CHAPTER 4

Measures of Health Outcome in Social Support Research

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A wide variety of papers link social support to health outcomes (see Berkman, 1984; Broadhead et al., 1983; Wallston, Alagna, DeVellis, & DeVellis, 1983). Stressful life events in the personal, social, occupational, or marital realms may have important consequences, and social support may soften the impact of these events. Wallston et al. (1983) suggest that social support is a crucial factor in coping with physical disability and illness. Family, friends, and other social contacts aid in the reduction of emotional distress and problems resulting from illness or injury (Davidson, Bowden, & Tholen, 1979; Porrit, 1979).

The notion that social support enhances health outcomes is widely embraced in the medical, public health, and psychological literatures (Cohen & Syme, 1985). Systematic investigation of this problem, however, is hampered for several reasons. First, measures of social support have varied from study to study; even the definition of social support has been quite inconsistent (Heitzmann & Kaplan, 1988). A second and perhaps more disturbing problem is that few studies relating social support to health have considered the complex issues in assessing health status. This chapter reviews some of the measurement issues that complicate studies relating social support to health outcome. First, I consider issues in the measurement of social support, and then review the measures that social support scales have been validated against. Consideration is also given to

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the conceptualization and measurement of health outcomes, and problems in relating health status measures to social support measures will be simulated. Finally, directions for future research are suggested.

The Conceptualization and Measurement of Social Support

Although definitions vary, most measures of social support include tangible components (e.g., financial assistance or physical aid) and intangible components (e.g., encouragement and guidance). As noted above, social support has been implicated in the mediation of stressful life events, recovery from illness, and increased program adherence. Some measures emphasize the instrumental function of social support, whereas others focus on its stress-buffering function.

Heitzmann and Kaplan (1988) reviewed the literature on the assessment of social support and identified at least 23 different measurement techniques. Most of the measures had suitable reliability; however, only about half of the measures had any evidence of validity, defined as the correlation between the measures of social support and well-defined criterion measures. This was particularly problematic for studies concerning the relationship of social support to health, because there are few well-validated measures of health status.

Chapters 2 and 3 in this volume consider the conceptualization and measurement of social support. In concert with Heitzmann and Kaplan (1988), these writings suggest that problems in the conceptualization and measurement of social support still remain. Few studies, however, have seriously considered problems in the conceptualization and measurement of the other side of the equation—health status. Some would question why health measures should be used as validity criteria for measures of social support. The rationale is that social support interventions are justified on the basis of their presumed relationships to health outcomes. Authors repeatedly evoke the social support–health outcome connection in discussions of either direct effects or buffering models. It is the evidence for these support–health relationships that I examine here.

Table 1 provides a summary of scales used as validity criteria for social support measures. The left-hand column of the table lists the social support scale, the next column gives the measure the scale was validated against, and the remaining columns describe the nature of the criterion measure and the association. In the Heitzmann and Kaplan (1988) review, 11 of 23 measures were validated against some external criterion. In three of the studies, measures were validated against other social support measures. In another three studies, they were validated against symptom