

# Development of the family support scale (FSS) for elderly people

## Abstract

The situation of elderly people is an increasingly pressing global concern. This issue is especially challenging for developing countries, where, traditionally, the majority of the elderly people have lived with their family and have been dependent on family support. Nowadays, however, appropriate family support is no longer guaranteed. An assessment tool for measuring active family support would be useful for describing the real living situation of the elderly. The purpose of this study was to develop an active family support scale for elderly people in Bangladesh. This study's participants were 20 elderly people (aged from 65 to 75 years) who were asked about the support they perceived that they receive from their families. The proposed instrument was found to be a reliable family support scale for Bangladeshi elderly with an internal consistency reliability level of 0.94 (Cronbach's Alpha Coefficient). The study's findings are considered transferable to other developing countries. The scale can be used to assess elderly people's perceived family support in Bangladesh and other developing countries and can support initiatives to improve family support.

**Keywords:** elderly people, family support

## Introduction

Globally, the proportion of the population that is elderly those aged above 60 is increasing. This is a particular issue for developing countries. In Bangladesh, the proportion of elderly people rose from 6.7% in 2010 to 6.9% in 2011<sup>1,2</sup> and is estimated to rise to 20% by 2051.<sup>3</sup> As a consequence, the elderly need more support with health, mental, social, and financial issues than previously.<sup>4</sup> The elderly most commonly suffer from age-related diseases,<sup>5</sup> experience multiple health problems, and are at increased risk of illness and death.<sup>6</sup> Traditionally, care for the elderly in Bangladesh was the responsibility of the family, who provided them with essential support, especially during serious health conditions and diseases. However, urbanization, greater female involvement in the job market,<sup>7</sup> increased migration of employable people, and the decrease in the average size of the extended family, have weakened Bangladeshi families' ability to satisfactorily care for elderly people.<sup>8</sup> The modern family is changing, as are relationships within the family and attitudes towards providing elderly care within the family.<sup>9</sup> In addition, in Bangladesh, most elderly people are poorly educated, not economically secure, and have inadequate access to health services.<sup>3</sup> These issues may further weaken the family's ability to provide adequate support.

In Bangladesh, some elderly care must now be provided in hospitals due to a lack of other care providers and the monetary, emotional and physical problems faced by families attempting to provide elderly care.<sup>10</sup> Several social welfare organizations exist to support elderly people and there are some elderly care centres and elderly people's homes in the capital city. However, these are insufficient for the country's elderly care needs. The number of elderly people living in elderly people's homes is increasing and the level of support provided by families is decreasing.

Family support is the support that people receive from other family members. Family is the setting in which most people are born, grow, mature, and become elderly. The primary socialization of most people takes place in the family. For many, family influences the risks and opportunities that they face<sup>9</sup> and makes a significant contribution

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**Mohammad Abbas Uddin, Anowarul Jalal Bhuiyan**

Lecturer, College of Nursing, Bangladesh

**Correspondence:** Mohammad Abbas Uddin, Lecturer, College of Nursing, Sher-E- Bangla Nagar, Dhaka-1207, Bangladesh, Email uabbas9@gmail.com

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to their lives. In most families, parents are the primary providers of childcare. Many parents also simultaneously care for elderly parents. Elderly people's health and well-being very often mostly depends on family support. Therefore, an accurate instrument for assessing this family support system is vital.

In the United States and other developed countries, the following instruments have been developed for measuring functional aspects of family support for the elderly: Perceived Social Support Scale,<sup>11</sup> Personal Resource Questionnaire,<sup>12</sup> Social Provision Scale,<sup>13</sup> Norbeck Social Support Questionnaire,<sup>14</sup> Family Environmental Scale,<sup>15</sup> and Perceived Social Support - Family.<sup>16</sup> In addition, the Multidimensional Scale of Perceived Social Support<sup>17</sup> has four items relating to family support. In Thailand, Thai Family Support Scale for Elderly Parents was developed.<sup>18</sup> However, none of these tools is suitable for measuring family support for the elderly in Bangladesh due to cultural, social and health care services differences. Therefore, there is a genuine need to develop a family support scale (FSS) for Bangladeshi elderly.

## Data and methods

Family support is the support that elderly people receive from their family. However, it is also important to measure the elderly's perception that their family is able and willing to provide such support.<sup>19</sup> Literature about family support [16-19] has been analyzed and the findings applied in the development of the present study's Family Support Scale for elderly people.

## Sample

The sample of this study was 20 elderly people: 10 male and 10 female, all aged between 65 and 75. None were bed-ridden. All were from Lakshmipur, a district in southern Bangladesh. Before data collection participants mental impairment was assessed via a three-item questionnaire. People over 60 years old are considered 'elderly'. However, increasingly, most people aged between 60 and 65 years remain active and capable of caring for themselves. Therefore, the investigator only selected candidates older than 65.

## Validity of the family support scale

The Family Support Scale for the elderly was translated using the back-translation method.<sup>20</sup> The original English questionnaire was translated into Bengali by a translator. Then, the Bengali questionnaire was translated back to English by another translator. Afterwards, a third translator compared the two English versions and identified any inconsistencies. These were then rectified.

‘Content validity’ refers to the accuracy of an assessment tool. The investigator asked three experts to review the questionnaire to determine its content validity and cultural appropriateness. The experts were from the National Institute of Advanced Nursing Education and Research [NIANER], Fozderhat Nursing College, Chittagong, and College of Nursing, Sher-E- Bangla Nagar, Dhaka. The final version of the questionnaire was revised based on the experts’ comments.

## Instruments

This study used a self-administered questionnaire, developed by the investigator, based on existing literature about family support. The questionnaire had two parts. Part 1 was the Demographic Data Profile with nine items: age, gender, religion, marital status, educational level, monthly income, living with whom, number of family members, and presence of chronic disease. Part 2 was the Family Support Scale for the elderly in which the participant assessed perceived support for 20 areas: love, respect, daily activities, religious activities, information, emotional support, important decisions, personal needs, social events, personal problems, help in problems solving, health, treatment, important people, money, food, sleep, company, happiness, and satisfaction. Each item was measured via a 4-point, Likert-style scale, with possible scores ranging from 0 (no) to 3 (much). Total possible scores were between 0 and 60. Higher scores reflect greater perceived family support for the elderly.

## Results

### Demographic profile

The participants were 20 elderly people aged between 65 and 75 years, with a mean age of 67.35 years. Half were male and were female. Nineteen were Muslim and one was Christian. Fourteen were married and six were widowed. Nine had completed primary education, seven had also completed secondary education, and 4 were illiterate. Fifteen had no source of income. The majority lived with their son. The largest family had seven members. Fourteen had chronic diseases (Table 1).

**Table 1** Demographic characteristics of the Sample (n=20)

Characteristics	Frequency	Percentage
Age		
65–75 years	20	100.00
Mean=67.35 years		
Gender		
Male	10	50.00
Female	10	50.00
Religion		
Islam	19	95.00
Christian	1	5.00
Marital status		
Married	14	70.00

Widow	6	30.00
Education level		
Illiteracy	4	20.00
Primary	9	45.00
Secondary	7	35.00
Monthly income [1 USD=80 Taka]		
No income	15	75.00
15,00–5,000 Taka	5	25.00
Chronic diseases		
No	6	30.00
Yes	14	70.00

USD, united states dollars

### Reliability of family support scale

The Family Support Scale for the elderly was tested for internal consistency reliability. The SPSS program was used to analyze the data. All 20 items were entered into the program and analyzed. The result was a Cronbach’s Alpha Coefficient of 0.94 (Table 2).

**Table 2** Reliability of the family support scale

Reliability statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
1	1	20

**Table 3** Item analysis of family support scale

Item	Mean	Standard deviation	N
1	2.3000	.97872	20
2	2.5000	.76089	20
3	1.2500	.85070	20
4	.7500	1.06992	20
5	1.4500	.82558	20
6	1.7500	.85070	20
7	1.8500	.98809	20
8	1.9500	.88704	20
9	1.4000	.59824	20
10	1.5000	.94591	20
11	1.4500	.82558	20
12	1.4000	.88258	20
13	1.0500	.94451	20
14	2.1500	.87509	20
15	.8000	.69585	20
16	2.0500	.60481	20
17	2.1500	.67082	20
18	1.7000	.92338	20
19	2.1500	.81273	20
20	2.4000	.50262	20

This aim of this study was to develop a valid and reliable instrument for measuring family support for the elderly. The Family Support Scale was developed based on the findings of the literature review. Twenty areas of support were identified during the literature review. About half had featured in previous studies' instruments for measuring family support: love, religious activities, personal needs,<sup>16</sup> respect, money, information, company, personal problems, and

health.<sup>18</sup> The present study's author also included one general item of "taking good care" which covered a range of support areas, including daily activities, emotional support, important decisions, social events, problems solve, treatment, important person, food, sleep, happy, and satisfaction. Item analysis was performed, and mean and Standard Deviation were calculated (Table 3) (Table 4).

**Table 4** Direction: These are questions about your family support. please tick (✓) the one option that is most appropriate for you

Item no	Item	No	Little	Some	Much
1	My family loves me	0	1	2	3
2	I get respect from my family	0	1	2	3
3	My family helps me with daily activities	0	1	2	3
4	My family helps me with religious activities	0	1	2	3
5	My family gives me useful information	0	1	2	3
6	My family give me emotional support	0	1	2	3
7	My family shares important decisions with me	0	1	2	3
8	My family understands my personal desires	0	1	2	3
9	My family helps me to participate in social events	0	1	2	3
10	My family listens my problems	0	1	2	3
11	My family helps to solve my problems	0	1	2	3
12	My family is aware of my health	0	1	2	3
13	My family helps in my treatment	0	1	2	3
14	My family treats me as an important person	0	1	2	3
15	My family gives me money when I need it	0	1	2	3
16	My family is careful about my food	0	1	2	3
17	My family is careful about my sleep	0	1	2	3
18	My family gives me companionship	0	1	2	3
19	My family helps me to stay happy	0	1	2	3
20	I am satisfied with my family support	0	1	2	3

## Conclusion

The final version of the 20-item FFS is a self-reporting questionnaire which measures the elderly's perceived family support. An adequate and standard number of samples were used to collect data. The psychometric properties of the instrument were confirmed through back translation, assessment of cultural appropriateness, assessment of content validity, and confirmation of reliability using the SPSS program. The FSS's reliability was above the acceptable level.<sup>21</sup>

## Ethical considerations

Permission was obtained from the study participants.

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## Conflicts of interest

No conflict of interest has been declared by the author.

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