CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

The Role of Social Support, Spirituality and Physical Functioning in the Mental Health of Hispanic Elderly Aged 65 and Older

A graduate project submitted in partial fulfillment of the requirements for the degree of

Master of Social Work

By

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In collaboration with
Marisol Solano

May 2016
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Dr. Hyun-Sun Park, Chair  Date

California State University, Northridge
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Abstract

The Role of Social Support, Spirituality and Physical Functioning in the Mental Health of Hispanic Elderly Aged 65 and Older

By

Joanna Quijada

Master of Social Work

This study uses public data to analyze the correlation between social support, spirituality and physical functioning on depression amongst Hispanic elders. Data was obtained from Inter-university Consortium for the political and social research (ICPSR) titled, Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) Wave 6, 2006-2007 [Arizona, California, Colorado, New Mexico, and Texas] (ICPSR 29654). The PIs hypothesized that the more spirituality, physical functioning and social support would lower depression rates among Hispanic elderly. The results did not support the PIs’ hypothesis because only spirituality held a negative correlation with depression. The implications of this study are that social workers should assess for spirituality when working with older adults, since it was proven in the study that spirituality is a protective factor to depression.

Key Words: Spirituality, Physical Functioning, Social Support, Older Adults, and Depression
Section 1: Problem Statement and Research Question

In the United States, depression among the Hispanic elderly is a pertinent issue that calls for professional and research attention (Sadule-Rios, 2014). Our research studies particular variables that will potentially decrease or increase depression in Hispanic older adults aged 65 years and older. Specifically, the study focused on the following formulated problem: lack of physical functioning, social support and spirituality can heighten mental health issues for Hispanic elders. The purpose of our research is to examine the roles of social support, spirituality and physical functioning in depression experienced amongst Hispanic elders. In other words, the researchers were attempting to find if social support, spirituality and physical functioning were protective or risk factors for depression in the Hispanic elderly population. By examining the relationship among these variables, this study attempts to learn about the factors that influence the mental health of Hispanic older adults. The study uses public data and it is a quantitative, explorative study. According to Sadule-Rios (2014), older Hispanics comprise one of the fastest growing age-ethnic populations in the US and because studies have suggested that older Hispanics in different parts of the US reported the highest levels of depression, the Principal Investigators (PIs) were inspired to investigate: How physical functionality, spirituality and social support are associated with the mental health of 65 and older Hispanics with a low SES? The significance of our findings will contribute to the social work literature through the formulation of population specific research of a study area that does not exist. The PIs anticipate this research project will have a greater benefit to society by enhancing the research in gerontology within the Hispanic community. The PIs believe increased physical and social functioning as well as
spirituality will create protective factors to reduce the risk for depression of Hispanic elderly: innovative insight for caregivers and helping professionals. Moreover, it will inform family members and Hispanic community about what contributes to a healthier living in later life. Thus, not only are the PIs hoping to provide newfound education and direction for further research and practice, but also propose the study’s finding can guide assessment practices, proper care and different prevention strategies.
Section 2: Literature Review and Conceptual Framework

Previous studies have focused on similar variables as the ones posed in our research like the relationship between religion, social support and depression in older adults (Bosworth et al., 2003; Coleman et al., 2011; Bush et al., 2011). However, little or no research has been done to address social support, physical functioning, and spirituality’s role in depression specifically amongst Hispanic elders living in the United States. One study included all of this research’s variables like spiritual belief, social support, physical functioning and depression, but the research was done amongst older people in Bulgaria and Romania (Coleman et al., 2011). Biomedical perspectives have been used to address depression in older adults in relation to variables like mental and physical health and social interaction (Collins, Decker, & Esquibel, 2006, p. 18).

According to Collins, Decker, and Esquibel (2006) the “biomedical perspectives define successful aging in terms of longevity, mental and physical health and functioning, sometimes adding social engagement,” identify their attempt to address depression in older adults. Researchers have also utilized psychosocial perspectives, which emphasize, “reaching one’s potential, psychological and social wellbeing, adaption, control, productivity, social competence, self-mastery, cognitive efficiency and social functioning for successful aging” (Collins, Decker, & Esquibel, 2006). Although the biomedical perspective provides a rationale for our research, the current state of our knowledge that helps one understand the influence of social support, physical functional health and spirituality on depression experienced by Hispanic older adults is that negative forms of religious coping are associated with long-term increases in depression among medically ill older adults (Bush et al., 2012, p. 192). Moreover, Blazer (2010) found there are
protective factors that reduce the risk of depression which include higher levels of physical, social functioning and spirituality in older adults (p. 175). Additionally, according to Coleman et al. (2011), there are more common risk factors for depression older people face as a natural course of life including major life changes, social isolation, loss of roles, and especially physical illness and chronic disability, depicting the variables in our study (p. 329). Lastly, Collins, Decker and Esquibel (2006) reported specific perceptions Hispanic elders had on health, for example, “A person is healthy if they are able to take care of themselves” and “I go to church everyday that’s the best medicine” revealing the factors that are important to Hispanic elders: being able to function physically in order to provide for themselves and to attend church to stay healthy (pp. 16-17). Thus, the qualitative findings in the former study corroborate our quantitative findings.

Previous studies have demonstrated strengths in their methodology, specifically in their choice of instrumentation in measuring religion/spirituality. For example, Bush et al. (2012) implemented the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) as a self-report survey designed to measure multiple distinct aspects of religion and spirituality in heterogeneous populations (The Fetzer Institute and the National Institute of Aging Working Group, 1999). This measure has several notable strengths, including its separate consideration of religion and spirituality, multidimensionality, psychometric support, and specific development for use in health research (Bush et al., 2012, p. 192). Another methodological strength is noted in Collins, Decker and Esquibel’s (2006) qualitative framework design. The thematic coding employed in the study provided the PIs a newfound knowledge about how Hispanic elders
defined good health and what was important to them regarding health. On the other hand, studies can implement weak methods; for example, one being the inconsistency of a religious measure; measurement of religion or spirituality varies greatly across studies. Bush et al., (2012) asserts some measures assess a single construct, such as strength of religious faith (e.g., Santa Clara Strength of Religious Faith; Plante & Boccaccini, 1997) and only that, failing to examine other components of religiosity. Another deficit is the reliability of a scale, for instance, Bush et al., (2012) used the Duke Social Support Index (DSSI), with a Cronbach’s alpha for subjective social support of 0.79, a number that is relatively low. Consequently, because of the lack of strength in reliability in the Duke Social Support Index (DSSI) the reports in their sample had flaws, not only subjectively but “5% had inadequate instrumental social support” (Bush et al., 2012, p. 192).

Furthermore, there are agreements across various studies examined in this paper. For example, researchers report a significant relationship exists between measures of religious coping, and indices of spiritual, psychological and physical health and well-being (Pargament, Koenig, Tarakeshwar, & Hahn, 2004, p. 714; Bosworth et al., 2003; Coleman et al., 2011; Bush et al., 2011). However, one study indicated (Coleman et al., 2011, p. 327) that correlational studies (Smith, McCullough, & Poll, 2003) conducted in the US found religious and spiritual practice to appear as minor although they were statistically significant. Coleman et al., (2011) suggests the true significance is in the religious coping, in other words, people in the US turn to religious coping during difficult times. In contrast, church attendance is associated positively with physical and mental health; frequency of prayer activity is related negatively in European studies, suggesting its use as a coping resource (Nicholson, Rose, & Bobak, 2010).
Conceptually, the PIs hypothesize that if Hispanic elders have a reliable support system, attend mass or service, and have the ability to perform basic living tasks then we will have less reports of depression amongst the Hispanic elder community. In sum, the PIs anticipate that social support, basic physical functioning, and spirituality can have a positive effect in decreasing the prevalence of depression in older Hispanics. Evidenced by the known risk factors for older adults include having chronic medical conditions, physical or cognitive functional decline, experiencing multiple losses, and social isolation (Cahoon, 2012). Figure 1 below shows the conceptual framework of this study, PIs will examine the role of spirituality, physical functioning and social support in depression among Hispanic older adults.

Figure 1.1

![Conceptual Framework]

- Spirituality
- Physical Functioning
- Social Support
- Depression Among Older Hispanics
Section 3: Methods

This research project will use a quantitative method, which is a systemic process that will allow us to describe our variables and analyze the relationship between them. Variables include: spirituality, social connection, physical functioning and depression along with demographics variables. This research will look at the relationship between social support, spirituality, physical functioning and the effect on depression. No recruitment procedures will be used and no known harms in this research study due to the use of public data. There are no known harms in this research study. Data was obtained from Inter-university Consortium for the political and social research (ICPSR). The public data is titled, Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) Wave 6, 2006-2007 [Arizona, California, Colorado, New Mexico, and Texas] (ICPSR 29654). No screening tools or deception will be used. The sample size is N= 1,542 and age in years range from 77-111. We hypothesize that higher levels of social support, spirituality and physical functioning will reduce symptoms of depression in Hispanic elders’ aged 65 and older.

Independent variables include: Physical functioning, which was measured by Instrumental activities of daily living (IADL’s). Social support was measured by 3 questions that assess instrumental social support/family contacts. Example question is: “How many of your children do you see at least once a month?” Spirituality was measured by 1 question that asks how often the subjects go to mass or service. The dependent variable analyzed is depression, which is measured by the 20-item CES-D scale (Radloff, 1977). In addition, the following demographic variables were included: income level, education level and nativity status. Income level was operationalized as the
household yearly income for the past year (2005). Education level was measured by years of regular school completed and lastly, selecting U.S. born or Mexico born deciphered nativity status.

Data collection and methods in previous studies utilize public data. The use of public data is an inexpensive way to obtain data and allows for a previous study to be reanalyzed for future research. Additionally, survey interviews were used to collect data, which is done face-to-face. Advantages of using face-to-face interviews include: higher response rates, fewer missing answers, and opportunity to clarify confusing items. However, disadvantages of this method include expense and time, and lack of anonymity regarding sensitive areas.
Section 4: Data Analysis and Findings

In the present study, data analyses were conducted for the demographic variables as indicated in the appendix table 1. Along with, the correlation analyses among the independent variables and dependent variable as indicated in table 2. The Principal Investigators (PIs) used the IBM software SPSS to analyze the public data gathered. The average age among the sample was 83.45 years ($SD = 4.764$) at the time of survey. More than half of the sample was female accounting for (62%) and males accounting for (37%) of the sample. The data also indicates that (56%) of the sample is U.S. born and (44%) are Mexico born. Additionally, it is indicated that more than 80% of the sample had a yearly income of $30,000 or lees and (16%) of the sample did not know how much their yearly income was at time of survey.

As shown in table 2, bivariate correlations were examined among the independent variables (social support, spirituality and physical ability) and the dependent variable (level of depression). The present study analyzed the relationship among social support, spirituality, physical ability and depression. This study hypothesized that there would be a strong, negative correlation among the independent variables and dependent variable. In other words, elderly individuals who reported higher scores on physical functioning, spirituality and social support would have lower rates of depression.

However, in contrast to the hypothesis, correlation analysis indicated a strong, positive correlation between depression and physical functionality, $r = .33$, $n = 1354$, $p< .001$. When analyzing the relationship between depression and spirituality, the analysis showed a strong, negative correlation as hypothesized, $r = -.15$, $n=1354$, $p< .001$. Lastly, the hypothesis about the relationship between social support and depression was not
supported. For example, being able to count on family/friends in times of trouble had a strong, positive correlation with depression, $r = .10$, $n = 1333$, $p < .001$ as well as being able to talk to family/friends about problems, $r = .17$, $n = 1333$, $p < .001$. 
Section 5: Discussion and Implications

The findings of this study tell that social support and physical functioning are not factors of depression amongst older Hispanics. In other words, even though the subjects in the study scored high on the Social Support Index or reported good physical functioning, the depression scores did not go down, meaning they were still depressed regardless of their social support or physical functionality. Moreover, unlike physical functionality and social support, spirituality made a difference on the depression scores reported. For example, those who said they attended church regularly reported lower scores on the depression questionnaire. This means that spirituality served as a protective factor against depression, but physical functioning and social support did not.

Principal Investigators anticipate that this research project will have a greater benefit to society by enhancing research in gerontology within the Hispanic community, and promote social connectedness and spirituality among Hispanic elders’ aged 65 and older. Increased physical and social functioning and spirituality will create protective factors in reducing the risk for depression in later life. This study will also enhance the consideration of culture diversity among the Latino population and factors that contribute to gerontology and the factors that increase wellbeing among elderly. Implications for social workers are assessment of spirituality to be included in their biopsychosocial assessments when working with older Latinos.
Section 6: Limitations and Conclusion

One of the limitations of this study is the inability to gather our own data. We had to interpret and analyze pre-existing data with variables that were pre-defined and pre-operationalized, thus we did not have the opportunity to conceptualize the variables through our own definitions and measurements. The preexisting data also only focused on older Latinos thus we were limited to only that specific population and can’t generalize it to the rest of the geriatric populations due to unspecified cultural factors. The sample of the public data we chose might not be a representative sample of the entire geriatric population that are of different race, class, and sexuality.

This study increased awareness that depression in elderly Latino aged 65 and older is a relevant issue that affects many Latinos in the United States today. The principle aim of the study was to examine the role of spirituality, physical functioning and social support and its correlation with depression in late life. Findings indicated that there is a significant correlation between spirituality and physical functioning, however, social support and correlation with depression was not supported. These implications indicate that elderly individual benefit from participating in spirituality and continues physical functioning. Furthermore, additional research is needed in the relationship among spirituality and social support and its overall correlation with depression.
References


Appendix: A

Table 1.1 Characteristics of Demographic Variables (N=1542)

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<th>n</th>
<th>%</th>
<th>M</th>
<th>SD</th>
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<tr>
<td><strong>Nativity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Born</td>
<td>863</td>
<td>56.0</td>
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<td></td>
</tr>
<tr>
<td>MX Born</td>
<td>679</td>
<td>44.0</td>
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<td></td>
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<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Males</td>
<td>577</td>
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<td></td>
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<tr>
<td>Females</td>
<td>965</td>
<td>62.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household yearly income</strong></td>
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<td></td>
</tr>
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<td>$0-$4999</td>
<td>49</td>
<td>3.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5000-$9999</td>
<td>499</td>
<td>32.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10000-$14999</td>
<td>380</td>
<td>24.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15000-$19999</td>
<td>194</td>
<td>12.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20000-$29999</td>
<td>114</td>
<td>7.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30000-$39999</td>
<td>27</td>
<td>1.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40000-$49999</td>
<td>14</td>
<td>.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50000 &amp; over</td>
<td>18</td>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td>247</td>
<td>16.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age at time at survey</strong></td>
<td>83.45</td>
<td>4.764</td>
<td></td>
<td></td>
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<tr>
<td><strong>Years of education</strong></td>
<td>5.00</td>
<td>4.053</td>
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Appendix: B

Table 1.2 Correlations of Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th># of living children</th>
<th># of children visiting per month</th>
<th># of relatives you confide in</th>
<th># of relatives can confide in seem monthly</th>
<th># of close friends you confide in</th>
<th># of close friends seem monthly</th>
<th>Able to count on family/friends in times of trouble</th>
<th>Able to talk to family/friends about problems</th>
<th>Total CES-D Score</th>
<th>Sum of IADLS</th>
<th>How often do you attend a religious service</th>
</tr>
</thead>
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<td># of living children</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children visiting per month</td>
<td>.716**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of relatives you confide in</td>
<td>.008</td>
<td>.055*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of relatives can confide in</td>
<td>.076*</td>
<td>.085*</td>
<td>.745**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of close friends you confide in</td>
<td>- .062*</td>
<td>-.037</td>
<td>.339**</td>
<td>.188**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of close friends seen monthly</td>
<td>-.056</td>
<td>-.047</td>
<td>.178**</td>
<td>.215**</td>
<td>.672**</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Able to count on family/friends in times of trouble</td>
<td>-.155**</td>
<td>-.152**</td>
<td>- .098**</td>
<td>- .092**</td>
<td>-.033</td>
<td>-.076*</td>
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</tr>
<tr>
<td>Able to talk to family/friends about problems</td>
<td>-.069*</td>
<td>-.121**</td>
<td>-.034</td>
<td>.027</td>
<td>-.077**</td>
<td>-.095*</td>
<td>.580**</td>
<td></td>
<td></td>
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<tr>
<td>Total CES-D Score</td>
<td>.009</td>
<td>-.025</td>
<td>-.069*</td>
<td>.018</td>
<td>.002</td>
<td>-.018</td>
<td>.104**</td>
<td>.171**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sum of IADLS</td>
<td>.012</td>
<td>.034</td>
<td>-.159**</td>
<td>-.001*</td>
<td>-.015</td>
<td>.024</td>
<td>.000**</td>
<td>.231**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How often do you attend a religious service</td>
<td>.012</td>
<td>.030</td>
<td>.106**</td>
<td>.007</td>
<td>.114**</td>
<td>.067</td>
<td>-.037</td>
<td>-.076*</td>
<td>-.149**</td>
<td>-.329**</td>
<td></td>
</tr>
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</table>
Appendix: C Addendum

- The Role of Social Support, Spirituality and Physical Functioning in the Mental Health of Hispanic Elderly Aged 65 and Older

Project is a joint graduate project between Marisol Solano and Joanna Quijada. This document will explain the division of responsibilities between the two parties.

Marisol Solano is responsible for all the following tasks/document sections:
- Gathered information from various peer-reviewed articles to create the literature review.
- Reviewed the data and other empirical studies to formulate the problem statement and research question.
- Summarized the findings based on the results tables.
- Wrote the discussion and limitations section of the study.

Joanna Quijada is responsible for all the following tasks/document sections:
- Reviewed the public secondary data set to analyze the data using SPSS.
- Wrote the methods section part of the study.
- Analyzed the study variables to create the relevant tables and show results.
- Wrote the implications and conclusion sections of the study.

Both parties shared responsibilities for the following tasks/document sections:
- Finding and reading articles for the literature review section of the study.
- Reviewed that the findings were accurate based on the analysis of our data.

*Any additional information can be included in a separate document attached to this Addendum page*

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Date