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Original Research/ Araştırma Makalesi

The Relationship Between Perceived Social Support, Mental Well-Being, and Health Perception in Obese Individuals Receiving Home Care Services

Evde Bakım Hizmeti Alan Obez Bireylerin Sosyal Destek Algısı ile Mental İyi Oluş Durumları ve Sağlık Algısı Arasındaki İlişki

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Abstract:

Aim: The study is descriptive in nature and was conducted to examine the relationship between obese individuals' perceived social support, mental well-being, and health perception.

Methods: Data were collected between March 2023 and May 2024. The universe of the study consisted of 103 obese individuals. No sampling method was used in the study and the entire universe was reached. Descriptive statistics, the Mann Whitney U Test, Kruskal-Wallis Analysis, and Spearman Correlation Analysis were used to analyze the data. Ethical approval was obtained for the study.

Results: The average total scores of the obese individuals participating in the study were Multidimensional Perceived Social Support Scale: 47.91 ± 18.91 Warwick-Edinburgh Mental Well-Being Scale: 37.95 ± 14.17 Health Perception Scale: 45.18 ± 3.25 . A moderately positive significant relationship was found between social support levels and mental well-being ($r = .630$, $p = .000$) and a weakly positive significant relationship was found between perceived social support and health perception ($r = .399$, $p = .000$).

Conclusions: Obese individuals would be beneficial to implement interventions aimed at enhancing individuals' perception of social support.

Key Words: Obesity; social support; mental well-being; health perception; nursing.

Özet:

Amaç: Çalışma tanımlayıcı tipte olup obez bireylerin sosyal destek algısı ile mental iyi oluş durumları ve sağlık algısı arasındaki ilişkiyi incelemek amacıyla gerçekleştirilmiştir.

Materyal ve Metod: Veriler Mart 2023 ve Mayıs 2024 tarihleri arasında toplanmıştır. Çalışmanın evrenini 103 obez birey oluşturmuştur. Çalışmada herhangi bir örnekleme yöntemine gidilmemiş olup evrenin tamamına ulaşılmıştır. Çalışma için etik kurul izni alınmıştır.

Bulgular: Araştırmaya katılan obez bireylerin Çok Boyutlu Algılanan Sosyal Destek Ölçeği toplam puan ortalaması 47.91 ± 18.91 , Warwick-Edinburgh Mental İyi Oluş Ölçeği toplam puan ortalaması 37.95 ± 14.17 , Sağlık Algısı Ölçeği toplam puan ortalaması 45.18 ± 3.25 'tir. Sosyal destek düzeyleri ve mental iyi oluş durumları arasında orta düzeyde pozitif yönde ($r = .630$, $p = .000$), sosyal destek düzeyleri ve sağlık algısı arasında zayıf düzeyde pozitif yönde anlamlı bir ilişki saptanmıştır ($r = .399$, $p = .000$).

Sonuç: Obez bireylerin sosyal destek algısının yükseltilmesine yönelik müdahalelerin yapılması yararlı olacaktır.

Anahtar Kelimeler: Obezite; sosyal destek; mental iyi oluş; sağlık algısı; hemşirelik.

Introduction

Obesity is a chronic condition and a significant public health issue, affecting a large proportion of the population. In 2021, it is estimated that higher-than-optimal body mass index caused an estimated 3.7 million deaths from non-communicable diseases (NCDs), such as cardiovascular diseases, diabetes and cancers.⁽¹⁾ According to the World Health Atlas 2024, by 2035 more than 750 million children (aged 5-19) will be overweight and obese (two in five children globally), and most of these children will live in middle-income countries.⁽²⁾ According to the Turkish Statistical Institute's (TÜİK) 2022 Health Research, the proportion of obese individuals aged 15 and over was 21.10% in 2019 but decreased to 20.20% in 2022.⁽³⁾

Obesity can lead to self exclusion in many areas of life.⁽⁴⁾ Social support for obese individuals is crucial at this stage. Social support directly aids recovery and acts as a safeguard in mitigating the effects of negative events.⁽⁵⁾ Study indicate that obese individuals have a greater need for high levels of social support, as they are more prone to avoiding social interactions, experiencing isolation, and facing insecurity compared to their non-obese counterparts.⁽⁶⁾ Literature also highlights the growing attention toward the psychosocial aspects of obesity, with findings suggesting that individuals seeking obesity treatment often require significant psychosocial support.⁽⁷⁾

Obesity can also influence individuals' mental well-being. The literature reveals that those with higher mental well-being are physically and emotionally healthier and enjoy a higher quality of life.^(8,9) Obesity is frequently associated with mental health issues, with studies indicating that obese women report worse mental health than their non-obese peers.⁽¹⁰⁾ Stigmatization and discrimination experienced by obese individuals can also negatively impact their psychological and physical health.⁽⁴⁾

Perception of health plays a critical role in health preservation and promotion.⁽¹¹⁾ Awareness of one's health condition is essential for healthy aging and avoiding chronic diseases, especially among young and adult populations. Such awareness is vital for fostering healthy societies.⁽¹²⁾

Considering that obesity is a significant public health concern, it is evident that understanding the social support systems, mental well-being, and health perceptions of obese individuals is essential. Preventing obesity is a long-term public health goal, with nurses playing a pivotal role in this endeavor.⁽¹³⁾ Nurses should effectively utilize their roles to enhance the social support levels, mental well-being, and positive health perceptions of obese individuals.⁽¹⁴⁾ A review of the literature reveals no prior studies examining the relationship

between social support, mental well-being, and health perceptions among obese individuals receiving home care services. Thus, this study is anticipated to contribute significantly to the literature. People's perception of their health also affects their lifestyles (eating habits, physical activity levels, etc.), and accordingly, their awareness of obesity may also change.⁽¹⁵⁾ Only one study that could be accessed studied health perception and obesity awareness, and it was stated that there was a relationship between obesity awareness and health perception.⁽¹⁵⁾

This research was conducted to examine the relationship between social support, mental well-being, and health perceptions of obese individuals receiving home care services.

Materials and Methods

Article Type

This is a descriptive study.

Universe and Sample of the Research

Data were collected between March 2023 and May 2024. The study population consisted of 103 obese individuals aged 18-64, registered with the Home Health Services Units of two hospitals. No sampling method was applied, and the study was carried out with all 103 individuals who agreed to participate. Only one accessible study examined the relationship between health perception and obesity awareness. This study noted a relationship between the two. For the purposes of the study, individuals with a body mass index (BMI) of 30 kg/m² or higher were considered obese. The study included individuals aged 18–64 with a BMI of 30 kg/m² or higher.

Data Collection Tools

Tools measuring social support, mental well-being and health perception were used to collect data.

Introductory Information Form: This form consisted of 18 questions created based on a literature review.^(16,17)

Multidimensional Perceived Social Support Scale (MPSSS): Developed by Zimet et al. in 1988, this scale's Turkish validity and reliability study was conducted by Eker et al. in 1995 and replicated in 2001. It comprises 12 items across three sub-dimensions. Scores range from 12 to 84. Higher scores indicating higher perceived social support. Its reliability score is 0.89⁽¹⁸⁾, in this study was 0.96.

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS): Developed by Tennant et al. in 2007, its Turkish adaptation was conducted by Keldal in 2015. The scale includes 14 items

measuring psychological and subjective well-being, scored on a 5-point Likert scale. Total scores ranging from 14 to 70. Cronbach's Alpha was reported as 0.89^(19,20), and in this study, it was 0.98.

Health Perception Scale (HPS): Developed by Diamond et al. in 2007 and adapted into Turkish by Kadioğlu and Yıldız in 2012. This scale has 15 items. This scale has four sub-dimensions. Scores range from 15 to 75. Higher scores indicate higher health perception. Its reliability score is 0.77⁽²¹⁾, and in this study was 0.76.

Data Collection

Data were collected face-to-face at the participants' homes. The researchers carried out the data collection. Each interview lasting approximately 20-25 minutes. During the interviews, the researcher first introduced themselves.

Data Analysis

The data were analyzed using the Statistical Package for Social Sciences 20.0. The significance level was set at $p < 0.05$. Descriptive statistics (numbers, percentages, and mean values) were used for data collected with the introductory information form. Shapiro-Wilk test was applied to evaluate the normal distribution of data. Mann-Whitney U Test, Kruskal-Wallis Analysis, and Spearman Correlation Analysis were also performed.

Ethical Considerations

Permissions were obtained from the relevant institution (Document dated 03.04.2023, No. E-90410089-799-212480242), ethics committee (Document dated 03.03.2023, No. 330) and participants.

Results

Among the obese individuals participating in the study, 83.50% were women. It was determined that 54.40% of the participants were within the height range of 140–160 cm, 75.70% were aged between 51–64 years, and 64.10% had a body weight ranging from 101–130 kg. It was observed that 72.80% of the participants were illiterate, 61.20% were single, 92.20% were unemployed, and 80.60% were living in nuclear families (Table 1).

Table 1. Distribution of Sociodemographic Characteristics of Obese Individuals (n=103)

Variable	Frequency (n)	Percentage (%)
Gender		
Female	86	83.50
Male	17	16.50
Age		
18-35 old	11	10.70
36-50 old	14	13.60
51-64 old	78	75.70
Educational status		
Literate	75	72.80
Primary education	16	15.60
Secondary education	6	5.80
Undergraduate and postgraduate	6	5.80
Marital status		
Married	40	38.80
Single	63	61.20
Employment status		
Employed	8	7.80
Unemployed	95	92.20
Family type		
Nuclear family	83	80.60
Extended family	20	19.40
Body mass index		
30-45 kg/m ²	52	50.50
46-65 kg/m ²	51	49.50
Total	103	100.00

Among the obese individuals, 47.60% did not adhere to a regular diet, and 60.20% reported not engaging in exercise. Additionally, 91.30% stated that they did not smoke, while 97.10% indicated that they did not consume alcohol. The percentage of participants with chronic illnesses other than obesity was found to be 90.30%, while the proportion of those using medication regularly was 89.30%. It was also revealed that 67.00% of the participants did not follow a dietary regimen. Among the participants, 49.50% had been receiving home care services for more than six years, and the rate of satisfaction with these services was identified as 93.20%. The average height of obese individuals is 170 centimeters and their average weight is 90 kilograms.

The total mean score of the participants on the MPSSS was 47.91 ± 18.91 , the WEMWBS was 37.95 ± 14.17 , and HPS was 45.18 ± 3.25 (Table 2).

Table 2. Presents The Distribution Of Participants' Total Score Averages From The Multidimensional Perceived Social Support Scale, The Warwick-Edinburgh Mental Wellbeing Scale, and The Health Perception Scale.

Scales	$\bar{X} \pm SS$	Min-Max Scores
Multidimensional Perceived Social Support Scale (MPSSS)	47.91±18.91	16-81
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	37.95±14.17	14-68
Health Perception Scale (HPS)	45.18±3.25	37-53

\bar{X} = Mean, SD = Standard Deviation, Min = Minimum Score, Max = Maximum Score

A moderately positive and significant relationship was found between the total mean scores of the MPSSS and the WEMWBS ($r = .630$, $p = 0.000$). Additionally, a weakly positive and significant relationship was observed between the total mean scores of the MPSSS and the HPS ($r = .399$, $p = 0.000$) (Table 3).

Table 3. Correlation Between the Total Mean Scores of the Multidimensional Perceived Social Support Scale, Warwick-Edinburgh Mental Wellbeing Scale, and Health Perception Scale

Scales	Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)		Health Perception Scale (HPS)	
	Total Mean Score		Total Mean Score	
	r	p	r	p
Multidimensional Perceived Social Support Scale (MPSSS) Total Mean Score	.630	0.000	.399	0.000

r = Correlation Coefficient, p = Significance Level

Discussion

Limited research has been accessed regarding perceived social support, mental well-being, and health perception among obese individuals. For this reason, results from studies conducted with different sample groups were also included in the discussion.

In this study, it was found that the mean score of the MPSSS among obese individuals receiving home care services was 47.91±18.91. Considering that the maximum possible score on the MPSSS is 81 and that higher scores indicate a higher level of perceived social support, it can be stated that the level of social support perceived by obese individuals receiving home care services is not at the desired level. Social support has a protective effect against obesity.⁽²²⁾ Therefore, the results of this study emphasize the need to increase participants' awareness of social support. Additionally, individuals may have limited communication with others due to obesity, which could hinder the desired level of perceived social support.

The mean score of the WEMWBS for obese individuals receiving home care services was found to be 37.95±14.17. Considering that the maximum possible score on the scale is 68, it

can be stated that the score obtained by obese individuals is not adequate. Individuals with high levels of mental well-being are known to exhibit optimal levels of physical, emotional, mental, and psychological well-being.⁽²³⁾ The insufficient level of mental well-being may be attributed to the level of social support, as a lack of social support can lead to psychological disorders.⁽²⁴⁾ The literature states that social support plays an important role in achieving and maintaining good mental health, as well as in preventing and overcoming mental health problems.⁽²⁵⁾ Therefore, the finding that the level of mental well-being among obese individuals receiving home care services is not at the desired level is an expected result.

In this study, the mean score for the HPS among obese individuals receiving home care services was found to be 45.18 ± 3.25 . Considering that the highest possible score on the scale is 75, it can be stated that the participants' health perception is good. Similar results were found in a study that reported higher health perceptions among obese individuals compared to non-obese individuals.⁽²⁶⁾ In a different study conducted among students, the mean score of the Health Perception Scale was reported to be 53.77 ± 7.40 , indicating a good level of health perception.⁽²⁷⁾ Another study on women reported a mean score of 50.18 ± 9.86 .⁽²⁸⁾ The finding that health perception is at a good level in this study suggests that the home care services provided to obese individuals are effective.

The study found a positive relationship between the mean scores of the MPSSS and the WEMWBS among obese individuals. It was observed that as the perceived level of social support increases, the level of mental well-being also rises positively. Research conducted among caregivers of palliative care patients indicated a positive, and significant relationship between mental well-being and perceived social support ($r=.620$, $p<0.001$).⁽²⁹⁾ A study conducted among nurses found a weak positive and significant relationship between their mental well-being and perceived social support.⁽³⁰⁾ Another study among students revealed that as their perceived social support scores increased, their mental well-being scores also improved.⁽³¹⁾ Rani (2016), in her study investigating the relationship between perceived social support and psychological well-being among working young adults, similarly found a significant positive relationship between perceived social support and psychological well-being.⁽³²⁾ Emadpoor et al. (2016) also reported a positive relationship between psychological well-being and perceived social support.⁽³³⁾ A study conducted among offenders in Malaysian rehabilitation centers revealed a significant relationship between perceived social support and psychological well-being.⁽³⁴⁾ These findings highlight the importance of social support for mental well-being, which is an expected result.

This study also found that as the perceived level of social support among obese individuals increases, their health perception also rises positively. Health perception is known to play an influential role in engaging in health-promoting behaviors.⁽³⁵⁾ Considering the positive impact of social interaction and support on health promotion, a significant positive relationship between social support and health perception is expected.

Results and Recommendations

In the study, it was observed that as the level of social support increases, mental well-being and health perception also increase.

Based on these results:

It would be beneficial to plan health education programs to increase obese individuals' perception of social support, mental well-being, and health perception. Referring obese individuals to primary healthcare institutions for social and psychological follow-up alongside home care services would be beneficial.

Interventional nursing practices aimed at strengthening social support networks and increasing perceived social support among obese individuals should be implemented.

Qualitative nursing studies should be conducted to identify factors that hinder social relationships, negatively affect mental well-being, and impair health perception among obese individuals.

Limitation

The study results are limited to obese individuals registered in home care units affiliated with the hospitals where the study was conducted.

Conflict of Interests

No conflict of interest.

Source of Institutional and Financial Support

The study did not receive any financial support.

Author contributions

Design: AG, FE, Data Collection or Processing: AG, Analysis or Interpretation: AG, FE, Literature Search: AG, FE, Writing: AG, FE.

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