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# PERCEIVED SOCIAL SUPPORT OF RESIDENTS WITH DEMENTIA IN LONG-TERM CARE IN SERBIA: A PILOT STUDY

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## Abstract

This study aimed to investigate the level of perceived social support in people with mild to moderate form of dementia in residential care settings. Also, the aim of this study was to investigate the level of perceived social support from different sources in the social surrounding of people with dementia. The sample consisted of 29 participants diagnosed with mild to moderate form of dementia. The Multidimensional Scale of Perceived Social Support (MSPSS) was used for the purpose of evaluating the level of perceived social support. Participants rated the perceived social support fairly high. There were no significant differences in social support pertaining to gender and education. Furthermore, participants stated that they have significantly more social support from family, compared to friends and other significant persons. These findings are an important start of research addressing the quality of life in people with dementia with the aim of improving the existing social support mechanisms in Serbia.

**Key words**: perceived social support, dementia, residential care, Serbia.

# НИВО ПЕРЦИПИРАНЕ СОЦИЈАЛНЕ ПОДРШКЕ ОСОБА СА ДЕМЕНЦИЈОМ У РЕЗИДЕНЦИЈАЛНОМ СМЕШТАЈУ У СРБИЈИ: ПИЛОТ ИСТРАЖИВАЊЕ

## Апстракт

Циљ овог истраживања је да се испита ниво добијене социјалне подршке на основу самопроцене код особа са деменцијом у установама резиденцијалног типа. Поред тога, циљ ове студије је и да се утвде нивои перципиране социјалне подршке

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из различитих извора у социјалном окружењу особа са деменцијом. Узорак се састојао од 29 испитаника са дијагнозом благог до умереног облика деменције. Као инструмент за процену социјалне подршке коришћена је Мултидимензионална скала перципиране социјалне подршке (МСПСС). Резултати су прелиминарно показали да особе са благом и умереном деменцијом у резиденцијалном смештају оцењују добијен ниво социјалне подршке прилично високо, а сама подршка није у вези са полом или нивоом образовања испитаника. Поред тога, испитаници добијају значајно више подршке од стране породице у поређењу са пријатељима и другим значајним особама, што је потенцијално условљено социо-економским и демографским факторима, као променама у друштвеном миљеу које се дешавају старењем. Ови налази су важан почетак истраживања који се бави квалитетом живота особа са деменцијом, а све у циљу побољшања постојећих механизама социјалне подршке у Србији.

**Кључне речи**: перципирана социјална подршка, деменција, резиденцијални смештај, Србија.

## *INTRODUCTION*

Demographic data predicts that the percentage of the elderly in the world population will increase up to 16.4% by 2050, while in Serbia in 2011, 17.4% of population was over the age of 65 (Vukovic, 2019). European demographic data states that almost 5% of population over the age of 65 have some form of dementia, following an increase to 40% among people over the age of 90 (Fratiglioni et al., 2000; Launer & Hofman, 2000).

According to the *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition* (APA, 2013), dementia is defined as an acquired neurocognitive disorder that involves cognitive decline due to physical changes in the brain. The cognitive abilities that may be involved in the neurodegenerative process include: attention, executive abilities, learning and memory abilities, language, praxis and gnosis, as well as social cognition (APA, 2013). From an earlier point of view, cognitive deterioration was considered to be the direct cause of difficulties in the social functioning in people with dementia. Cognitive impairments, such as a decrease or loss of communication ability, can significantly affect participation in social activities amongst people with dementia (Mason, Clare, & Pistrang, 2005). However, results from some recent studies suggest that the decline in social functioning may be partially due to the formed societal perception of individuals with dementia, as well as due to the social treatment of family and formal caregivers, such as employees of day care centres and residential care units (Harris, 2002; Sabat, Napolitano, & Fath, 2004).

On the other hand, social support has been shown to be an important factor influencing the quality of life in the elderly. The results of previous studies have suggested that reduced social support positively correlated with lower quality of life (Helgeson, 2003), that can influence the onset of depression (Vanderhorst & McLaren, 2005) and even higher suicide rate (Rowe, Conwell, Schulberg, & Bruce, 2006), as well as higher mortality rate among the elderly (Lyyra & Heikkinen, 2006). Additionally, prejudices, stereotypes and negative images that accompany the old age phenomenon contribute to a fundamental misunderstanding of this population, which is reflected in increased age-based discrimination (Milanović Dobrota, 2017). Moreover, the elderly in residential care settings are more likely under the risk of depression and suicidal ideation compared to those who are not in residential care (Gleeson, Hafford-Letchfield, Quaife, Collins, & Flynn, 2019). Accordingly, it is expected that people with dementia in residential care settings may have significantly more socio-emotional difficulties compared to neurologically healthy subjects of the same age, which adds further importance to the study of social support in this population.

In terms of measurement, there is a significant difference between objective and subjective needs of people with dementia. Objective needs are those that can be measured by instruments or the needs of people with dementia perceived and expressed by others. These "others" are informal caregivers or professionals, while the subjective needs are those expressed by dementia people themselves (Van Der Roest et al., 2007). Throughout the history of research in dementia, genuinely obvious clinical symptoms have focused the research on the biomedical outcome of these condition (Moile, Mcallister, Venturato, & Adams, 2007; Nigard, 2006). However, in the last few decades, there has been an increasing number of studies indicating the need for evaluating subjective feeling and needs of people with dementia, especially in terms of the impact of dementia on the quality of life (Banerjee et al., 2009; Kane et al., 2003; Sloane et al., 2005; Thorgrimsen et al., 2003). Thus, results from some of the previous studies have shown that people with dementia often feel isolated or stigmatized (Cantley & Smith, 2007; Logsdon, McCurry, & Teri, 2006). However, the psycho-social self-assessment in people with dementia can be flawed. Specifically, difficulties in speech and language skills, memory impairment and presence of behavioural changes can make communication with person with dementia pretty difficult, as well as gathering meaningful information during assessment. Therefore, much of literature in this area is based on proxy reports, observations and evaluations of informal and professional caregivers who still cannot provide a real picture of subjective needs. However, there is a growing body of research showing that people with dementia can provide reliable information about their quality of life, and also, that they can meaningfully point to their own socio-emotional needs. This is supported by the results from the quality of life survey in people with mild to moderate dementia (Arlt et al., 2008; Trigg, Jones, & Skevington, 2007), but also from certain studies that included people with a severe form of dementia (Hurt et al. 2008; Thorgrimsen et al. 2003).

Accordingly, it can be concluded that there is a small body of research in the literature that has addressed the quality of life of people with dementia using self-reports. Also, some authors stated that this dimension of assessment particularly lacks in the research corpus of people with dementia in residential care (Kane et al. 2003, Sloane et al. 2005). Additionally, studies addressing self-report based social support for people with dementia are quite scarcely researched, while, on the other hand, there is a serious research corpus devoted to social support for family members of people with dementia or their caregivers. Also, what is missing in Serbia is the research of social support in clinical populations. Moreover, there is no research addressing this topic in people with dementia.

### *Present Study*

There is no official data on the number, but it is estimated that the number of people with dementia in Serbia is between 92,000 and 142,000 (Raca, 2019). Also, there is no official data on the number of people with dementia in residential care. The Gerontology Center in Belgrade, as the largest center for the residential care of the elderly in Serbia, has a total of 893 residents, of which 260 are people with dementia. In residential care units for dementia most of the residents have a mild to moderate type of dementia and are able to make more active social contacts.

The cognitive decline itself and difficulties in the domain of language abilities can lead to the social stigma of people with dementia, which can in return cause social withdrawal (Hamilton, 2008). In addition, separation from family into residential care usually has a negative impact on the socialization of these individuals (Saunders et al., 2012). From the cause-and-effect aspect, social isolation can lead to faster progression of cognitive and language deterioration (Holwerda et al., 2014). Therefore, research in this area can significantly contribute to the development of the social support network for people with dementia in Serbia, as well as support for families. Consequently, a more developed social network can increase social engagement and communication, which can surely have positive impact on cognitive and language abilities of those with dementia.

Considering the small body of research in the field of quality of life of people with dementia, as well as the lack of studies of this type in the Serbian population, the aim of this study is to examine the level of perceived social support in people with mild and moderate forms of dementia in residential care.

People with dementia in residential care are at higher risk for lack of social support. In addition to the negative social impact of clinical difficulties caused by the disease itself, separation from family and shifting to a new and unfamiliar environment can lead to a significant reduction of social contacts. Family and friends are usually the main sources of support for the elderly, however, placement in residential care can lead to a significant reduction in contact with loved ones. Accordingly, we wanted to investigate the level of social support from different sources in social surrounding of people with dementia.

## *METHODS*

### *Participants*

The sample consisted of 29 participants diagnosed with mild or moderate form of dementia, between ages of 65 to 93 years (Mean=80.59; SD=7.48). 19 participants were women (65.5%) and 10 were men (34.5%), while the educational level ratio was equalled (15 with high school degree and 14 with college and up degree).

Inclusive criteria were: diagnosed dementia of mild to moderate type, mild to moderate cognitive impairment, adequate communication skills (fluent speech with relatively preserved comprehension) and stay in a residential care institution for at least six months. The exclusion criteria were: severe forms of dementia with a severe degree of cognitive and language impairment, comorbidity with psychiatric illnesses and a stay in an institution shorter than six months.

According to the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR; American Psychiatric Association, 2000), 22 participants were diagnosed with vascular dementia, while 7 were diagnosed with Alzheimer's dementia. Participants had cognitive impairment level of 12-24 on the Mini-Mental State Examination (MMSE) (Folstein et al., 1975). Comprehension was assessed with an Auditory Comprehension Test from Boston Diagnostic Aphasia Examination (BDAE; Goodglass, Kaplan & Weintraub, 2001). All participants had adequate communication skills (fluent speech and Auditory Comprehension Test scoring 100 and above) and the ability to complete the questionnaire with the aid of an assistant. All participants were recruited from the Gerontology Center in Belgrade, residential care units for dementia and voluntarily agreed to participate in the study.

### *Instruments and Procedure*

The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, G. D., Dahlem, Zimet, S. G., & Farley, 1988) was used as an instrument. This scale assesses the subjective perception of social support level a person receives from family (F), friends (Fr), or significant other (OSP). Social support is measured on a Likert-type scale with 12 questions, four for each source of social support. MSPSS is a 7-point rating scale ranging from *very strongly disagree* (1) to *very strongly agree* (7). The perceived social support can be summarized as a total score and scores for sources of support individually (family, friends or significant other). The inclusion of the additional source of support such as “significant other” is a unique aspect of the MSPSS that makes it particularly relevant to people with dementia in residential care because it enables the identification of persons who provide a certain level of social support outside the circle of family and friends. Also, the “significant other” allows a person to define an additional source of social support, such as residential caregivers or staff members. This term was designed specifically to allow respondents to interpret items in ways most relevant to themselves (Zimet et al., 1988). In addition, the MSPSS contains only 12 items formulated in the form of short and clear questions, so it is easy for use, can be administered quickly and is understandable even to respondents who have difficulties in the area of cognitive and language functioning.

Internal consistency of the scales was tested using Cronbach's alpha, showing very good internal reliability (0.85). Due to the specificities of clinical population, a more detailed testing of the scale reliability was made. The values of the Cronbach's α coefficient if individual items were removed are given in Table 1.

*Table 1. Scale Reliability Coefficient*

| Questions | Cronbach's α coefficient |
|---|---|
| SO1 | 0.83 |
| SO2 | 0.84 |
| F1 | 0.84 |
| F2 | 0.84 |
| SO3 | 0.86 |
| Fr1 | 0.84 |
| Fr2 | 0.84 |
| F3 | 0.85 |
| Fr3 | 0.83 |
| SO4 | 0.85 |
| F4 | 0.84 |
| Fr4 | 0.84 |

SO – significant other; F – family; Fr – friends

If any item was deleted, internal consistency would not increase or decrease significantly (Table 1).

Total score was calculated, as well as scores from individual sources of support (family, friends and significant other). When asked who the other significant person would be, most of participants referred to a member of the working staff in the residential unit.

The assessment was conducted individually. Questions were explained in detail to participants, as well as the ranking manner. The individual assessment lasted from 30 to 40 minutes, and was conducted by the first author of the paper.

The study conformed to the ethical guidelines of the Declaration of Helsinki.

### *Statistical Analysis*

Statistical analysis was performed using SPSS Statistics 19. Descriptive statistics was used for examining the answers distribution in

MSPSS, as well as for the determination of total and individual source scores. The analysis of variance (ANOVA) was used for identifying potential gender and education related differences in the level of social support. Paired Sample t Test was used for the comparison of different sources of social support.

## *RESULTS*

### *Relationship between Demographic variables and Levels of Perceived Social Support*

Some data from literature indicates possible influence of gender differences on the level of perceived social support (Matud, Ibañez, Bethencourt, Marrero, & Carballeira, 2003; Simon, Chen & Dong, 2014). Accordingly, we wanted to examine whether there are differences in the level of perceived social support between women and men with dementia.

Using ANOVA, no significant gender related differences were found, regarding total and scores of three individual sources of support (Table 2).

*Table 2. Gender differences in perceived social support*

| | Gender | Min | Max | Mean | SD | F | p |
|---|---|---|---|---|---|---|---|
| Total score | men | 40.00 | 84.00 | 63.90 | 14.87 | 0.012 | 0.913 |
| | women | 17.00 | 84.00 | 64.58 | 16.30 | | |
| F score | men | 4.00 | 28.00 | 24.00 | 7.32 | 0.002 | 0.965 |
| | women | 7.00 | 28.00 | 23.89 | 5.46 | | |
| Fr score | men | 4.00 | 28.00 | 20.20 | 8.02 | 0.002 | 0.962 |
| | women | 4.00 | 28.00 | 20.05 | 7.77 | | |
| SO score | men | 8.00 | 28.00 | 19.70 | 7.29 | 0.129 | 0.722 |
| | women | 6.00 | 28.00 | 20.63 | 6.29 | | |

F – family; Fr – friends; SO – significant other
Statistical significance level of $p < 0.05$

As in the case of gender differences, some literature data suggests a positive correlation between the level of education and the perceived level of social support (Von dem Knesebeck & Geyer, 2007), so we also examined whether there were education-related differences regarding the perceived level of social support.

ANOVA was also used for examining potential differences between participants regarding the level of education (Table 3).

*Table 3. Education related differences in perceived social support*

| | Education | Min | Max | Mean | SD | F | p |
|---|---|---|---|---|---|---|---|
| Total score | High school | 40.00 | 84.00 | 63.93 | 12.67 | 0.021 | 0.886 |
| | College/faculty | 17.00 | 84.00 | 64.79 | 18.66 | | |
| F score | High school | 4.00 | 28.00 | 24.00 | 6.29 | 0.004 | 0.951 |
| | College/faculty | 7.00 | 28.00 | 23.86 | 5.97 | | |
| Fr score | High school | 4,00 | 28.00 | 19.13 | 8.21 | 0.482 | 0.494 |
| | College/faculty | 4.00 | 28.00 | 21.14 | 7.32 | | |
| SO score | High school | 10.00 | 28.00 | 20.80 | 5.17 | 0.169 | 0.684 |
| | College/faculty | 6.00 | 28.00 | 19.79 | 7.91 | | |

F – family; Fr – friends; SO – significant other
Statistical significance level of $p < 0.05$

Based on these results, it can be concluded that regarding both, total and individual source scores, there is no significant relationship between gender and the level of perceived social support, as well as between education and the level of perceived social support of the participants with dementia in our sample.

### *Perceived Level of Social Support in Participants with Dementia*

The distribution of MSPSS answers is given in the Table 4, along with total scores and individual summary scores related to the three sources of support.

*Table 4. MSPSS answers and scores*

| | N | Min | Max | Mean | SD |
|---|---|---|---|---|---|
| F1 | 29 | 1.00 | 7.00 | 6.21 | 1.50 |
| F2 | 29 | 1.00 | 7.00 | 6.10 | 1.68 |
| F3 | 29 | 1.00 | 7.00 | 5.76 | 2.01 |
| F4 | 29 | 1.00 | 7.00 | 5.86 | 1.98 |
| Fr1 | 29 | 1.00 | 7.00 | 5.07 | 2.40 |
| Fr2 | 29 | 1.00 | 7.00 | 4.90 | 2.11 |
| Fr3 | 29 | 1.00 | 7.00 | 4.97 | 2.04 |
| Fr4 | 29 | 1.00 | 7.00 | 5.07 | 2.31 |
| SO1 | 29 | 1.00 | 7.00 | 4.86 | 2.29 |
| SO2 | 29 | 1.00 | 7.00 | 5.86 | 1.87 |
| SO3 | 29 | 1.00 | 7.00 | 4.31 | 2.51 |
| SO4 | 29 | 1.00 | 7.00 | 5.28 | 2.43 |
| Total scores | 29 | 17.00 | 84.00 | 64.34 | 15.56 |
| F scores | 29 | 4.00 | 28.00 | 23.93 | 6.03 |
| Fr scores | 29 | 4.00 | 28.00 | 20.10 | 7.72 |
| SO scores | 29 | 6.00 | 28.00 | 20.31 | 6.54 |

F – family; Fr – friends; SO – significant other

Based on the descriptive indicators, the perceived level of social support in people with dementia from our sample is quite high. The mean values of the answers are in the positive range of the scale (mainly above 5). Also, according to the total scores, as well as to the scores from individual sources of support, it can be said that the obtained level of social support is quite good. Mean values of total and individual source scores represent the sum of answers from the positive range of scale (5 and above).

Paired Sample t Test was used for comparing scores from individual sources of support. Data regarding differences are given in a Table 5.

*Table 5. Differences in social support between three individual sources*

| | Min | Max | Mean | SD | t | df | p | $\eta^2$ |
|---|---|---|---|---|---|---|---|---|
| F score | 4.00 | 28.00 | 23.93 | 6.03 | 2.430 | 28 | **0.022** | 0.174 |
| Fr score | 4.00 | 28.00 | 20.10 | 7.72 | | | | |
| F score | 4.00 | 28.00 | 23.93 | 6.03 | 3.180 | 28 | **0.004** | 0.265 |
| SO score | 6.00 | 28.00 | 20.31 | 6.54 | | | | |
| Fr score | 4.00 | 28.00 | 20.10 | 7.72 | 0.139 | 28 | 0.891 | 0.001 |
| SO score | 6.00 | 28.00 | 20.31 | 6.54 | | | | |

F – family; Fr – friends; SO – significant other.
Statistical significance level of $p < 0.05$. Statistically significant values are bolded.

Comparing obtained scores, significant differences were found regarding the level of perceived social support from family, friends and other significant persons. Specifically, participants in our sample stated that they have significantly more social support from family, comparing to friends and other significant persons. Based on the measure of effect size (η2), whose values range above 0.14, it can be said that the obtained statistical significance has a great influence**.**

On the other hand, no statistically significant difference was found between the level of perceived social support from friends and other significant persons.

## *DISCUSSION*

In this paper, we have presented an analysis of a 12-item scale that assesses the level of the perceived social support of people with mild to moderate dementia in residential care. Also, based on self-assessment, the levels of social support were obtained from three sources: family, friends and significant other.

We first examined the relationship between demographic variables (gender and education) and the level of perceived social support. More specifically, the differences between men and women regarding interpersonal relationships are present throughout the life cycle. Commonly, male social relationships are characterized by non-emphasizing the expression of feelings and with higher levels of independence and self-reliance, comparing to women. On the other hand, women are more emotionally expressive, and more focused on warmth and intimacy in social relationships (Matud et al., 2003). Therefore, gender can be a significant factor influencing the expected level of social support. However, the results of our study did not confirm significant differences in the level of perceived social support between men and women, regarding both the total score and the scores from individual sources of support. Due to the lack of research on this subject in people with dementia, we searched for studies that investigated the relationship between gender and the levels of social support in a typical population. Reviewing the literature, we came across quite different data. In Simon, Chen and Dong’s study (2014), the results showed that older women have significantly higher levels of social support from spouses, family and friends comparing to men. On the other hand, the results of other studies did not indicate significant differences between adult men and women in terms of perceived social support in general and at the level of individual support of family and friends (Fusilier, Ganster, & Maies, 1986; Stokes & Vilson, 1984). However, one of the limitations of our study is a disproportional gender ratio (19 women vs. 10 men), so we cannot make fully reliable conclusions.

Also, we examined the possible relationship between education and the level of perceived social support. As in a case of gender related differences, results did not show any differences in the perceived social support between participants with a high school degree and participants with a higher level of education. Differences were not observed neither at the total score level, nor at level of individual sources of social support. Literature research showed the lack of data regarding the influence of education at the level of social support in people with dementia. On the other hand, data from the literature indicates a positive correlation of job position and levels of income with the perceived social support in typical population (Turner & Marino, 1994), while the relationship between education and perceived social support has been significantly less studied in typical population (Von dem Knesebeck & Geyer, 2007). In one of the few studies of this type, done by Von dem Knesebeck and Geyer (2007), results showed significant positive correlation between education and perceived social support. However, in this comprehensive study, based on data from several European countries, the sample included employed participants over the age of 25. With retirement, the structure and quality of social relationships change significantly, so it is difficult to compare the results of this study with ours.

The main objective of this research was to examine the level of perceived social support in people with dementia in residential care. According to the obtained descriptive data from MPSSS, people with dementia in our sample have a high level of social support. Participants' answers generally ranged from "mildly agree" to "strongly agree", both at the total score level and at the level of support from family, friends and other significant persons.

Self-assessment-based studies of social support in people with dementia are rare, but there are a few studies that have investigated the quality of life of these people. In Cahill et al. (2004) study with 88 participants, results showed that people with mild to moderate dementia consider their quality of life considerably high. However, in this study, participants lived with caregivers in their own homes. Consequently, it is possible that the natural environment, to which a person with dementia is accustomed, has a positive effect on the increase in the quality of life. However, our results are consistent with ones from research done by Moyle et al. (2011), one of the rare studies which investigated the quality of life of people with dementia in residential care. In this study, participants with dementia in residential care rated their quality of life even better than it was rated by their family members and caregivers. In addition to the overall quality of life, dementia residents rated the quality of their social relationship with family, friends and caregivers quite well, which is the case in our study as well.

Finally, we were interested in finding whether there are any differences in the perceived level of social support of family, friends, and other significant persons in residents with dementia. The results showed that, apart from the high level of perceived social support from all three sources, there are significant differences between them. Specifically, participants in our study stated that they have significantly more social support from family, comparing to friends and other significant persons. However, no significant differences were observed between social support from friends and other persons. These findings suggest that, although in residential care, people with dementia rely mostly on family within social interactions. As mentioned above, it is difficult to compare our results with previous findings because of methodological differences (different assessment instruments and research objectives). However, in the aforementioned study by Moyle et al. (2011), the results indicate a slightly different picture. In this study, descriptive scores showed that residents with dementia rated the quality of social relationships with caregivers the highest, followed by relationships with family and friends. In our study, social support of the family was rated the highest, followed by the support of other persons, while the lowest rating was given to social support from friends. Given that in the study of Moyle et al. (2011), individual segments of quality of life were not compared statistically, previous comparison has only a descriptive character. The significant difference in perceived social support from three different sources in our study can be explained by socio-economic and demographic factors, as well as by the aging-related changes in the social milieu. It would be expected that caregivers provide the highest level of social support for people with dementia in residential care because they spend the most time with them. In our study, participants confirmed that the ‘other significant person’ mostly refers to caregivers. However, in the last 10 years, Serbia has experienced a large-scale work migration of nurses and medical caregivers abroad. This migration is driven mostly by the socio-economic situation in Serbia and small income of medical workers. This caused a large outflow of nurses and caregivers from medical and institutions of social care. Difficult working conditions and low salaries are one of the main causes for the decreasing number of nurses and caregivers in residential care units for people with dementia. Given that one nurse or caregiver takes care of many patients in institutions, it is difficult for caregivers to provide a greater level of social support to patients individually. However, we must say that, despite the difficult working conditions and poor economic situation of people directly involved in the care of patients with dementia, the social support from caregivers was rated highly through score of perceived social support of another significant person. On the other hand, the significantly lower level of perceived social support from friends compared to family can be explained by aging-related changes in the social milieu, as well as by the cognitive changes experienced by people with dementia. Specifically, aging is associated with the reduction in the social network of a person, both in terms of receiving and providing social support (Walen & Lachman, 2000). Additionally, the structure of the social milieu is changing with aging. Younger adults receive more social support from friends and less from family members, whereas in older adults there is an opposite situation (Levitt, Weber, & Guacci, 1993). Moreover, greater cognitive decline in the elderly makes more difficult for the person to maintain social contacts (Zunzunegui, Alvarado, Del Ser, & Otero, 2003), and thus to have more social support from friends, compared to family.

### *Limitations*

The limitations of our study can be also described as implications for future studies. Namely, a higher number of participants from more residential institutions across the country would give a more realistic insight into the quality of social support for people with dementia in Serbia. Furthermore, more independent variables should be included, such as the number of caregivers per number of patients and marital status of participants. Also, for more reliable insight into gender differences in the perceived social support, a more balanced distribution of men and women is needed.

## *CONCLUSION*

The percentage of the population over the age of 65 is constantly increasing in Serbia, and according to demographic data, an increase in the number of people with some type of dementia is expected. The alignment of social policy with European standards implies a detailed quality-of-life research in people with dementia in our region with the aim of improving the existing social support mechanisms.

The results of our study have shown that people with mild to moderate dementia in residential care perceived social support fairly high according to their ratings, and the level of social support is not related to the participants' gender or education. Residents with dementia are generally satisfied with the level of social support in total, as well as with the level of social support from family, friends and other significant persons. Furthermore, the perceived level of social support of people with dementia is higher for family compared to friends and other significant persons, which is possibly driven by socioeconomic factors and changes in the social milieu that occur with aging.

The main characteristics of the social network are evaluated with a number of network members, the diversity of social contacts, as well as with the continuity of contacts. These measurements are in the direct function of social support. Therefore, the significance of our research is in providing initial insight into the social network of people with dementia in residential care in Serbia. However, for a more complete picture of social support, it is necessary to assess the level of social support provided by caregivers, families and other people from the social milieu of people with dementia.

In addition to a more diverse design of applied instruments measuring social support, as well as larger sampling, future research should address the relationship between the level of perceived social support and the two main areas of deterioration in people with dementia, cognitive and language abilities. Namely, cognitive and language abilities are closely related to the social engagement of people with dementia, but also, they can influence how these people perceive the social support of the environment.

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# НИВО ПЕРЦИПИРАНЕ СОЦИЈАЛНЕ ПОДРШКЕ ОСОБА СА ДЕМЕНЦИЈОМ У РЕЗИДЕНЦИЈАЛНОМ СМЕШТАЈУ У СРБИЈИ: ПИЛОТ ИСТРАЖИВАЊЕ

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## Резиме

Проценат популације особа старијих од 65 година је у константном порасту у Србији, а према демографским подацима очекује се и све већи број особа оболелих од неког типа деменције. Усклађивање социјалне политике са европским стандардима имплицира детаљније проучавање квалитета живота ових особа на нашим просторима у циљу унапређења постојећих механизама социјалне подршке особама са деменцијом.

У литератури постоји мали број истраживања која су се бавила самопроценом квалитета живота особа са деменцијом, поготово код особа са деменцијом у институционалним смештајима. Поред тога, студије које су се специфично бавиле самопроценом добијене социјалне подршке код ових особа прилично су дефицитарне у литератури, док са друге стране постоји озбиљан истраживачки корпус посвећен социјалној подршци члановима породице особа са деменцијом или њиховим старатељима. Такође, социјална подршка у клиничким популацијама је област која је прилично запостављена у Србији.

Сходно наведеном, циљ овог истраживања је да се испита ниво добијене социјалне подршке на основу самопроцене особа са благим и умереним степеном деменције у резиденцијалном смештају. Поред тога, циљ ове студије је и да се утвде нивои перципиране социјалне подршке из различитих извора у социјалном окружењу особа са деменцијом.

Узорак је чинило 29 испитаника, старости од 65 до 93 године са дијагностикованим благим и умереним степеном деменције. Сви испитаници су се налазили у резиденцијалном смештају Геронтолошког центра у Београду.

Као инструмент за процену социјалне подршке коришћена је Мултидимензионална скала перципиране социјалне подршке. Ова скала процењује субјективну перцепцију социјалне подршке коју особа добија од породице, пријатеља или неке друге значајне особе.

Резултати наше пилот студије су прелиминарно показали да особе са благом и умереном деменцијом у резиденцијалном смештају оцењују добијен ниво социјалне подршке прилично високо, док ниво добијене социјалне подршке није у вези са полом или нивоом образовања испитаника. Испитаници су генерално задовољни како укупним нивоом добијене социјалне подршке, тако и нивоом добијене социјалне подршке од стране породице, пријатеља и других значајних особа. Поред тога, испитаници добијају значајно више подршке од стране породице у поређењу са пријатељима и другим значајним особама, а могуће је да је то условљено социо-економским и демографским факторима, као и променама у друштвеном окружењу које се дешавају старењем.