men and women in Ireland: A prospective community-based study. *Journal of Affective Disorders*, 204, 59-69.

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