

HW0201/0204
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No man is an island: A study of social interaction and Singaporean seniors' emotional health

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Introduction

Singapore has an ageing population, with the number of seniors (people aged 65 and above) doubling from 220,000 in 2000 to 440,000 in 2015 and projected to double again in 2030 (Ng, 2015). Therefore, it is important to identify which factors promote seniors' health for them to continue contributing to society.

Although emotional health studies for Singaporean seniors are necessary, research has mostly been limited to physical and cognitive health. This study aims to contribute to existing knowledge of emotional health, specifically (1) "what is the relationship between social interaction and Singaporean seniors' emotional health?" and (2) "what facilitates this relationship?"

Quantitatively, this study examines trends in Singapore statistics to identify how social interaction and emotional health are related. Qualitatively, interviews with Singaporean seniors are used to identify how social interaction may influence emotional health.

Literature Review

Two psychosocial ageing theories can predict the relationship between social interaction and emotional health: Activity Theory and Disengagement Theory.

Activity Theory states that activity and well-being are positively correlated (Lemon, Bengtson and Peterson, 1972). Such activities can include employment (Hao, 2008) and recreation (Russell, 1990), which both involve social interaction. In this study, Activity Theory suggests that as employment and recreation increase, hospital admissions would decrease.

In contrast, Disengagement Theory states that activity and well-being are negatively correlated (Cumming and Henry, 1961). It suggests that as people age, social withdrawal is natural. After "gracefully removing themselves from society", seniors would have greater life satisfaction (Lynott and Lynott, 2013). In this study,

Disengagement Theory suggests that as employment and recreation increase, hospital admissions would increase.

Both theories have been tested and supported in different cultures (Longino and Kart, 1982; Utz, Carr, Nesse, and Wortman, 2002). However, it is not certain which theory applies more in Singapore. This study will therefore compare quantitative findings with each theory to identify the relationship between social interaction and Singaporean seniors' emotional health.

In terms of how social interaction may influence emotional health, research has suggested that activities (including social interaction) operate through physical and psychosocial mechanisms to improve well-being. However, it is not clear specifically which components of activities interact to influence well-being (Menec, 2003). This study will therefore use qualitative interviews to gain insights into the components and nature of social interaction for Singaporean seniors.

Methodology

Quantitative research

The Department of Statistics' key indicators on seniors from 2011-2015 were used in this study. Social interaction was inferred from "Seniors In Labour Force" (employment) and "Seniors Having Access To Senior Activity Centres" (recreation). Emotional health was inferred from "Institute Of Mental Health Admissions" and "Total Hospital Admissions". To examine the relationship between social interaction and emotional health, each indicator's annual percentage changes were calculated and compared using 2011 as the base year.

Qualitative interviews

Six Singaporean seniors aged 65-71 were recruited through convenience sampling. There were 4 males and 2 females; all were retirees. Interviews were conducted to obtain qualitative data about how social interaction influences seniors' emotional health. Questions were asked for the following details: (1) whether the participant felt they were healthy, (2) whether social interaction was important for emotional health,

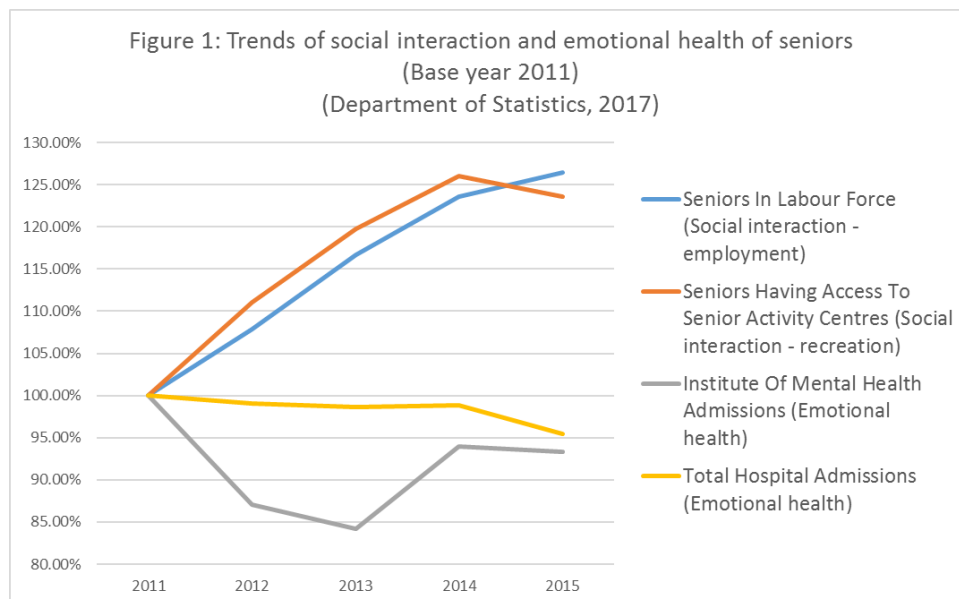
(3) frequency and nature of social interactions and (4) important components of social interaction.

Results

The results presented here focus on the research questions: (1) “what is the relationship between social interaction and Singaporean seniors’ emotional health?” and (2) “what facilitates this relationship?” They include the trends of social interaction and emotional health of seniors from 2011-2015, and a summary of interview responses. The original Department of Statistics data and interview questionnaire are shown in the Appendix.

Quantitative research

2015’s data for “Seniors in Labour Force” and “Seniors Having Access To Senior Activity Centres” increased to 126.47% and 123.54% of 2011’s data respectively. In contrast, 2015’s data for “Institute Of Mental Health Admissions” and “Total Hospital Admissions” decreased to 93.33% and 95.41% of 2011’s data respectively (see Figure 1). This suggests that as social interaction increases (implied by increased employment and recreation), emotional health also increases (implied by reduced hospital admissions).



Qualitative interviews

Generally, interview participants felt that they were healthy. All agreed that social interaction is important for emotional health, mainly to stimulate their minds and maintain relationships. On average, they interacted with 5 people daily, and most interactions were relational (with friends and family) rather than transactional (with strangers). Important components of social interaction included physical touch, conversation content and emotional tone.

Discussion

Quantitatively, an increase in employment and recreation is linked to a decrease in hospital admissions. This supports Activity Theory which predicts that activity and well-being are positively correlated (Lemon, Bengtson and Peterson, 1972). Answering the first research question, Singaporean seniors' emotional health increases with social interaction.

Qualitatively, participants' social interactions were mostly relational rather than transactional. This supports previous studies which found that as communication networks become more intimate, emotional health increases (Nussbaum, 1983). Also, the interviews identified 3 main components of social interaction: physical touch, conversation content and emotional tone. Answering the second research question, these 3 components of social interaction (especially relational interaction) operate through biological and psychosocial mechanisms (Menec, 2003) to improve emotional health.

Limitations

Firstly, the factors studied were limited. Although employment and recreation are valid forms of social interaction, other activities like volunteering (Onyx and Warburton, 2003) and spiritual practices (Coleman, 2005) may influence emotional health differently.

Secondly, social interaction was not manipulated through an experiment. It cannot be assumed that social interaction directly leads to improved emotional health. It may instead be possible that emotionally healthier seniors engage in more social

interaction, or another factor like high socio-economic status increases both social interaction and emotional health (Pinquart and Sörensen, 2000).

Conclusion

In summary, this study suggests that Singaporean seniors' emotional health increases with social interaction, and factors like physical touch, conversation content and emotional tone facilitate this relationship. This can guide policymakers and eldercare providers in policy and service development, especially for promoting the ageing population's health. Further studies can involve conducting longitudinal experiments which considers more factors beyond employment and recreation.

Words: 999

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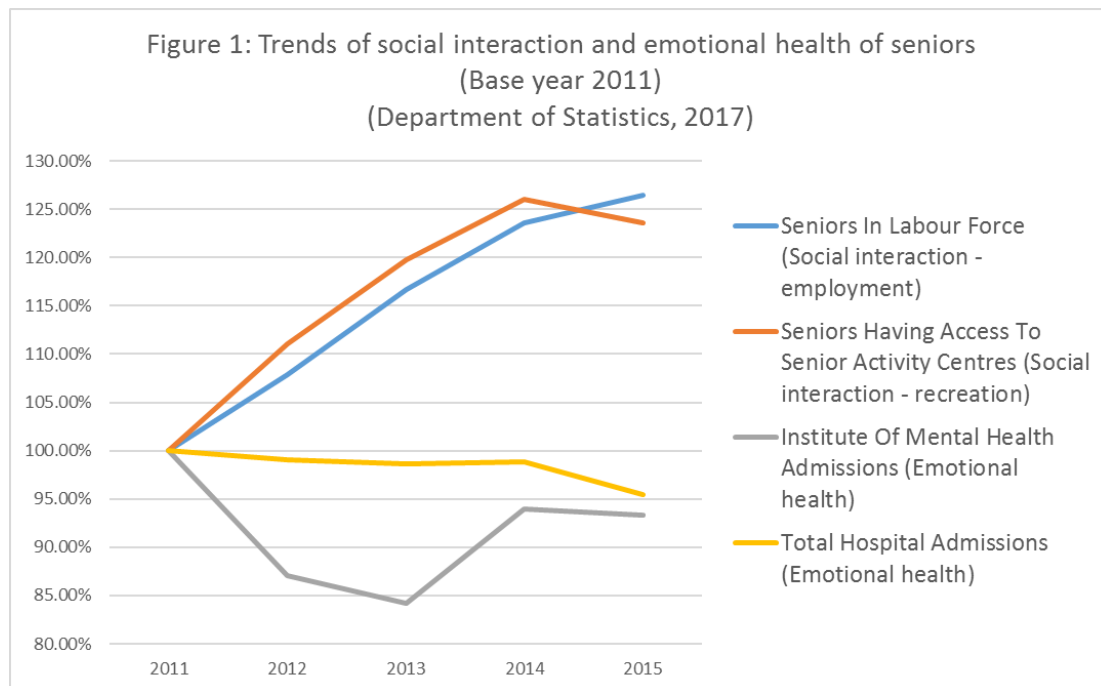
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Appendix A: Department of Statistics Data

Key indicators on seniors (Department of Statistics, 2017)	2011	2012	2013	2014	2015
Proportion Of Elderly Residents (65 Years & Over) In Labour Force (Per Cent)	20.4	22	23.8	25.2	25.8
Number Of Seniors Having Access To Senior Activity Centres	23,000	25,531	27,546	28,995	28,415
Admissions To Institute Of Mental Health	9,628	8,382	8,110	9,050	8,986
Hospital Admission Rate Per 1000 Resident Population (65 Years & Above)	690.2	684	680.5	682.2	658.5

These data were converted to percentages of 2011's data, and relabelled to match the variables in the research question.

Trends of social interaction and emotional health of seniors (Base year 2011)	2011	2012	2013	2014	2015
Seniors In Labour Force (Social interaction - employment)	100.00%	107.84%	116.67%	123.53%	126.47%
Seniors Having Access To Senior Activity Centres (Social interaction - recreation)	100.00%	111.00%	119.77%	126.07%	123.54%
Institute Of Mental Health Admissions (Emotional health)	100.00%	87.06%	84.23%	94.00%	93.33%
Total Hospital Admissions (Emotional health)	100.00%	99.10%	98.59%	98.84%	95.41%



Appendix B: Interview Questionnaire

Thank you for agreeing to participate in my interview!

Here is the context for my research paper: Singapore has an ageing population, with the number of seniors (people aged 65 and above) doubling from 220,000 in 2000 to 440,000 in 2015 and projected to double again in 2030. Therefore, it is important to identify which factors promote seniors' health for them to continue contributing to society.

Although emotional health studies are necessary, research on Singaporean seniors has mostly been limited to physical and cognitive health. My paper aims to contribute to existing knowledge of emotional health.

This is my current research question: what facilitates the relationship between social interaction and emotional health?

As this is a qualitative study, please elaborate on your answers as much as possible. All responses will be kept anonymous.

Gender, age and occupation:

1. Health is defined as a state of complete physical, mental and emotional well-being, not just the absence of illness. Do you feel that you are healthy in all of these aspects? If not, why?
2. Do you feel that social interaction is important for health? Why or why not?
3. On average, how many people do you interact with daily? What is the nature of such interactions, and whom are they with?
4. In your opinion, what are some important components of social interaction?
5. Do you have any other information which may be useful to share?