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Perceived Social Support And Life Satisfaction Of Residents In A Nursing Home In Turkey

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Abstract: This study was conducted to identify the factors that affect the perception of social support and life satisfaction of selected nursing home residents in Turkey, using the Multidimensional Scale of Perceived Social Support (MSPSS) and the Satisfaction with Life Scale (SWLS). 80 residents participated in the study. Results of univariate analyses indicated that family-based perceived social support of nursing home residents is significantly higher in married residents and in residents with children. Furthermore, friend-based perceived social support of nursing home residents was found to be higher in women than in men. Life satisfaction was found to have a high positive correlation with family-based perceived social support. Positive correlations between life satisfaction and both friend-based perceived social support and significant other-based perceived social support were also found; however, the correlation between life satisfaction and friend-based social support was stronger. Study findings point to the need to raise family-based perceived social support of single nursing home residents with no children. Programs to help residents to repair and strengthen their relationships with their families are recommended, in order to increase family-based perceived social support and life satisfaction.

Key words: Nursing home, Social support, Life satisfaction

Introduction

Identifying factors that affect social support and life satisfaction for elderly people is crucial in preserving and improving their health, integrating them into society and ensuring their happiness. The social environment around an elderly person consists of spouse, family and friends and fulfills the basic social needs of an individual such as affection, commitment, self-respect and belongingness. Social support contributes positively to morale and life satisfaction and helps in dealing with stressful events. High perceived social support results both in a healthier state of mind, such as being self-sufficient, able to focus on a subject and displaying fewer depressive symptoms, and in a relatively slower diminishing of physical capabilities (Besser, 2007). Furthermore, elderly people's dissatisfaction with their social relations and low levels of perceived social support result in symptoms of depression (Antonucci, et. Al, 1997) and increased mortality risk (Dhar, 2001).

Many studies in recent years have demonstrated a positive correlation between social support and mental/physical health, while studies regarding social support have found that perceived social support is a significant factor in the supportiveness of social relationships (Eker and Arkar, 1995). Limited communication with others, coupled with suppressing emotions and thoughts, makes recovery from various types of losses difficult and prevents people from feeling psychologically well. Thus the connection to life and others weakens over time, resulting in the isolation of individuals from society. Moreno has pointed out that the psychological death of the elderly, which may bring physical death earlier than necessary, is rarely noticeable. He has argued that its treatment involves re-connecting them to other people, whether by introducing new friends or restoring their strained relationships with their relatives. Having a spouse and friends contributes to being healthy and peaceful whilst keeping people connected to life (Oguzhanoglu, 2005).

A rapid increase in the population of Turkey, industrialization, urbanization, problems with the national economy and migration to and from other places have caused a transformation from the extended family to the nuclear family. Many families live in smaller households in urban areas and the participation rate of women in labor has risen significantly over the years, as families need more than one source of income for their livelihood. In the past, it was a common practice for elderly people to live with their children; however, with the contribution of these aforementioned factors, this practice has become more obsolete with every passing day. Nowadays there is simply neither enough physical space to accommodate elderly people in apartments, nor is there someone in the household to take care of them and offer them assistance in their daily lives while also being a companion, as women leave the household early in the morning as their husbands do. Thus, it has become more and more common for elderly people to live alone. Furthermore, with their children's more limited available time, elderly people have fewer opportunities to spend time with their children despite the increasing forms of communication. In addition to all these factors, the generation gap and its resultant increasing miscommunication between generations, along with the deteriorating health of elderly people,

diminish their perceived social support and cause them to feel lonely; this also results in physical and mental health problems. It has been found that with low levels of perceived social support, mortality risk rises, whereas all sorts of improvements in the health of the elderly have been observed when there is a high level of perceived social support (Altay and Avci, 2009).

As the number of elderly people in the population continues to increase in Turkey, and family support systems consistently decline, the subject of social support for the elderly is gaining in importance. Generally, social support is described as help for an individual in a difficult situation from his/her family, friends, neighbors and particular institutions. The social networks around the elderly, consisting of their spouse, family and friends, fulfill basic social needs, hence positively affecting mental and physical health. Self-respect resulting from social support boosts the spirits of elderly people and increases satisfaction with life whilst contributing to their ability to cope with stress-inducing incidents and situations (Helman and Stewart, 1994; Patterson, 1995).

Satisfaction with life is a main factor affecting the mental health and social relations of an individual. Life satisfaction is the result of comparing of an individual's expectations with his actual state, and encompasses all parts of a person's life, thus it is multi-dimensional. In other words, life satisfaction is an individual's emotional response and attitude to their entire life (Sener, 2011).

The reason for the focus on life satisfaction in the elderly is that they are now a risk group for mental health, and life satisfaction is an important factor in mental health (Karatas, 1989). Many researchers studying the elderly argue that life satisfaction is the main factor in the increase in life expectancy for the elderly (Ebersole, 1995).

This study was conducted to determine the factors affecting perceived social support and life satisfaction of nursing home residents. The relationship between social support and life satisfaction has been examined in previous studies for different groups, indicating, for example, that perceived support from family, perceived faculty support, and optimism were statistically significant predictors of the life satisfaction of college students (Yalcin, 2011). Furthermore, in another study all four dimensions of the Inventory of Socially Supportive Behaviors exhibited positive correlations with life satisfaction (Barreraet.al, 1981; Finch et. al, 1997). In a study focusing on elderly people, Lou found that the life satisfaction of older adults benefitted significantly from social support from grandchildren (Lou, 2010). The Multidimensional Scale of Perceived Social Support, which was utilized in this study, identifies three different sources of social support: friend-based, family-based and significant other-based. The varying impact of different sources of social support on life satisfaction has also become a point of interest for researchers, who have found that in general, family support contributes more to the life satisfaction of older adults than does friend support (Yeung, and Fung, 2007).

Nursing home residents are an intriguing study group, as the living arrangement of an elderly person in a nursing home differs significantly from that of an elderly person who resides in his/her own place or with his/her family. Several factors that will help nursing home staff and management provide better care and services for their residents include: levels of perceived

social support; sources of perceived social support and life satisfaction that depend on demographic characteristics; and visit frequency. These factors will offer better insight into the social psyches of elderly people in nursing homes.

Research Methodology

The study was carried out in a public nursing home with a 170-bed capacity, between May and August, 2010. No sampling method was utilized, as we tried to include all the residents in the research. Nevertheless only 80 residents participated in the study, as the rest declined due to health problems and various other reasons.

Data were collected using a three-part questionnaire. The first section of the questionnaire included sociodemographic other basic characteristics of the participants, such as the existence of chronic disease, existence of children, duration of residency and the frequency of visits. Other sections included the Multidimensional Scale of Perceived Social Support and the Satisfaction with Life Scale.

The Multidimensional Scale of Perceived Social Support (MSPSS) is used to measure the perceived social support of residents. The scale was developed by Zimet and his colleagues to identify the different subscales of social support and their impact. The reliability and validity of the scale in Turkey has been successfully established by Eker and Arkar (1995). The scale has a 7-point rating format and 3 subscales, namely family, friend and significant other, with each subscale consisting of 4 items (Eker and Arkar, 1995; Aksullu, 2004).

In order to measure the life satisfaction of nursing home residents, the Satisfaction with Life Scale (SWLS) developed by Deiner and Larsen was utilized. The scale consists of 5 items measured on a 7-point rating scale, ranging from "completely agree" (7) to "completely disagree" (1) (Diener, et.al, 1998). The scale was adapted to the Turkish language by Koker (1991).

Data were analyzed using SPSS 18.0. Descriptive statistics, Spearman's correlations, regression analyses and univariate analyses were used; $p < 0.05$ was accepted as the level of significance. As almost all respondents had high levels of income, social security and chronic diseases, these items were not included in the univariate analyses.

Reliability and Validity

Cronbach's alpha and exploratory factor analysis were used to establish the reliability and validity of the scales. Cronbach's alpha, a measure of internal reliability, was obtained for the whole scales and for each subscale. For the Significant Friends, Family and Other subscales, the values were 0.965, 0.962, and 0.982, respectively. The reliabilities of the total MSPSS and Satisfaction with Life scales were 0.953 and 0.935, respectively. These values indicate good internal consistency for the scales and for the three subscales (Table 1 and Table 2). Similarly, Cronbach's alpha was reported as 0.91 by Dahlem and colleagues (1991). According to the

results of exploratory factor analysis, the MSPSS gathered under three factors on the original scale. For the MSPSS direction, three factors obtained eigenvalues greater than 1, respectively 66.433, 20.649, and 5.753. A total of 92.835% of the variance was explained by these three factors. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.899 and Bartlett's Test of Sphericity was significant. The factors were consistent with previous factor analysis results (Table 1).

Table 1 Reliability and Exploratory Factor Analysis of MSPSS Scale

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.			0.889
Bartlett's Test of Sphericity	Approx. Chi-Square		1608.320
	df		66
	Sig.		0.000
Cronbach Alpha			0.953
% of total variance			92.835
Subscales of MSPSS Scale	Factors	% of Variance	Cronbach Alpha
Friends		32.027	0.965
A7. I can count on my friends when things go wrong.	0.869		
A12. I can talk about my problems with my friends.	0.867		
A6. My friends really try to help me.	0.85		
A9. I have friends with whom I can share my joys and sorrows.	0.835		
Family		31.092	0.962
A4. I get the emotional help and support I need from my family.	0.941		
A8. I can talk about my problems with my family.	0.939		
A11. My family is willing to help me make decisions.	0.934		
A3. My family really tries to help me.	0.862		
Significant Other		29.717	0.982
A1. There is a special person who is around when I am in need.	0.849		
A2. There is a special person with whom I can share my joys and sorrows.	0.839		
A5. I have a special person who is a real source of comfort to me.	0.837		
A10. There is a special person in my life who cares about my feelings.	0.802		

According to the results of exploratory factor analysis, the SWLS gathered under only one factor. The eigenvalue was greater than 1, and 80.029 % of the variance was accounted for; the Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.861 and Bartlett's Test of Sphericity was significant. (Table 2).

Table 2 Reliability and exploratory factor analysis of the Satisfaction With Life Scale

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.861
Bartlett's Test of Sphericity	Approx. Chi-Square	366.569
	df	10
	Sig.	0.000
Cronbach Alpha		0.935
% of total variance		8.029
b4. So far I have gotten the important things I want in life.		0.940
b3. I am satisfied with my life		0.928
b5. If I could live my life over, I would change almost nothing.		0.894
b2. The conditions of my life are excellent.		0.878
b1. In most ways my life is close to my ideal.		0.829

Analysis

Respondents' demographic information is presented in Table 1. According to this, 47.5% of respondents were over 80 years old, 67.5% were female, 32.5% were university graduates, 40% were married and 95% lived in the regular section of the nursing home. 60% of respondents had spent 2 years or less in the nursing home, and 96.3% indicated that they had a chronic disease. All respondents stated that they found their income sufficient. 83.8% had children. Reasons for coming to live in the nursing home were fear of loneliness for 27.5%, health reasons for 22.5%, and comfort for 50%. 92.5% of respondents indicated that they did not use any assistive devices. The mean frequency of monthly visits was 4.2.

Table 3. Demographic Characteristics of Respondents

Age Groups	Number	%
80 years and below	42	52.5
Above 80	38	47.5
Gender		
Male	26	32.5
Female	54	67.5
Education		
Primary	11	13.8
Junior High	15	18.8
High School or Equivalent	28	35.0
University	26	32.5
Marital Status		
Married	32	40.0
Not Married	48	60.0
Section		

Regular	76	95.0
Special	4	5.0
Duration of stay		
2 years or less	48	60.0
More than 2 years	32	40.0
Disease condition		
No disease	3	3.8
Disease present	77	96.3
Income level		
Adequate	80	100.0
Children		
No	13	16.3
Yes	67	83.8
Reason for living in nursing home		
Loneliness	22	27.5
Health	18	22.5
Comfort	40	50.0
Use of assistive equipment		
No	74	92.5
Yes	6	7.5
	Mean	**SD**
Visit frequency (monthly)	4.2	2.8

The means and standard deviations of the three MSPSS subscales and total scale are presented in Table 4. As seen in the table, participants received the most support from their families. Exploratory factor analysis showed that the four items with the highest mean value formed the "family" factor, items with the second highest mean value formed the "friends" factor and the last four items formed the "others" factor. Accordingly, the highest social support was provided by family, and then friends, and the lowest level of support was provided by others. Furthermore, the findings show that a medium level of social support was obtained by the participants.

Table 4. MSPSS Item and Subscale Means and Standard Deviations

	Mean	SD
a4. I get the emotional help and support I need from my family.	6.04	1.66
a11. My family is willing to help me make decisions.	5.98	1.74
a3. My family really tries to help me.	5.90	1.76
a8. I can talk about my problems with my family.	5.89	1.78
a9. I have friends with whom I can share my joys and sorrows.	5.09	1.88
a12. I can talk about my problems with my friends.	5.06	2.00
a6. My friends really try to help me.	5.00	1.89
a7. I can count on my friends when things go wrong.	4.90	1.95

a10 There is a special person in my life who cares about my feelings.	4.79	2.01
a5. I have a special person who is a real source of comfort to me.	4.71	1.93
a2. There is a special person with whom I can share my joys and sorrows.	4.70	1.93
a1 There is a special person who is around when I am in need.	4.68	1.90
Family	5.95	1.64
Friends	5.01	1.86
Significant Other	4.72	1.89
Total	5.23	1,52

The means and standard deviations of items on the SWLS are presented in Table 5. In general, participants' life satisfaction was found to be moderate.

Table 5. SWLS Item Means and Standard Deviations

	Mean	Std. Deviation
b3. I am satisfied with my life.	5.49	1.57
b4. So far I have gotten the important things I want in life.	5.43	1.53
b2. The conditions of my life are excellent.	5.18	1.53
b1. In most ways my life is close to my ideal.	4.99	1.72
b5. If I could live my life over, I would change almost nothing.	4.86	1.76
Total	5.19	1.45

Correlations between the MSPSS and the SWLS are presented in Table 6. There was an overall strong positive correlation between the MSPSS and SWLS (r=0.619) (Table 6). Similarly, although there was a high correlation between the SWLS Life Satisfaction subscale and the Family subscale of the MSPSS (r = 0.704), there were middle level correlations between Life Satisfaction and Friends (r = 0.400) and Life Satisfaction and Others (r = 0.439). With respect to correlations among subscales, the Significant Other and Friends factors were found to be highly correlated (r = .817), but the Family subscale was lower than the Significant Other. With respect to MSPSS subscale intercorrelations, the Family subscale was significantly correlated with both the Significant Other subscale (r = .458) and the Friend subscale (r = .400). Accordingly, the Family- Friends correlation and Family-Significant Other correlation were significantly smaller than the Friends-Significant Other correlation.

Table 6. Correlational Analysis of MSPDD Subscales and Life Satisfaction

	1	2	3	4
Family (1)	1			
Friends (2)	.400[**]	1		
Significant Other (3)	.458[**]	.817[**]	1	
Total of MSPSS (4)	.713[**]	.891[**]	.913[**]	1
SWLS (5)	.704[**]	.449[**]	.439[**]	.619[**]

**. Correlation is significant at the 0.01 level (2-tailed).

As seen in Table 4, after the correlation analysis identified the relationship between the variables, regression analysis was used to test the effects of this relationship. Regression analysis was performed using mean values of the subscales of the MSPSS as dependent variables, and using the mean value of the SWLS as the independent variable. According to the results of this analysis, social support that was provided by families (F = 29.13, p = 0.00), friends (F = 29.13, p = 0.00) and other significant persons (F = 29.13, p = 0.00) affected the life satisfaction of participants at the levels of 49%, 19% and 12.9%, respectively.

Table 7. Results of Regression Analysis on Effect of Perceived Social Support on Life Satisfaction

Variables		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R	R^2	Adj. R^2	F	p
Dependent	Independent	B	Std. Error	Beta							
Family	(Constant)	1.80	0.49		3.67	0.00	0.70	0.50	0.49	76.85	0.00
	Life satisfaction	0.80	0.09	0.70	8.77	0.00					
Friends	(Constant)	2.02	0.70		2.88	0.01	0.45	0.20	0.19	19.72	0.00
	Life satisfaction	0.58	0.13	0.45	4.44	0.00					
Significant other	(Constant)	1.74	0.72		2.43	0.02	0.44	0.19	0.18	18.62	0.00
	Life satisfaction	0.57	0.13	0.44	4.32	0.00					

The results of the univariate analyses can be seen in Table 8. As expected, a significant difference was found in the average family-based perceived social support between married and single residents. Moreover, family-based perceived social support was dramatically higher in residents with children compared to residents with no children.

Furthermore, we found that women had a significantly higher score than men in friend- based perceived social support. Women also had higher significant other-based perceived social support than men. Other demographic attributes did not show any difference between categories with respect to perceived social support, or the differences were not statistically significant at the p < 0.05 level.

With respect to the relationship between demographic attributes and life satisfaction, statistically significant results were found in many categories such as gender, education, marital status and having children; however, significant differences at the <.01 level were only observed for marital status and having children. Men tended to have slightly higher life satisfaction scores than women, and residents who had graduated from junior high or less had a slightly higher life satisfaction level than those who had graduated from high school or more; however, these differences were only minimal. A positive linear correlation between family-based perceived social support and life satisfaction scores was found. Furthermore, there were positive linear correlations between friend-based perceived social support and life satisfaction scores, and between significant other-based perceived support and life satisfaction scores.

Monthly visit frequency was also found to have a positive linear correlation with family- based perceived social support, significant-other based perceived social support, and life satisfaction.

Table 8. Relationships Among Sociodemographic Characteristics of the Participants, Perceived Social Support and Life Satisfaction: Results of Univariate Analyses.

Characteristics	n	Family-based perceived support		Friend-based perceived support		Significant Other- based perceived support		Life satisfaction	
		mean±sd	p value	mean±sd	p value	mean±sd	P value	mean±sd	p value
Gender									
Male	26	6.17±1.37	0.42	4.22±1.72	**0.003**	4.04±1.64	**0.016**	5,28±1.59	**0.030**
Female	54	5.84±1.75		5.39±1.81		5.04±1.93		5.14±1.38	
Age									
≤80 years	42	5.84±1.70	0.76	5.20±1.76	0.34	4.92±1.73	0.403	5.31±1.53	0.25
> 80 years	38	6.06±1.58		4.79±1.95		4.48±2.05		5.04±1.34	
Education									
Junior High School or less	26	5.79±1.77	**0.001**	5.31±1.67	0.076	4.92±1.79	**0.01**	5.33±1.27	**0.02**
High School or more	54	6.02±1.58		4.86±1.93		4.62±1.94		5.11±1.52	
Marital status									
Married	32	6.50±1.16	**0.007**	5.05±1.57	0.737	4.78±1.63	0.996	5.87±0.92	**<0.001**
Single	4	5.58±1.8		4.98±2.0		4.67±2.0		4.72±1.5	

	8	1		4		5		5	
Duration of stay									
≤ 2 years	48	6.19±1.29	0.401	5.15±1.68	0.70	4.89±1.74	0.42	5.39±1.39	0.10
> 3 years	32	5.57±2.02		4.80±2.11		4.46±2.09		4.87±1.48	
Children									
No	13	3.75±1.83	**<0.001**	4.26±2.16	0.172	3.96±2.07	0.15	4.1±1.59	**0.002**
Yes	167	6.37±1.21		5.15±1.77		4.86±1.83		5.39±1.33	
Assistive Equipment									
No	74	6.03±1.57	0.07	4.93±1.84	0.136	4.68±1.89	0.66	5.27±1.41	0.058
Yes	46	4.87±2.10		5.91±1.97		5.08±2.03		4.10±1.50	

As expected, the univariate analyses demonstrated that married people with children have a much higher level of family-based perceived social support. The fact that respondents with children had higher scores than respondents without children indicates that respondents with children feel support, even from the existence of the children, whether they are with them or not. In face to face interviews, the participants confirmed this finding. Similar results have been found in other studies, pointing to generally higher scores of perceived support in elderly people who have children than in those who do not (Altiparmak, 2009; Coventry et. al, 2004). Furthermore, another study revealed that perceived social support from children increases in both men and women as they get older (Coventry et. al, 2004), indicating greater dependence with age. Moreover, findings indicate that perceived social support from friends is also dependent on gender. Higher scores of perceived support from friends in women than in men can be explained with findings from other studies on the relationship between gender and social support. These studies found that men place more importance on autonomy, self-confidence and independence in the socialization process, attributes which could hinder the formation and utilization of social support. It is argued that predominant male stereotypes in society make it difficult for men to talk about their problems or to seek help (Altiparmak, 2009). In other words, men in general have a more independent disposition and place a lot of importance on being different. Their perceptions about themselves have been formed independently from the outside. On the other hand, women's self-perception is more connected with their environment, hence they are in closer contact with the environment and other people (Koydemir, 2010). Furthermore, it is argued that women have more access to social support resources and utilize them much better than men do, as they are more outgoing and caring, and share their problems more easily with other people (Altiparmak, 2009).

The last subscale of perceived social support, perceived social support from significant others, was also found to interact with gender. Women reported higher perceived social support from significant others than men. This finding is consistent with a previous study by Altiparmak

(2009).

Life satisfaction of respondents was found to be strongly related to marital status and having children, as married people who were parents reported higher life satisfaction. This finding demonstrates the importance of family for the elderly.

A significant and high positive correlation was found between family-based perceived social support and life satisfaction. This correlation was considerably stronger than the correlation between life satisfaction and other types of social support, namely friend-based and significant other-based. As a matter of fact, family-based social support is one of the most significant social support resources for the elderly; this has been confirmed by other studies as well (Yeung and Fung, 2007). Most studies have found that family-based social support contributes more to life satisfaction than friend-based social support. Thompson and Heller found, more specifically, that family-based social support is especially important for elderly women (Thompson and Heller, 1990). Moreover, Cutrona showed that the most important part of social support for the elderly is frequency of communication with the family, which is closely connected to the marital status of an individual (Cutrona, 1986).

Nevertheless, the other sources of perceived social support were also found to be positively correlated with life satisfaction, although not at the level of family-based social support. This result is confirmed by other another study conducted among nursing home residents, which indicated that friend-based perceived social support results in more motivation and fewer symptoms of depression (Carpenter, 2002).

Visit frequency was found to have be significantly correlated with family- and significant other-based perceived social support, in addition to life satisfaction, thus the family- and significant-other based perceived social support and life satisfaction of elderly people in nursing homes are strongly dependent on visit frequency.

Conclusions And Recommendations

Our study found strong, significant positive correlations between subscales of the MSPSS and SWLS. Social support provided by families, friends and other significant persons affected the life satisfaction of retirement home residents.

These findings emphasize the need to raise the perceived social support of single nursing home residents with no children. These residents not only reported low levels of family-based perceived social support, they also reported low levels of life satisfaction. Thus it would be beneficial for nursing home administrators to implement supportive programs (such as activity and therapy programs carried out by social workers and psychologists) targeted specifically at these residents.

Furthermore, the difference between friend-based perceived social support for female and male residents indicates that there might be room for improvement in this type of support for men in nursing homes. That is why activities should target men specifically in order to encourage more

peer interaction. Nursing home staff should make sure that male residents take part in these activities and should try to create an environment which encourages and fosters men's communication with their peers.

Family-based perceived social support was found to be most influential in affecting life satisfaction. Here it is important to note a dilemma for elderly people with low levels of family-based perceived social support. Friend-based social support may not be able to replace family based-social support, as the impact of friend-based support on life satisfaction is considerably less than family-based support, thus the benefits of special programs that foster the socialization of elderly people with their environment and their peers could be limited in solving the problem of low levels of family-based social support. Instead of carrying out such programs, teaching elderly people the necessary communication skills to improve their relationships with their family could prove to be more fruitful (Thompson and Heller). Furthermore, their close relatives could also be given short education sessions about the necessity of family social support for the elderly and their family's crucial role in the perceived social support and life satisfaction of elderly people. Through these sessions, the number of calls and visits made by close relatives could be dramatically increased.

Unless necessary education programs and assistive activities are carried out to help elderly people with low perceived social support, they face a vicious cycle. People with low perceived social support tend to be affected more negatively whenever there is an instance where their needs and expectation for social support go unfulfilled, and they usually conclude that these instances occur due to permanent factors instead of situational ones (Thomson et. al, 1999). That is why social support will decline even further whenever the need for it goes unanswered, unless programs to improve perceived social support are integrated. Thus, group therapy and group activities would be beneficial for people with low perceived social support to improve their situation (Besser, 2007). In order to achieve this goal, nurses and other nursing home staff should be educated and given opportunities and support to implement newly acquired information into nursing and care practices.

Additionally, the efforts of institutions serving the elderly should be coordinated and a suitable environment should be created to facilitate elderly residents' active participation in society. Designing areas for recreational and cultural activities, such as a computer room, meditation room, library, craft room, game room and wood shop where elderly residents could spend their free time could improve their interaction with other residents. This might indirectly enhance their friend-based perceived social support and would positively affect life satisfaction. Developing social services to enhance the participation of elderly people in daily activities and offering them activities to occupy themselves would significantly contribute to their quality of life.

Limitations And Further Research Implications

The participation rate in this study was 47 %, which limits the study's ability to represent the entire population of residents in this particular nursing home. Secondly, the sample size is considerably limited, which may have resulted in magnifying or overshadowing the strength of the relationship between variables.

It is important to point out that this study was conducted in a private nursing home facility that is only open to members of the Turkish Armed Forces and their close relatives, thus the results might not be generalizable to other environments.

Other studies have also recommended that nursing homes need to develop ways for residents to control their environment and to improve relationships between staff and residents (Mongoven, et. al, 2008). Implementing new regulations and educating the nursing home staff accordingly would positively affect the perceived social support of residents. Further research on the effect of relationships with staff on different types of social support and life satisfaction would provide useful information that could be used in implementing training programs for nursing home staff.

Conflict Of Interests

The authors declare that they have no conflict of interests.

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