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THE RELATIONSHIP BETWEEN SELF-CARE AGENCY AND SUCCESSFUL AGING in INDIVIDUALS AGED 65 OR OVER**Arş. Gör. Dr. Aykut AYDIN****Kırklareli Üniversitesi, İİBF, Çalışma
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ABSTRACT

The purpose of this study was to determine the association between self-care agency and successful aging in individuals aged 65 or over. The research was performed with elderly individuals (n:125) presenting to a training and research hospital between July and October 2021. Ethics committee approval was obtained for the study. An information form, the Self-Care Agency Scale, and the Successful Aging Scale (SAS) were employed in data collection. p values <0.05 were considered statistically significant. The mean age of the individuals in the research was 69.00±5.44 years (min 65-max 90), their mean Self-Care Agency Scale score was 90.00±19.95 (min 33-max 134), and their total SAS score was 53.00±10.42 (min 17-max 68). Weak, significant negative correlation was determined between age and the Self-Care Agency Scale (p<0.001), the SAS (p=0.002), and the SAS coping with problems subscale (p=0.001). The elderly individuals in this study had good self-care agency and successful aging scores, with a positive relationship being observed between self-care agency and successful aging. Self-care agency and successful aging levels were found to decrease with age.

Keywords: Old Age, Successful Aging, Self-Care**65 YAŞ ve ÜSTÜ BİREYLERDE ÖZ BAKIM GÜCÜ İLE BAŞARILI YAŞLANMA ARASINDAKİ İLİŞKİ****ÖZ**

Bu çalışmada, 65 yaş ve üstü bireylerde öz bakım gücü ile başarılı yaşlanma arasındaki ilişkinin belirlenmesi amaçlandı. Araştırma, Temmuz - Ekim 2021 tarihleri arasında, bir eğitim araştırma hastanesine başvuran yaşlılarla (n: 125) yürütüldü. Çalışma için gerekli etik kurul izni alındı. Veri toplama, bilgi formu, öz bakım gücü ölçeği ve başarılı yaşlanma ölçeği kullanıldı. İstatistiksel anlamlılık seviyesi p <0.05 olarak belirlendi. Araştırmaya katılan bireylerin yaş ortalaması 69.00±5.44 (min.65-max.90) olup, Öz Bakım Gücü Ölçeği (ÖBÖ) toplam puanının 90.00±19.95 (min. 33-max.134), Başarılı Yaşlanma Ölçeği (BYÖ) toplam puanının 53.00±10.42 (min.17-max.68) olduğu belirlendi. Yaş ile Öz Bakım Gücü ölçeği (p<0.001), Başarılı Yaşlanma Ölçeği (p=0.002) ve sorunlarla mücadele etme (p=0.001) alt boyutu arasında negatif yönde zayıf düzeyde anlamlı bir ilişki saptandı. Çalışmada, yaşlıların öz bakım gücünün ve başarılı yaşlanma düzeylerinin iyi olduğu; öz bakım gücü ile başarılı yaşlanma arasında olumlu ilişki olduğu görüldü. Yaş arttıkça, öz bakım gücü ve başarılı yaşlanma düzeylerinin ise azaldığı saptandı.

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INTRODUCTION

Old age is a complex process generally attracting negative perceptions and involving such variables as genetic factors, lifestyle, chronic disease, and physical and mental losses (Çunkuş et al., 2019:58). The World Health Organization (WHO) regards the global population aged 65 or over as elderly, the population being predicted to reach 1.4 billion by 2030 and 2.1 billion by 2050 (WHO, 2021).

In addition to physical, mental, and social losses, old age also results in difficulties in establishing and maintaining self-care. 'Self-care' is also defined as individuals' fulfilling their responsibilities to preserve their lives, health and well-being. At the same time, in addition to taking care of oneself, self-care includes elements such as physical activity, stress management, coping strategies, prioritizing oneself, and being able to protect oneself (Sabo & Chin, 2021:570). The self-care agency of the elderly individual is directly affected as a result of impairment occurring in basic cognitive functions such as attention, perception, memory, and executive functions during the natural aging process (Freedman & Spillman, 2014:509). Changes occur with aging in the biological, economic, social, and psychological dimensions of the individual's life. As a result of this change, the quality of life of the elderly diminishes due to the impairment of functions such as vision and hearing, together with various diseases that occur due to this change, and the individual may be unable to meet his self-care needs in old age (Ploeg et al., 2017:40; LeBlanc & Jacelon, 2018:12191). The great majority of the elderly individuals investigated in studies have been reported to experience difficulties as a result of diminished levels of physical activity (Puciato et al., 2017:1627).

Successful aging, a current concept that reveals the importance of self-care agency for the elderly, is used in the sense of avoidance of diseases, high physical and mental functionality, active participation in life, absence of medical illness, psychological well-being, life satisfaction, financial security, and a positive perspective on life (Martinson & Berridge, 2014:58). The elements affecting successful aging include factors that increase self-care agency, such as social and mental components, physiological adaptation, health, activity, and working life. Variation in these factors also leads to a change in attitudes related to successful aging (Gutiérrez et al., 2018:26).

According to one definition in the literature, successful aging indicates high mental and physical self-care agency, and thus increasing accommodation (Dziechciaż & Filip, 2014:835). The concepts of successful aging and self-care were discussed together in one study, with compatibility between the two being reported to increase quality of life (Torregrosa-Ruiz et al., 2021:606).

While previous studies have investigated self-care agency in the elderly (LeBlanc et al., 2017:12191; Sabo & Chin, 2021:570), we encountered no extensive studies of the relationship with successful aging (Gutiérrez et al., 2018:26; Torregrosa-Ruiz et al., 2021:606). In the light of the above, the purpose of this study was to determine the association between self-care agency and successful aging in working individuals aged 65 and over.

1. MATERIAL AND METHOD

The aim of the research

The purpose of this descriptive, cross-sectional study was to determine the association between self-care agency and successful aging among individuals aged 65 and over. The research was conducted with individuals aged 65 and over presenting to a training and research hospital between July and October 2021.

Study population: The research population consisted of individuals aged 65 or over (n: 127) presenting to the internal diseases clinic within the previous three months. We aimed to reach a minimum of 96 elderly individuals with a 95% confidence interval and a 5% margin of error, according to a sample calculation of the known population.

Inclusion criteria

Individuals consenting to take part in the research, aged 65 or over, open to communication and collaboration, with no visual or auditory problems, who responded to the questions asked fully and completely, not using drugs such as sleeping medications, antidepressants, or anxiolytics, not resident in care homes, and with mini mental test scores of 25 or above were included in the study. Individuals not meeting the inclusion criteria were excluded from the study.

Data collection tools

1. Information Form: This form was prepared based on an examination of the relevant literature (Dziechciaż and Filip, 2014:836; Gutiérrez et al., 2018:26), and investigated age, gender, education level, marital status, cohabitation status, income, presence of children, and their numbers if applicable, presence of chronic disease, sufficient sleep status, and exercise status.

2. Self-Care Agency Scale: This scale is used to measure the individual's ability to care for himself, otherwise known as self-care agency. It consisted of a 35-item Turkish-language version of the form originally developed in English, by Kearney and Fleicher, in 1979, and consisting of 43 items. The reliability and validity of the Turkish-language version were investigated by (1994). The scale focuses on individuals' self-evaluation of their ability to perform self-care activities. Each statement on the form was scored between 0 and 4. Individuals' orientations toward self-care are determined by their responses on a five-point Likert-type scale. The response options are 'Does not describe me at all,' with a score of 0, 'Does not describe me much' with a score of 1, 'Undecided' with a score of 3, and 'Describes me a lot' with a score of 4. Eight items on the Turkish-language scale are reverse-scored (items 3, 6, 9, 13, 19, 22, 26, and 31). The maximum possible score is 140. The height of the scale score shows the height of the individual's self-care agency. The scale has no cut-off value. Its Cronbach alpha internal consistency coefficient in this study was 0.909.

3. Successful Aging Scale (SAS): Developed by Reker (2009) and subsequently validated by Hazer and Özsungur in 2017, this is a seven-point Likert-type scale (strongly agree=7, agree=6, partly agree=5, neutral=4, partly disagree=3, disagree=2, strongly disagree=1).

The SAS consists of 10 questions in two subdimensions, healthy aging (three items) and coping with problems (seven items). The minimum possible score is 10 and the highest possible score is 70. Higher scores indicate more successful aging. The scale has a general reported Cronbach alpha internal consistency coefficient of .85. The Cronbach alpha internal consistency coefficient of the scale in the present study was 0.887, 0.835 in the coping with problems subdimension, and 0.769 in the healthy aging subdimensions.

4. Standardized Mini Mental State Exam (MMSE): This test evaluating mental state was first developed by Folstein et al. and has proven reliability and validity. The MMSE assesses mental state and evaluates cognitive functions in five separate sections. The highest possible score is 30. Individuals scoring 24 or less should be assessed in terms of dementia.

Data collection

Following receipt of the requisite institutional permissions, the aim of the study was explained to individuals meeting the inclusion criteria and consenting to take part. The data collection form was then applied by the authors after polyclinic control. Data collection lasted approximately 15-20 min. All elderly individuals meeting the inclusion criteria between the relevant dates were included in the research, which was completed with 125 participants. Fourteen individuals declined to take part.

Statistical analysis

The research data were analyzed on Statistical Package for the Social Sciences version 22.0 software. Normality of distribution was evaluated using the Kolmogorov-Smirnov test. Parametric tests were applied since the data exhibited normal distribution. Descriptive

characteristics such as frequency, percentage, mean, and standard deviation (SD) were employed. The independent samples t test and one-way analysis of variance (ANOVA) were employed in the comparison of scale and sociodemographic data between independent groups, with Bonferroni correction being applied for two-way comparisons. Relationships between continuous variables were analyzed using Pearson's correlation analysis. Statistical significance was set at $p < 0.05$.

Ethic considerations

Approval for the study was obtained from the Ethics Committee of Kırklareli University, approval number E-69456409-199-). Consent was obtained from the participants before starting the study. The participant could leave the survey at any time without giving any reason. The study was carried out under the Declaration of Helsinki.

Limitations

The research results cannot be generalized since the study was performed in a single center in the west of Turkey and included only individuals aged 65 or over.

2. RESULTS

The mean age of the individuals consenting to take part in the study was 69.00 ± 5.44 years (min 65-max 90), 70.4% were women, 44% were elementary school graduates, 66.4% were married, 37.9% were self-employed, 77.6% reported a moderate level of income, 90.4% had children, 88.4% had social security, 69.6% did not engage in exercise, and 70.4% did not have sufficient sleep.

The participants' mean total Self-Care Agency Scale score was 90.00 ± 19.95 (min 33-max 134), the mean total SAS score was 53.00 ± 10.42 (min 17-max 68), the mean SAS total coping with problems subdimension score was 36.00 ± 7.47 (min 12-max 48), and the mean total healthy aging score was 17.00 ± 3.52 (min 5-max 21) (Table 1).

Examination of participants' mean Self-Care Agency Scale, and SAS and subdimension scores in terms of their sociodemographic characteristics revealed no significant variation in terms of gender, education, marital status, employment status, presence of children, exercise, or sufficient sleep ($p > 0.05$). However, a significant association was found between individuals' income levels and Self-Care Agency Scale scores ($p = 0.019$). Bonferroni correction revealed higher self-care scores among participants who reported their income levels as high compared to those who described their income as average ($p = 0.049$). No statistically significant difference was observed among the other groups ($p > 0.05$). Although no statistically significant association was found between participants' total SAS and coping with problems subdimension scores and income, a significant relationship was observed between the healthy aging subdimension and income ($p = 0.003$). Bonferroni correction revealed significantly higher healthy aging scores among elderly individuals who reported their income as average compared to those describing their income as low ($p = 0.017$) or high ($p = 0.049$) (Table 2).

Significant moderate, positive correlation was determined between participants' mean self-care scores and that SAS, coping with problems subdimension, and healthy aging subdimension ($p < 0.001$). Weak negative correlation was found between age and Self-Care Agency Scale ($p < 0.001$), healthy aging ($p = 0.002$), and coping with problems ($p = 0.001$) (Table 3).

Table 1: Distributions of Participants' Mean Self-Care Agency Scale, Successful Aging Scale, and Subdimension Scores (n=125)

Scale	Mean±SD (Min-Max)
Self-Care Agency Scale	90.00±19.95 (33-134)
Successful Aging Scale	53.00±10.42 (17-68)
Coping with Problems	36.00±7.47 (12-48)
Successful Aging	17.00±3.52 (5-21)

Table 2: Distributions of Participants' Mean Self-Care Agency Scale, Successful Aging Scale, and Subdimension Scores According to Sociodemographic Characteristics (n=125)

Characteristic	n (%)	Self-Care Agency Scale	Successful Aging Scale	Coping with Problems	Successful Aging
		Mean±SD	Mean±SD	Mean±SD	Mean±SD
Gender					
Female	88 (70.4)	88.77±20.70	50.77±10.68	34.78±7.55	15.98±3.59
Male	37 (29.6)	90.59±18.25	51.51±9.89	35.67±7.35	15.83±3.40
		p=0.643	p=0.718	p=0.545	p=0.828
Education					
Literate	42 (33.6)	81.80±19.55	48.61±9.46	33.33±6.67	15.28±3.50
Elementary school	55 (44.00)	89.90±21.27	51.14±11.26	35.23±8.08	15.90±3.66
Middle school	14 (11.2)	102.92±13.19	53.35±12.83	37.08±9.35	16.28±3.98
High school	11 (8.8)	95.09±10.81	55.54±2.65	37.63±2.61	17.90±1.81
University	3 (2.4)	98.66±10.21	53.66±9.29	36.66±7.37	17.00±2.00
		p=0.060	p=0.269	p=0.319	p=0.260
Marital status					
Married	83 (66.4)	90.31±21.06	51.48±10.78	35.54±7.52	15.93±3.84
Single	11 (8.8)	96.36±12.90	54.27±7.73	37.90±5.95	16.36±2.33
Widowed	31 (24.8)	84.12±18.12	48.51±10.03	32.70±7.43	15.80±3.00
		p=0.160	p=0.222	p=0.081	p=0.909
Living with					
Spouse	72 (57.6)	89.46±21.14	54.43±11.74	39.68±9.78	15.83±3.26
Children/relatives	39 (31.2)	90.32±11.84	52.29±6.76	38.83±7.86	14.46±3.54
Alone	14 (11.2)	88.16±17.12	49.62±11.04	33.81±7.48	16.50±2.41
		p=0.180	p=0.546	p=0.804	p=0.892
Income					
Low ^a	23 (18.4)	84.26±17.57	48.30±9.10	34.00±3.39	14.30±3.84
Average ^b	90 (72.0)	91.54±19.39	51.96±10.33	35.47±7.46	16.49±3.25
High ^c	12 (9.6)	69.20±29.06	44.40±15.25	31.60±12.09	12.80±3.83
		p=0.019	p=0.112	p=0.404	p=0.003
		b>c			b>c, b>a
Children					
Yes	110 (88.0)	88.72±20.48	50.90±10.38	34.94±7.37	15.95±3.59
No	15 (12.0)	94.83±13.40	51.83±11.21	36.00±8.71	15.83±2.88
		p=0.315	p=0.770	p=0.645	p=0.909
Exercise					
Yes	38 (30.4)	93.18±20.39	53.00±9.01	36.59±6.45	16.40±3.17
No	87 (69.6)	87.89±19.66	50.22±10.93	34.39±7.85	15.83±3.58
		p=0.177	p=0.178	p=0.135	p=0.407
Sufficient sleep					
Yes	88 (70.4)	90.56±20.13	52.07±9.40	35.76±6.90	16.31±3.09
No	37 (29.6)	86.32±19.44	48.40±12.28	33.35±8.55	15.05±4.30
		p=0.279	p=0.072	p=0.100	p=0.067

Table 3: Correlations between Participants' Age and Self-Care Agency Scale, Successful Aging Scale, and Subdimension Scores

	(1)	(2)	(3)	(4)	(5)
(1) Age	1				
(2) Self-Care	r=-0.309 p<0.001	1			
(3) Successful Aging	r=-0.273 p=0.002	r=0.638 p<0.001	1		
(4) Coping with Problems	r=-0.302 p=0.001	r=0.589 p<0.001	r=0.976 p<0.001	1	
(5) Healthy Aging	r=-0.168 p=0.061	r=0.636 p<0.001	r=0.887 p<0.001	r=0.765 p<0.001	

DISCUSSION

The total Self-Care Agency score of the elderly individuals in this study was 90.00 ± 19.95 (min 33-max 134). In their study of the factors affecting self-care agency in the elderly, Uğurlu et al. (2010) reported a mean score of 92.28 ± 19.45 (41-128). Altay & Avcı investigated the relationship between self-care agency and life satisfaction in the elderly, and reported a figure of 86.4 ± 18.8 . Erci et al. investigated the effect of self-care agency and life satisfaction on hope in elderly individuals attending their family health center in 2014-2015 and reported self-care agency scores of 130.06 ± 9.68 in women and 134.93 ± 10.21 in men. It may be concluded that elderly individuals' self-care agency is generally good (Table 1).

The total SAS score in this study was 53.00 ± 10.42 (min 17-max 68), with scores of 36.00 ± 7.47 (min.12-max.48) for the coping with problems subdimension and 17.00 ± 3.52 (min.5-max.21) for the healthy aging subdimension. In their study of 190 individuals aged 65 or over, Kütmeç Yılmaz (2020) reported a mean total SAS score of 50.32 ± 17.42 , a mean healthy living subdimension score of 15.10 ± 5.48 , and a mean coping with problems score of 35.21 ± 12 . Yalçınöz Baysal et al. (2020) reported good successful aging status. Examination of successful aging in American and Japanese individuals aged 65 or over showed that this is particularly affected by culture, with Americans exhibiting a better level of successful aging (Phelan et al., 2004:211). Considering the great importance attached to respect in Turkish culture and that older people are respected and loved may be a factor, it may be concluded that this is also reflected in successful aging, and therefore, thus explaining the good successful aging levels in this study.

Participants who reported a high income level had better self-care scores than those reporting moderate income levels. Previous studies have also described income levels as an important determinant factor in self-care agency, with self-care agency and successful aging increasing in line with income (Uğurlu et al., 2010:56; Curcio et al., 2018; Amegbor et al., 2018:81). It may therefore be concluded that income is an important factor in the establishment and maintenance of self-care.

Successful and healthy aging, and also the abilities to cope with problems, of the elderly individuals in this study increased in line with their self-care scores. Torregrosa-Ruiz et al. (2021) reported that self-care agency in the elderly had a positive effect on successful aging, life satisfaction, and physical and mental well-being. Blanco-Molina et al. (2021) also reported that an increase in self-care agency in elderly individuals was associated with an increase in successful aging, a problem solving-focused approach, and quality of life. Lamb (2019) described high self-care agency as a priority for successful aging. Self-care agency may at the same time be regarded as a factor directly impacting on successful aging.

Self-care agency, successful aging, and the ability to cope with problems decreased with age in this study. Previous studies have also reported that successful aging and self-care are adversely affected and cognitive and functional capacity decreases with age, resulting in a heightened tendency to isolation and depression (Apóstolo et al., 2019:90). Another study reported that friability levels and accompanying health problems increased with age, and that this had an adverse impact on self-care agency (Zhou et al., 2017:108). Abdi et al. (2019) also emphasized that elderly individuals find it more difficult to maintain self-care as their age increases, and that their care and support requirements also rise. It may be concluded that an age-related decrease in functionality adversely impacts on self-care agency and successful aging.

The main limitations of this study are that it was conducted in a single population and in a single center.

CONCLUSION AND RECOMMENDATIONS

Good self-care agency and successful aging levels were determined in this study, and a positive relationship was observed between self-care agency and successful agency. However, self-care agency and successful aging decreased with age. Therefore, considering the important role of self-care in successful aging, it is important that elderly individuals in particular be encouraged and supported in the direction of activities that enhance self-care.

We recommend that regular health check-ups be arranged for the protection of the mental and physical health of the elderly, that social support be provided, that sociocultural programs be introduced to improve their self-care capability, and that education sessions regarding self-care be planned and applied. It is important that future studies should consider activities capable of enhancing self-care capability and the effects of such activities on that capability.

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EXTENDED ABSTRACT**GENİŞLETİLMİŞ ÖZET****65 YAŞ ve ÜSTÜ BİREYLERDE ÖZ BAKIM GÜCÜ ile BAŞARILI YAŞLANMA ARASINDAKİ İLİŞKİ**

Giriş ve Çalışmanın Amacı: Yaşlılık, bireylerde zaman içinde fiziksel, zihinsel ve sosyal açıdan değişimlere yol açan zorlu bir süreçtir. Giderek yaşlanan dünyada, Dünya Sağlık Örgütü'nün yaşlı olarak nitelendirdiği 65 yaş ve üstü bireylerin sağlık ve iyiliklerini sürdürebilmesi, toplum sağlığını da doğrudan etkilemesi suretiyle önem taşımaktadır. Yaşlı bireylerde fiziksel ve zihinsel iyilik halinin sürdürülmesinin temelinde, yaşlı bireylerin kendilerine düşen sorumluluklarını yerine getirebilmesi olarak nitelendirilen öz bakım güçlerinin yerinde olması gerekmektedir.

Yaşlanma, özellikle kronik hastalığı olan bireyler için daha da zor bir yaşama neden olmakta, bu bireylerin başarılı yaşlanma süreci olumsuz etkilenmektedir. Literatürde, öz bakım gücü yerinde olan yaşlılarda, başarılı yaşlanmanın da olumlu etkileceği, bu iki kavramın birbiriyle doğrudan ilişkili kavramlar olduğu ifade edilmektedir.

Kavramsal/kuramsal çerçeve: Bireylerin öz bakım gücünün, başarılı yaşlanma üzerindeki temel etkenlerden biri olduğu gerçeğinden hareketle, öz bakım gücü yüksek ve başarılı yaşlanan bireylerin fiziksel, zihinsel ve sosyal açıdan uyumlarının ve yaşam kalitelerinin yükseldiği bilinmektedir. Bireylerin ayrıca, mevcut problemlerini daha kolay çözebildikleri, sağlıklarını daha ön planda tuttukları ve fiziksel/zihinsel kapasitelerini daha üst noktalara taşıdıkları belirtilmektedir. Yaşlanan bir dünyada, yaşlı bireylerin öz bakım güçlerinin farkında olmaları, onlara başarılı yaşlanabilme fırsatı vermesi açısından son derece önemli bir husustur.

Yöntem ve Bulgular: Temmuz-Ekim 2021 tarihleri arasında bir eğitim ve araştırma hastanesinde gerçekleştirilen tanımlayıcı ve kesitsel tipteki bu çalışmada, 65 yaş ve üstü bireylerde öz bakım gücü ile başarılı yaşlanma arasındaki ilişkinin belirlenmesi amaçlandı. Çalışmanın yürütülmesi için etik kurul izni, kurum izni ve katılımcılardan bilgilendirilmiş onam alındı. Araştırmaya dahil edilme kriterleri; gönüllü olma, 65 yaş ve üstü olma, iletişim ve işbirliğine açık olma, görsel ve işitsel herhangi bir sorunu olmama, sorulan soruları eksiksiz cevaplama, uyku ilacı, anksiyolitik, antidepresan gibi ilaçlar kullanmama ve mini mental test puanı 25 ve üzeri olma olarak belirlendi. Dahil edilme kriterlerini karşılamayan bireyler, çalışma kapsamına alınmadı. Veri toplama aracı olarak, literatür doğrultusunda hazırlanan bilgi formu, Öz Bakım Gücü Ölçeği ve Başarılı Yaşlanma Ölçeği kullanıldı. Veriler, yüz yüze görüşme yöntemiyle, araştırmacılar tarafından toplandı. Veri toplama, yaklaşık 15-20 dakika sürdü. Çalışmada, 125 birey, örnekleme oluşturdu.

SPSS (Statistical Package for Social Science) 22.0 paket programı kullanılarak analiz edilen verilerin değerlendirilmesinde, frekans, yüzde, ortalama, standart sapma gibi tanımlayıcı istatistiksel metodlara ek olarak, normal dağılımın incelenmesi için Kolmogorov Smirnov dağılım testi kullanıldı. $p < 0.05$ değeri, istatistiksel olarak anlamlı kabul edildi.

Sonuç ve Öneriler: Araştırmaya katılan bireylerin yaş ortalaması 69.00 ± 5.44 (min.65-max.90) olup, Öz Bakım Gücü Ölçeği (ÖBÖ) toplam puanının 90.00 ± 19.95 (min. 33-max.134), Başarılı Yaşlanma Ölçeği (BYÖ) toplam puanının 53.00 ± 10.42 (min.17-max.68) olduğu belirlendi. Yaş ile Öz Bakım Gücü ölçeği ($p < 0.001$), Başarılı Yaşlanma Ölçeği ($p = 0.002$) ve sorunlarla mücadele etme ($p = 0.001$) alt boyutu arasında negatif yönde zayıf düzeyde anlamlı bir ilişki saptandı. Çalışmada, yaşlıların öz bakım gücünün ve başarılı yaşlanma düzeylerinin iyi olduğu; öz bakım gücü ile başarılı yaşlanma arasında olumlu ilişki olduğu görüldü. Yaş arttıkça, öz bakım gücü ve başarılı yaşlanma düzeylerinin ise azaldığı saptandı.

Öz bakım gücü ile başarılı yaşlanma arasında pozitif ilişki olduğu belirlenen çalışmada, öz bakım gücünü artıran faktörlerin belirlenmesi, farkındalık yaratılması, öz bakım gücünü olumsuz etkileyen durumlar varsa bu durumların tespit edilip, gereken iyileştirilmelerin yapılması önem taşımaktadır. Gelecekte yapılacak çalışmalar için, öz bakım gücünü artıran girişimlere yer verilmesi ve bu girişimlerin başarılı yaşlanma üzerindeki etkilerinin belirlenmesi önerilmektedir.



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