

A Systematic Review of Factors Influencing Social Participation of Older Adults

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Abstract: Social engagement has many benefits for health of older adults. The literature describes that personal and environmental factors may act as facilitators or obstacles for levels of social participation of older people. The objective of this systematic review was to examine social participation types most engaged among older people and to analyze factors influencing the social participation of these people. Published articles written in English from 2006 to 2016 were searched from electronic databases, including ScienceDirect, PubMed, and CINAHL databases. The keywords combination used in the search strategy were: social participation, social engagement, social activity, and factors, and aging, or older persons. Ten articles were selected for final review based on defined eligibility criteria.

The literature revealed that community-based activities were more engaged by older people than individual-based activities. In addition, factors influencing participation in social of older people were health status, and a friendly environment, whereas it was still unclear whether sociodemographic factors were correlated with participation in social of older people. The literature highlighted that more rigorous studies are needed to examine the correlation between factors and social participation of older people. Nurses need to work with others to support and educate significant people regarding friendly environments for older people so that they can engage in social activities, either community-based or individual-based.

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Introduction

Social participation has benefits for older adults in both physical health and mental wellbeing aspects. For example, older adults who engage in social activities have better self-rated health, lower mortality risk, lower rates of depression, dementia, and cognitive impairments and social participation also related to better life satisfaction, self-esteem, sense of agency,

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and positive affect.¹ Therefore, to age successfully, older people can be encouraged to participate in social activities in different life spheres, such as social, economic, and cultural, spiritual and civic affairs.²⁻⁴ However, ageism and social environment can be obstacles to social participation among older persons.⁵

Previous research has reported barriers to engage in social activities of older adults, including older age, sickness, lower socioeconomic status, and ethnic minority.⁶ These older adults also described experiences of obstacles to participate in social activities that they perceived as a insecurity in their neighborhood, ageism, lack of budgets, lack of self-reliance, lack of chances that support approved identities, and difficulties adjusting to aging.⁶

Many previous studies reported positive benefits of social participation on health among general population.⁷⁻⁹ However, it is still questionable whether social participation is related to health among older people. Interestingly, a previous study¹⁰ reported that health condition seemed to be affected by social participation rather than the outcome of social engagement on health. This means healthy older people are more like to engage in social events and get benefits from this engagement.¹¹ Previous studies provide an important issue that health status is correlated to social engagement of older people in different activities. The challenge is that how to make it possible if it is their preference to engage in social activities when they have some health limitations.¹²

In 2008, one systematic review reported that both personal and environmental factors were correlated with the social engagement of older people.¹³ However, the authors also reported that some personal factors such as gender, were not conclusive and few studies have examined the correlation between social engagement and environmental factors. Therefore, to update knowledge on this issue, a systematic review was conducted to review recent literature that might provide evidence of the social participation of older people. The research questions were: What types of social participation are most engaged by older people? Do personal and environmental factors influence participation in social activities of older people? Identifying most engaged social participation types and the factors correlated with social participation may help in the future design and delivery interventions to gain the rate of social involvement of these older people.

Methods

Data Sources

The Preferred Reporting for Systematic Reviews (PRISMA) was performed to report this systematic review.¹⁴ The review from 2006–2016 was performed using the ScienceDirect, PubMed, and CINAHL databases. The keywords combination used in the search strategy were as follows: (social participation* [tiab] OR social engagement* [tiab] OR social activity* [tiab] AND factors* [tiab] AND elders* [tiab] OR elderly* [tiab] OR aging* [tiab] OR older persons* [tiab]). In addition, relevant bibliographies were scanned, and additional relevant references added. The Internet was searched for grey literature.

Selection of Studies

The search for published papers from the three databases was undertaken in January 2017 on those published from 2006 to 2016. Study selection was undertaken in two phases. Firstly, each researcher independently screened the relevance of the titles and abstracts of any retrieved abstracts and titles. Studies that were not retrievable were excluded. The following were the inclusion criteria applied to the studies examined: 1) samples were older people aged ≥ 60 years; 2) research objective was to examine the correlation between influencing factors and social participation; 3) research design was quantitative, using a cross-sectional or longitudinal design; and 4) they were written in English. Qualitative studies, case studies, literature reviews, and expert opinion papers were excluded for the review. Non-refereed articles, abstract, and dissertations were also excluded. Secondly, when the papers appeared to meet the inclusion criteria, we obtained the full text and two researchers dependently screened them. If there was disagreement, this would be resolved by consensus with a third researcher.

Data extraction

All studies were extracted into a form created by the researchers; one researcher extracted the data and these were checked by another. Disagreement was resolved by a third researcher to ensure appropriate and accurate representation of the material.

Quality assessment

The quality of the studies was evaluated by using the Methodological Index for Non-Randomized Studies (MINORS) developed by a group of surgeons.¹⁵ The tools contain eight methodological items for non-randomized studies: a clear stated objective, inclusion criteria, data collection, appropriate aim of study, unbiased assessment, appropriate follow-up period, loss of follow-up less than 5%, and sample size. The scores of items are from 0 to 16 for non-randomized studies (see the last column of Table 1).

Results

Searching from the ScienceDirect, PubMed, and CINAHL databases, we initially found 639 articles. Then we further searched from the reference lists of

those included studies and found 5 related-articles to be included in the screening process. About 371 articles were excluded as they did not specifically include information on factors related to social participation, or did not include older adults, or duplication. The inclusion and exclusion criteria were applied to 273 articles. After screening, 269 articles were excluded due to unrelated to social participation in elder people. Of the 24 articles that underwent further detailed inspection, 14 articles were excluded as they just reported the study protocols, not the results of the study, samples aged <60 years or systematic review articles. The remaining ten papers were entered in the final round for reviewing (Fig. 1). The data were extracted and synthesized into a summary table (Table 1).

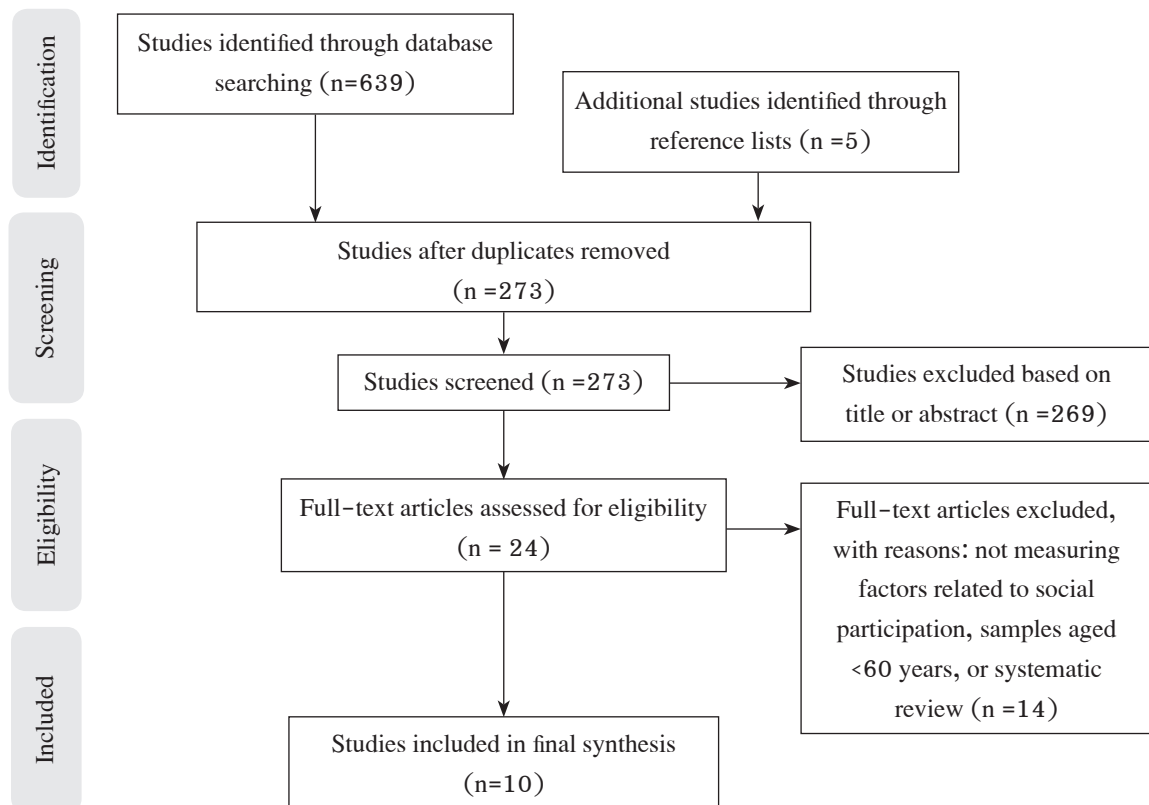


Figure 1 Literature review flow diagram

Table 1 Summary of Patterns and Factors Affecting Social Participation in Older People

Study	Design and Sample	Selected Factors	Social participation Patterns	Results of the Study	Quality Ranking
Community-based activity types					
VanBeek et al. ¹⁶	A cross-sectional study with 502 residents aged ≥60 years, mean age = 83.6 years with dementia living in long-term care units in the Netherlands	Depressive symptoms age, gender, having a partner, physical and cognitive functioning.	Residents of psychogeriatric units in nursing homes had low social engagement.	Social engagement and depressive symptoms correlated moderately on the level of the units. Social engagement of residents was related to physical and cognitive functioning. Gender and age were not significantly related to social engagement. Residents who were more dependent on others in their physical functioning had less social engagement.	12
Buffel et al. ¹⁷	A cross-sectional study with 1,877 older adults aged ≥60 years, mean age = 70.5 years living in medium – sized cities in Flanders, Belgium	Neighborhood perceptions: Neighborhood services and amenities, Neighborhood user-friendliness, Opportunities for ‘agency’ in the neighborhood, The social dimension of the neighborhood, and Socio-demographic and health variables: age, gender, marital status, education, monthly household income, length of residence, and physical and mental health.	Formal participation, defined as a voluntary commitment to community organizations on a regular basis and social activity, defined as participation in social activities that connect individuals to others, involving less formal engagement. Walking or biking, visiting a restaurant/pub/cafe’ and shopping emerged as the activities in which respondents most frequently engage.	Neighborhood involvement, frequent contact with neighbors and the availability of activities for older people predicted the social participation of older people.	10
Rodríguez-Galán & Falcón ¹⁸	A cross-sectional study with 1,033 Hispanics aged ≥60 years, mean age = 70.61 years within counties in Massachusetts, USA.	Ethnicity, socio-demographics, and health-related variables.	Patterns of social activities participation were 1) children and relative active, such as getting together with any relatives; 2) friends and activities, such as doing volunteer work or going to church or temple; 3) senior services active, such as attending a senior center or eating in meals programs for elders.	Hispanic ethnicity and education are positively associated with being more engaged in activities with children and relatives, whereas being male and especially a male living alone is inversely associated with this pattern. In addition, being friends and activities active shows a positive association with education, the participant living alone, and experiencing more language.	11
Ponce et al. ¹⁹	A descriptive and explanatory study with 31,428 older adults aged ≥60 years, living in these households.	Sociodemographic variables, living conditions, and religion	Four settings as sources of social participation: home-based; rural community based; social policy programs; and religious.	Social participation increased with advancing age and then declined after the age of 80. Family social capital is a major determinant of social participation of older adults,	10

Table 1 Summary of Patterns and Factors Affecting Social Participation in Older People (Cont.)

Study	Design and Sample	Selected Factors	Social participation Patterns	Results of the Study	Quality Ranking
	(mean age was unavailable)			who were significantly more likely to participate when other members of the household were also involved in social activities.	
Willie-Tyndale et al. ²⁰	A cross-sectional survey with 2,943 older adults aged ≥60 years in Jamaica. (mean age unavailable)	Socio-demographic status and health status	63% of older adults attended religious services and 60% were visited by friends at least once per month in the 12 months preceding the survey.	Age was not independently associated with social participation. Persons with post-secondary level education were twice as likely as those with primary education or less, to be visited by friends and to attend meetings of formal organizations. Men, persons not in union, and those with less functional independence had reduced odds of attending meetings of formal organizations. Persons who received an income through livestock/farming were more likely to visit or be visited by friends.	10
Asadollah et al. ²¹	A cross-sectional study with 768 urban and rural elders aged ≥60 years in Iran (mean age was unavailable)	Gender, education, ethnicity, socioeconomic status, health status	Societal membership	Social participation was significantly related with high literacy, ethnicity, living with children, being female, the growth of welfare, having a chronic disease such as a respiratory disorder, social alienation, cost of participation, reduction in benefits of participation, and growth of their child's income.	12
Individual-based activities type					
Minhat & Amin, 2012 ²²	A cross-sectional study with 268 persons aged ≥60 years, mean age = 67.65 years from eight health clinics in the state of Selangor.	Perceived social support	Four categories, namely recreational (physical), cognitive, social, and productive activity. Overall, the most frequently done daily activities were having conversations while relaxing, watching television, and reading. The least common activities were playing golf, performing musical instruments, playing sports and playing cards, mahjong and others.	Social support received from friends was found to be the main predictor of leisure participation involving all categories of activities.	12

Table 1 Summary of Patterns and Factors Affecting Social Participation in Older People (Cont.)

Study	Design and Sample	Selected Factors	Social participation Patterns	Results of the Study	Quality Ranking
Kimura et al. ²³	A cross-sectional survey of 86 elders aged ≥60 years, ranging from 65 to 84 years living in disability dwellings in Fukushima City, Fukushima Prefecture, Japan. (mean age was unavailable)	Demographic variables (sex, age structure, household composition, years of residence in each district, years of education, paid employment, and livelihood status), disability status, physical factors, psychological factors, psychological independence, and social factors.	Socially-related activities include participation in community events such as local festivals, neighborhood or residents' association activity, golden age club activity, group activities such as hobby groups, activity to show special skills, and the sharing of experiences with other people.	Self-rated health and psychological independence were significantly associated with social engagement in the disabled elderly.	11
Kang ²⁴	A descriptive, correlational design. A total of 153 older adults with dementia aged ≥60 years, mean age = 80 years living in Iowa, USA.	Cognitive and physical functions, and depression and behavioral symptoms. Demographic data, of age, gender, marital status, ethnicity, education, length of stay, and psychotropic medications.		No significant relationship was found between demographic characteristics and social engagement. There were significant negative correlations between social engagement and cognitive impairment, activities of daily living impairment, depression, and vision.	12
Serrat et al. ²⁵	A cross-sectional survey of 2,535 Spanish older persons aged ≥60 years. (mean age was unavailable)	Socioeconomic resources and participation in other types of active aging activity (participation in leisure, learning, and productive activities). Educational level, leisure activities, learning activities	Attending shows, doing sports, and attending a recreational center	Only volunteering in the case of productive activities was found to be associated with membership in political organizations. Results provide partial support for the socioeconomic resources model. Engagement in leisure activities, learning activities, and volunteering might have an enhancing effect on membership in political organizations.	10

Methods used in the selected studies

All ten selected studies were cross-sectional studies. The sample size of the studies varied from 86 to 31,428 participants. Most participants lived in the community, such as in their own homes. One study was conducted with participants living in long-term care¹⁶ and another with those attending health clinics.²²

Social participation types of older people

Based on types of social participation patterns as grouped by Levasseur et al.²⁶ and the available information on social participation types in each study,

the results of eight selected studies showed that community-based activities, for example, a local event, being a volunteer, senior center, or religious activities were the types of social participation most engaged by older people.¹⁶⁻²¹ Next followed individual-based activities, such as a hobby, or a neighborhood relationship).²²⁻²⁵

Variables correlated to social involvement of older people

The researchers identified three categories of factors correlated to social engagement of older people, including their demographic factors, friendly environment factors, and health status.

1) Demographic factors

The most commonly investigated demographic factors were gender, age, and education level. Four previous studies reported that gender was not significantly related to social participation of older people.^{16,20,21,24} However, the results of one study¹⁸ demonstrated that being a man and a man living alone were inversely correlated with social participation.

Regarding the age factor, two previous studies^{20, 24} reported that age was not exclusively related with social involvement of older adults. However, another study¹⁹ reported that social engagement gained with old age and would be dropped out after 80 years as involving in social activities was an important resource of healthy aging.

For educational level, one previous study²⁴ reported that no significant correlation was reported between education and social participation of older adults. On the other hand, two studies reported that education was positively correlated with the social engagement of older people.^{18, 20}

In terms of socioeconomic status, two selected studies reported that socioeconomic status of older people and their child's income might be related to social engagement.^{21, 25}

Friendly environment factors

Of the 10 selected studies, 3 reported that friendly environment factors such as neighbor relationship, family involvement, capital conditions were significantly correlated with the social engagement of older people.^{17, 19, 22}

In terms of neighbor relationships, one study¹⁷ reported that neighborhood involvement and frequent contact with neighbors were more likely to predict the social participation of older people. Similarly, one study²² showed that social support from friends was the main influencing factor of older adults for participation in social activities (i.e.: recreation or productive activity). More interestingly, not only good support from outside the home was related to older people's decisions about engaging in social activity, but also from inside

the home in their relationships with or support from family members of older people.¹⁹

2) Health status of older people

Four studies investigated the correlation between health and social engagement of older people and found that participants with health problems, such as having a chronic respiratory disease, physical and cognitive dysfunction, or psychological dependence, were more likely to reduce their social participation.^{16, 21, 23, 24} Firstly, one study²¹ reported that older persons having chronic disease were less likely to engage in social activities. Similarly, another study¹⁶ reported that participants who needed help from other people were less likely to involve in social activities. In terms of mental health status, two previous studies²³⁻²⁴ reported that older people with cognitive impairment, depression, or psychological dependent were less likely to be involved in social activities.

Discussion

This systematic review examined social participation patterns engaged by older people and factors related to participation in social activities of these group of people. Regarding social participation types, the literature reported that community-based (e.g. religious, volunteer, community event) activities were the types of social participation most engaged by older people, followed by individual-based (e.g. hobby, neighborhood relationship). Similarly, one previous study,²⁷ which distinguished three types of participation, collective, productive, and political participation, reported that participation in collective activities was highest for older adults, followed by participation in productive and political activities. The authors explained that participation in productive activities might give older persons a feeling of being recognized, of personal positive self-image, and of self-confidence.

Previously published studies found that being male, being younger, and having higher education were more likely to be positively correlated with the

social involvement of older people.^{13, 18, 20} However, some studies reported no relationship between these variables. For example, one systematic review of social participation in older people reported that the most personal factors influencing this were age, education, working status, and gender.¹³

Friendly environment factors both inside and outside the household of older people were significantly correlated with their social participation. This means that living in friendly environment areas enhances older people to participate in social activities. It can be explained by the fact that participating in formal or informal social activities of older people rely not only on activity available, but also on having accessible transportation and helpful facilities for activities.²⁸ Similarly, one study²⁹ reported that social support and social attachment are influencing factors for social engagement of older people as these factors can lead to positive perceptions with the community support. The findings of this literature may concur with the concept of an “elder-friendly community”, that includes accessible vehicles, information services, leisure activities, social networks, volunteer opportunities, worship places, and respects.²⁹

The literature also revealed that participants with health status problems, either physical or mental, were more like to reduce social participation. This finding is consistent with a study³¹ reporting that the leisure activity participation of older adults with dementia was more likely to decrease because of health problems, particularly cognitive functioning, and inability to connect with other people outside the residential areas. Similarly, one previous study³² reported that older adults with cognitive impairment participated less than those with good cognition functioning.

Conclusion

This systematic review highlighted that community-based activities were the most common type of social participation engaged by older people,

followed by individual-based activities. Environment factors were correlated with this social participation. However, the correlation between sociodemographic factors and social engagement of older people is still unclear.

Implications for nursing practice

Since social participation in late life either communities-based or individual-based activities is likely to be correlated to both physical and mental health benefits, nurses and other health care providers should encourage older people to undertake such activities by improving the environments to increase the accessibility rate of these people. Researchers also ought to conduct rigorous research to foster appropriate activities or programs for them. Moreover, whether sociodemographic factors of older people can influence their social participation or not is still unclear. Therefore, the empirical findings of how gender, age, and education level relate to the social engagement of older people should be explored in future. The limitation of these papers reviewed was that all studies were predominantly cross-sectional designs and based on small sample sizes. So future research with longitudinal study designs with larger samples is needed. In addition, most selected studies were conducted in community settings. As a result, the generalizability of the findings to older adults living in residential long-term facilities or those attending health clinics is limited. Future research in long-term care units or in clinical settings is needed, and this can be undertaken by nurses. Finally, all papers were retrieved from only three databases. As a result, incomplete retrieval may have occurred.

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Conflicts of interest statement

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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การสังเคราะห์งานวิจัยอย่างเป็นระบบเกี่ยวกับปัจจัยที่มีผลต่อการเข้าร่วมกิจกรรมทางสังคมของผู้สูงอายุ

อัศนี วันชัย* ดวงใจ พรหมพยัคฆ์

บทคัดย่อ: การเข้าร่วมกิจกรรมทางสังคมเป็นประโยชน์ต่อสุขภาพของผู้สูงอายุ การทบทวนเอกสารพบว่าปัจจัยส่วนบุคคลและปัจจัยด้านสิ่งแวดล้อมอาจเป็นปัจจัยสนับสนุนหรืออุปสรรคต่อการเข้าร่วมกิจกรรมทางสังคมของผู้สูงอายุ การสังเคราะห์งานวิจัยครั้งนี้มีวัตถุประสงค์เพื่อค้นหาประเภทของกิจกรรมทางสังคมที่ผู้สูงอายุเข้าร่วมมากที่สุดและปัจจัยที่กระตุ้นการเข้ากิจกรรมทางสังคมของผู้สูงอายุ งานวิจัยที่ได้รับการตีพิมพ์เป็นภาษาอังกฤษจากปี พ.ศ. 2549 – 2559 จากฐานข้อมูลต่างๆ ได้แก่ Science Direct, Pub Med, และ CINAHLได้รับการสืบค้น โดยใช้คำสำคัญในการสืบค้น คือ การเข้าร่วมกิจกรรมทางสังคม การมีส่วนร่วมในกิจกรรมทางสังคม กิจกรรมทางสังคม และปัจจัยและความสูงอายุ และผู้สูงอายุ รายงานการวิจัยจำนวน 10 เรื่องผ่านเกณฑ์การคัดเข้าเพื่อการทบทวน

ผลการทบทวนพบว่าผู้สูงอายุชอบเข้าร่วมกิจกรรมทางสังคมในลักษณะการจัดโดยชุมชน มากกว่ากิจกรรมทางสังคมรายบุคคล นอกจากนี้ยังพบว่าปัจจัยที่ส่งเสริมให้ผู้สูงอายุเข้าร่วมกิจกรรมทางสังคมได้แก่ภาวะสุขภาพและสิ่งแวดล้อมที่เป็นมิตร ในขณะที่วัยกันยังไม่สามารถระบุได้ชัดเจนว่าปัจจัยส่วนบุคคลมีส่วนเกี่ยวข้องกับการเข้าร่วม กิจกรรมทางสังคมหรือไม่ ดังนั้นการทบทวนงานวิจัยครั้งนี้ชี้ให้เห็นความจำเป็นของการทำวิจัยที่มีการออกแบบอย่างมีประสิทธิภาพเพื่อศึกษาความสัมพันธ์ระหว่างปัจจัยต่างๆกับการเข้าร่วมกิจกรรมทางสังคมของผู้สูงอายุ และพยาบาลควรจัดสิ่งแวดล้อมที่เป็นมิตรเพื่อส่งเสริมให้ผู้สูงอายุเข้าร่วมกิจกรรมทางสังคมให้มากขึ้นไม่ว่าจะเป็นกิจกรรมในรูปแบบที่จัดโดยชุมชนหรือรายบุคคล

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