

## Abstract

We investigated the effects of personal and social resources on the psychological well being of 359 rural older adults living in their own homes with some functional limitations and receiving assistance from relatives or friends. Personal resources included health, importance of religion, endorsement of filial responsibility norms, and attitudes toward community services. Social resources were number of informal helpers, frequency and duration of receiving assistance, emotional closeness to helpers, availability of someone to check on the elder, and having someone to trust and confide in. Depression, 4 Ryff subscales, self-esteem, and quality of life were markers of psychological well being. The findings indicate that the interactional aspects of receiving help are not particularly influential on the elders' well being. Rather, in the context of receiving informal support, their personal characteristics have fundamental impact on their happiness. This implies that the informal help that elders receive does not threaten their sense of self.

## Sample & Methods

### Representative sample

4,050 adults aged 65+ living in their own homes in 17 rural southwest Virginia counties  
2,034 interviewed; 1,502 had no care needs

### 532 with ADL/IADL Limitations

- 318 – Receiving Informal Help Only (I)
- 87 – Receiving Informal & Formal Help (I/F)
- 63 – Receiving Formal Help Only (F)
- 64 – Not Receiving Help (NH)

Analyses based on  $n = 359$  receiving informal help only or informal and formal help, who reported data on caregivers

### Telephone Survey

#### Structured and Open-ended Questions

Health, Quality of Life  
Depression, Psych well being, Self-esteem  
Current Assistance, Expectations for Future Informal Helpers and Formal Services  
Filial Responsibility Expectations  
Attitudes about Community Services

## Demographics

Mean Age, years	76.8
% Female	84.1
% White	92.8
% Married	30.4
% ≥ High School Diploma	44.8
% Employed	1.7
% < Poverty Level	69.8
% ≥ Good Health	27.1

## Bivariate Associations of Personal & Social Resources with Well Being

	Serv Att <sup>a</sup>	Filial Resp <sup>a</sup>	# Hlth Prob <sup>a</sup>	Pain Lev <sup>a</sup>	S-R Hlth <sup>a</sup>	Relig <sup>a</sup>	# Hlp-ers <sup>b</sup>	Help Freq <sup>b</sup>	Help Dur <sup>b</sup>	Close-ness <sup>b</sup>	Chck <sup>b</sup>	Trust Cnfd <sup>b</sup>
Depr	-.13**	.11*	.49***	.21***	-.31***							-.09*
RWB	.31***		-.16***	.11*	.12*	.10*	-.11*	-.08 <sup>+</sup>				.09*
S-E	.22***		-.19***									.08 <sup>+</sup>
QoL			-.27***	-.23***	-.23***	.09*					-.17***	.14**

<sup>a</sup>Personal Resource <sup>b</sup>Social Resource  $n = 343$  \* $p < .10$  \*\* $p < .05$  \*\*\* $p < .01$  \*\*\*\* $p < .001$

## Well Being Predictors ( $\beta$ )

	Depr	RWB	S-E	QoL
Service Attitudes <sup>a</sup>	-.11*	.30***	.21***	-.00
Filial Responsibility <sup>a</sup>	.10*	-.01	-.03	-.05
# Health Problems <sup>a</sup>	.42***	-.16**	-.19***	-.11*
Pain Level <sup>a</sup>	.06	.21***	.14**	-.10 <sup>+</sup>
Self-Rated Health <sup>a</sup>	-.12*	.10	.08	.30***
Importance of Religion <sup>a</sup>	.02	.12*	.10 <sup>+</sup>	.00
# Helpers <sup>b</sup>	.12	-.58*	-.16	-.36
Help Frequency <sup>b</sup>	.19*	-.21 <sup>+</sup>	.03	.00
Help Duration <sup>b</sup>	-.10	.23	-.09	.11
Closeness to Helpers <sup>b</sup>	.27	.50 <sup>+</sup>	.19	.27
Someone Who Checks <sup>b</sup>	.05	.02	.06	-.14**
Someone to Trust/Confide <sup>b</sup>	-.02	.02	.03	.08
<b>Adjusted R<sup>2</sup></b>	<b>.28</b>	<b>.16</b>	<b>.09</b>	<b>.19</b>

<sup>a</sup>Personal Resource <sup>b</sup>Social Resource  
 $n = 343$  \* $p < .10$  \*\* $p < .05$  \*\*\* $p < .01$  \*\*\*\* $p < .001$

## Summary & Conclusions

- Overall, personal resources, including attitudes and values as well as health, were stronger predictors of psychological well being than were social resources
- As would be expected in a sample of older adults, variables indicating poorer physical health had a negative association with mental health indicators
- More positive attitudes about community services and their use, should more assistance be needed, predicted lower depression and higher well being and self-esteem, even among elders not currently using formal services
- Higher perceived importance of religion and having someone to trust and confide in predicted better mental health
- Holding stronger filial responsibility norms predicted depression
- Having more helpers, more frequent help, and someone to check on oneself were associated with reduced well being and quality of life, probably because they are also associated with poor physical functioning
- Duration of having received help and emotional closeness to helpers were not important in these analyses
- The stronger connections between personal than social resources and well being highlight older adults' resilience and their preference for independence
- The social context of receiving help does not influence well being strongly
- Receiving informal help does not diminish self-esteem