



Huzurevinde Kalan Yaşlıların Sağlık Algısı ile Yaşam Doymu Arasındaki İlişki

The Relationship Between Health Perception and Life Satisfaction of Elderly People Living in Nursing Homes

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Makalenin Alanı: Sağlık

Makale Bilgileri	Öz
Geliş Tarihi 27.11.2022	Bu araştırma, huzurevinde yaşayan yaşlı bireylerin sağlık algısı ile yaşam doymu arasındaki ilişkinin incelenmesi amacıyla yapılmıştır. İlişki arayan tanımlayıcı araştırma ilkelerine uygun olarak yapılan bu çalışma, Mart -Temmuz 2019 tarihleri arasında Samsun ilinde bulunan beş tane huzurevinde yaşayan yaşlı bireyler ile yapılmıştır. Araştırma kapsamında örneklem seçimine gidilmemiş olup 65 yaş ve üzeri 129 yaşlı bireye ulaşılmıştır. Araştırmanın verileri, "Kişisel Bilgi Formu", "Sağlık Algısı Ölçeği" ve "Yaşam Doymu Ölçeği" kullanılarak toplanmıştır. Araştırmadan elde edilen veriler SPSS 20.0 programında değerlendirilmiştir. Araştırma verileri değerlendirilirken; sayı, yüzdelik, T testi, One Way ANOVA, korelasyon ve çoklu regresyon analizi kullanılmıştır. Katılımcıların %27.9'u kadındır. Katılımcıların %10.1'i evli olup %81.4'ü çocuk sahibidir. Katılımcıların % 79.8'inin huzur evinde kalma kararlarının kendilerine ait olduğu ve % 66.7'sinin ziyaretçisinin olduğu belirlenmiştir. Katılımcıların %72.9'unun kronik bir sağlık sorununun olduğu, %31.8'inin sağlıklarını kötü olarak değerlendirdiği belirlenmiştir. Katılımcıların %13.2'si kendini çok yaşlı olarak değerlendirirken, %17.1'i yaşlılığı kötü bir durum olarak değerlendirmektedir. Katılımcıların sağlık algısı ölçek toplam puan ortalamaları 50.21±6.40 olup, (min-max=31-65), yaşam doymu ölçek toplam puan ortalamaları 14.4±4.81, (min-max=5-25) dir. Katılımcıların herhangi bir kronik sağlık sorunu olma durumları ve yaşamak istedikleri yerler ile sağlık algısı ölçeği arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur (p<0.05). Katılımcıların yaşamak istedikleri yerler, sağlığını değerlendirme, yaşını ve yaşlılığı algılama durumları ile yaşam doymu ölçeği arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur (p<0.05). Huzurevinde yaşayan yaşlı bireylerin sağlık algıları ile yaşam doymularının orta düzeyde olduğu tespit edilmiştir. Huzurevinde yaşlıların sağlık algıları ve yaşam doymularını artırıcı sosyal faaliyetler planlanmalı ve bu yöndeki çalışmalar arttırılmalıdır.
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Article Info	Abstract
Received 27.11.2022	This research was conducted to examine the relationship between health perception and life satisfaction of elderly people living in nursing homes. This study, which was

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conducted in accordance with the descriptive research principles seeking relationship, was conducted with elderly individuals living in five nursing homes in Samsun between March and July 2019. Sample selection was not made within the scope of the research, and 129 elderly individuals aged 65 and over were reached. The data of the study were collected using the "Personal Information Form", "Health Perception Scale" and "Satisfaction with Life Scale". The data obtained from the research were evaluated in the SPSS 20.0 program. While evaluating the research data; number, percentile, T test, One Way ANOVA, correlation and multiple regression analysis were used. 27.9% of the participants are women. 10.1% of the participants are married and 81.4% have children. It was determined that 79.8% of the participants made their own decision to stay in a nursing home and 66.7% had visitors. It was determined that 72.9% of the participants had a chronic health problem and 31.8% evaluated their health as bad. While 13.2% of the participants consider themselves to be very old, 17.1% consider old age as a bad condition. Participants' health perception scale total score averages were 50.21 ± 6.40 , (min-max=31-65), and life satisfaction scale total score averages were 14.4 ± 4.81 , (min-max=5-25). A statistically significant relationship was found between the participants' state of having any chronic health problems and the places they want to live, and the health perception scale ($p < 0.05$). A statistically significant relationship was found between the places where the participants wanted to live, their health assessment, their age and old age perception, and the life satisfaction scale ($p < 0.05$). It has been determined that the health perceptions and life satisfaction of the elderly individuals living in the nursing home are at a moderate level. Social activities that increase the health perceptions and life satisfaction of the elderly in nursing homes should be planned and studies in this direction should be increased.

for the size of first and second born offspring of ewes in MAS (marker assisted selection) breeding.

1. INTRODUCTION

The increase in living standards in the world and in Turkey, developments in medicine, decrease in infectious diseases, improvement of nutritional conditions and improvement of hygiene conditions have been effective in prolonging the average life expectancy and accordingly the increase in the elderly population (Elkin, 2016; Erol et al., 2016). According to the United Nations' 2019 World Population Aging report, the population aged 65 and over has reached 703 million 711 thousand 487 people in the world, and according to this report, 9.3% of the world's population is composed of the elderly population. According to the data of the Turkish Statistical Institute (TUIK) for 2020, the population of 65 and over, which is considered as the elderly population, was approximately 6 million 193 thousand people in 2014, and increased by 21.9% in the last five years to approximately 7 million 551 thousand people in 2019. While the proportion of the elderly population in the total population was 8.0% in 2014, it increased to 9.1% in 2019 (TUIK, 2020).

The increase in the elderly population brings with it some health problems (Uçku & Şimşek, 2012). With the prolongation of life expectancy, diseases that occur in old age have

also brought the quality of the years lived to the agenda. With aging, individuals experience physical inadequacies, chronic diseases, pain and social isolation, a perception of poor health occurs, and as a result, the life satisfaction of the elderly may be adversely affected (Boylu, 2013; İlhan et al., 2016; Kulakçı et al., 2012; Uçku & Şimşek, 2012).

Individuals' personal feelings, thoughts, prejudices and expectations for their own health are defined as health perception. Health perception is how the individual evaluates his/her biological, psychological and social dimensions and health status in general and is a strong indicator in health assessment. Health perception is directly related to the process of improving the health of the individual and is one of the important criteria used in determining the health status in recent years (Ağaçdiken Alkan et al., 2017; Altay et al., 2016; Çimen & Temel, 2017; Doğanay & Uçku, 2012). An individual's health status and health perception affect life satisfaction (Arpacı et al., 2015; Kankaya & Karadakovan, 2017). Life satisfaction is defined as the general evaluation of the quality of life according to the criteria chosen by the individual and is expressed as the goals that the individual desires and achieves (Dağlı & Baysal, 2016; Erci et al., 2017). Life satisfaction is not the satisfaction related to any situation, but the morale, happiness satisfaction, etc. in the whole life in general. It refers to the state of being well in different aspects such as Since life satisfaction is related to whole life satisfaction, it is thought that life satisfaction can be affected by various factors (Canlı et al., 2020). Life satisfaction in the elderly; Many factors affect personality traits, physical and psychological well-being, health status, economic well-being, relations with the social environment, methods of coping with problems, reaching goals and objectives, and meaning attributed to life (Boylu & Günay, 2018; Dağlı & Baysal, 2016; Elkin, 2016; Kahraman et al., 2011; Kankaya & Karadakovan, 2017; Softa et al., 2015). Feeling worthless, dysfunctional and powerless, distressing events, conflicts, frustrations, and having poor health perception are important determinants that can lead to a decrease in life satisfaction of individuals (Ata & Ekinci, 2020; Elkin, 2016; Erol et al., 2016). Studies show that depression affects life satisfaction negatively, while strong self-esteem and positive health perception affect life satisfaction positively (Arpacı et al., 2015; Durak et al., 2010; Elkin, 2016).

In the old age, there are changes in social roles with retirement, increase in physical losses, especially chronic diseases, economic losses and various psychosocial problems (Kankaya & Karadakovan, 2017; Özdemirkan et al., 2020). Despite all the efforts made to

ensure that the elderly people live in a happy and healthy way in nursing homes, living in a nursing home is perceived by the elderly as being removed from their family and being unwanted, negatively affecting their expectations and outlook on life (Genç et al., 2015). It is not an easily acceptable situation for the elderly person, who has a respectable place and authority in the family, to be placed in a nursing home, which is a care institution outside the family. It is a difficult phenomenon for the elderly to lose their usual status in the society and to have to give up the life they are accustomed to at home. As older individuals start to continue their lives under the roof of an institution, the possibilities of acquiring, recognizing and controlling an environment that will accept and respect them disappear; The elderly person may experience feelings of isolation, being denied, feeling useless and worthless (Altay & Aydın, 2009). Due to all these factors, elderly individuals, who constitute a risk group in terms of mental health, encounter more intense problems in nursing homes (Altıparmak, 2009; Birinci & Quadir, 2017).

Since it is thought that the life satisfaction of the elderly living in a nursing home is related to the perception of health, it is of great importance to know the life satisfaction of the elderly, their perception of health and the factors affecting both, in displaying the behaviors of protecting and improving the health of the elderly individuals living in the nursing home and reintegrating them into the society. Although there are studies in the literature investigating the relationship between loneliness, depression and death anxiety variables and life satisfaction in elderly individuals, no study examining the relationship between health perception and life satisfaction of the elderly has been found (Elkin, 2016; Erol et al., 2016; Kahraman et al., 2011). In old age, which is a developmental crisis period; It is very important to evaluate the psychosocial determinants of health, such as health perception, in order to effectively cope with the problems of old age in the nursing home, to protect and maintain their health, to increase their quality of life and life satisfaction. In line with these inferences; This study, which was planned in accordance with descriptive research principles, was conducted to determine the relationship between health perception and life satisfaction of elderly individuals living in nursing homes.

Research Questions

- Is there a relationship between Health Perceptions and Life Satisfaction of the elderly living in a nursing home?

- Is there a relationship between the scores obtained from the Health Perception scale and the Satisfaction with Life scale and the demographic characteristics of the elderly?

2. MATERIAL AND METHOD

2.1. Type, Place and Time of Research

This study, which was carried out in accordance with the descriptive research principles seeking relationship, was conducted between March and July 2019 with elderly individuals living in five nursing homes affiliated to the Ministry of Family and Social Policies in the province of Samsun.

2.2. Population and Sample of the Research

The population of the research consists of 282 elderly individuals living in five nursing homes in Samsun. In the study, it was aimed to reach the entire universe without selecting the sample. All individuals aged 65 and over, able to communicate, without hearing problems and dementia, who wanted to participate in the study voluntarily and who could fully answer the data collection form were included in the study, and the study was completed with 129 elderly individuals.

2.3. Data Collection Tools

Data collection tools; It consists of three parts, namely, "Description form", "Health Perception Scale" and "Satisfaction with Life Scale" and a total of 35 questions.

Introduction Form: Introductory form developed by the researcher by scanning the literature (Arslan et al., 2016; Çevik Akyıl et al., 2018); It includes questions that will determine the socio-demographic characteristics of the participants (age, gender, department, class, family type, family income status, working status of parents, educational status of parents, etc.) and consists of a total of 15 questions.

Health Perception Scale: It was developed by Diamond et al. in 2007. The Turkish validity and reliability of the HPS was made by Kadioğlu & Yıldız (2012), and it is a five-point Likert-type scale consisting of 15 items and four sub-factors. 1st, 5th, 9th, 10th, 11th and 14th items consisted of positive statements, 2nd, 3rd, 4th, 6th, 7th, 8th, 12th, 13th and 15th items consisted of negative statements. Positive statements were scored as "strongly agree= 5",

“agree= 4”, “undecided= 3”, “disagree= 2”, “strongly disagree=1”. For negative statements, reverse scoring was done. A minimum of 15 and a maximum of 75 points can be obtained from the scale. Cronbach Alpha Values according to the sub-factor groups of the scale: Control center 0.90; Self-awareness 0.91; Precision 0.91; The importance of health is 0.82. The increase in the scoring indicates that the perception of health increases positively (Kadioğlu & Yıldız, 2012).

Life Satisfaction Scale: The Turkish validity and reliability of the scale developed by Diener, Emmons, Larsen, and Griffin (1985) was verified by Dağlı and Baysal (2016). The scale is a self-evaluation scale consisting of 5 questions. The alpha reliability value of the scale was determined as 0.88. In the evaluation of the scale, 5-point Likert-type evaluation, scoring ranging from “I strongly disagree (1), I slightly agree (2), I agree moderately (3), I mostly agree (4) and I totally agree (5)” is used. The minimum score that can be obtained from the scale is 5 and the maximum score is 25. An increase in the scoring indicates an increase in life satisfaction (Dağlı & Baysal, 2016).

Evaluation of Data: IBM SPSS 20.0 (Statistical Package for Social Sciences) statistical package program was used to evaluate the data obtained from the research. Quantitative data are presented as median (min-max), frequency (percent). Participants' health perception scores, life satisfaction scores and t-test, Pearson correlation and Anova analysis were performed between the variables. It was decided whether the relationship between the groups was statistically significant or not according to the p values and the statistical significance level was accepted as $p < 0.05$.

Ethical Aspect of Research: Before starting the research, ethics committee approval (B.30.2.ODM.0.20.08/153) and necessary written permissions from the relevant institution were obtained to evaluate the ethical suitability of the research. In addition, the study was completed in accordance with the principle of voluntariness by obtaining the verbal consent of the elderly.

Limitations of the Research: The fact that the research was conducted in nursing homes in Samsun constitutes the limitations of the research.

3. RESULTS

This study was carried out with a total of 129 elderly individuals who live in five nursing homes in Samsun and agreed to participate in the study between March and July 2019. The data obtained as a result of the study are given in this section.

Table 1. Distribution of the participants according to their socio-demographic characteristics (n=129)

Features	n	%
Age		
65-74	61	47.3
75-84	51	39.5
85 and over	17	13.2
Gender		
Woman	36	27.9
Man	93	72.1
Marital status		
Single	116	89.9
Married	13	10.1
Educational status		
Illiterate	26	20.1
Literate	58	45.0
Secondary education	41	31.7
High school	2	1.6
Higher Education and above	2	1.6
Status of having children		
There is	105	81.4
No	24	18.6
Retirement status		
Retired	84	65.1
Not retired	45	34.9
Regular income		
There is	96	74.4
No	33	25.6
Total	129	100.0

47.3% of the participants included in the study are in the 65-74 age group, 13.2% are in the 85 and over age group. 27.9% of the participants are women, 10.1% are married and 81.4% have children. 45.0% of the participants are literate and 1.6% are higher education graduates. 65.1% of the participants are retired and 74.4% have a regular income (Table 1).

Table 2. Distribution of the findings regarding some characteristics of the participants regarding being in a nursing home, health and age perceptions (n=129)

Features	n	%
Decision to stay in a nursing home		
Own	103	79.8

It does not belong to you	26	20.2
Visitor arrival status		
Yes	86	66.7
No	43	33.3
where he wants to live		
Home alone	10	7.8
At home with their children	58	45.0
Rest home	61	47.2
Having a chronic health problem		
Yes	94	72.9
No	35	27.1
Health assessment status		
Good	39	30.2
Middle	49	38.0
Bad	41	31.8
Age perception status		
I don't consider myself old	11	8.5
Middle aged	54	41.9
Old	47	36.4
Too old	17	13.2
Perception of old age		
Bad situation	22	17.1
Uselessness	25	19.4
Discomfort	28	21.7
Part of life	54	41.8

It was determined that 79.8% of the participants included in the study made their own decision to stay in a nursing home and 66.7% had visitors. It was determined that 47.2% of the participants wanted to live in a nursing home, and 45.0% wanted to live at home with their children. 72.9% of the participants state that they have a chronic health problem, 31.8% consider their health as bad and 13.2% consider themselves as very old. 17.1% of the participants consider old age as a bad condition, 19.4% as useless and 41.8% as a part of life (Table 2).

Table 3. The participants' health perception and life satisfaction scale score averages

Scales and sub-dimensions	Mean \pm standard deviation
Health perception scale	50.21 \pm 6.40
life satisfaction scale	14.4 \pm 4.81

The health perception scale mean score of the participants included in the study was 50.21 \pm 6.40, and the mean life satisfaction scale score was 14.4 \pm 4.81 (Table 3). There was no statistically significant relationship between the health perception scale and the life satisfaction scale ($r=0.179$; $p=0.139$).

Table 4. Comparison of the participants' health perception and life satisfaction scale mean scores with some variables (n=129)

Variables	n	Health Perception Scale X±SD	Life Satisfaction Scale X±SD
Gender			
Woman	36	50.1±6.5	13.6±4.6
Man	93	50.2±6.3	14.7±4.9
		p>0.05	p>0.05
Marital status			
Single	116	50.4±6.4	14.3±4.8
Married	13	48.5±5.8	13.5±4.7
		p>0.05	p>0.05
Retirement status			
Retired	84	50.9±6.6	14.3±4.8
Not retired	45	48.8±5.7	13.6±4.7
		p>0.05	p>0.05
Regular earning			
There is	96	50.7±6.3	14.6±4.8
No	33	48.7±6.5	13.8±4.9
		p>0.05	p>0.05
Having a chronic health problem			
Yes	94	50.3±6.7	13.8±4.7
No	35	49.7±5.5	15.8±4.9
		p<0.05	p>0.05
Place to live			
Home alone	10	45.0±5.8	15.3±4.1
At home with their children	58	49.6±6.1	13.1±4.7
Rest home	61	51.6±6.2	15.5±4.8
		p<0.05	p<0.05
Educational status			
Illiterate	26	49.7±5.8	15.7±4.7
Literate	58	51.5±5.8	14.0±4.6
Secondary education	41	49.6±7.6	14.3±5.7
High school	2	45.6±5.0	14.1±3.5
Higher Education and above	2	48.0±5.6	16.5±0.7
		p>0.05	p>0.05
Health assessment			
Good	39	50.3±5.5	16.8±4.9
Middle	49	50.3±7.1	14.7±4.4
Bad	41	50.0±6.3	11.7±3.9
		p>0.05	p<0.05
Detecting your age			
I don't consider myself old	11	52.7±6.0	18.0±5.1
Middle aged	54	50.0±6.3	15.2±4.4
Old	47	50.4±7.0	13.8±4.2
Too old	17	48.5±4.4	11.0±5.5
		p>0.05	p<0.05
Sensing old age			
Bad situation	22	49.8±5.4	12.5±4.5
Uselessness	25	50.5±8.1	12.7±4.0
Discomfort	28	49.0±6.0	13.6±4.2
Part of life	54	50.8±6.1	16.3±4.9
		p>0.05	p<0.05

In Table 4, the comparison of the participants' health perception and life satisfaction scale mean scores with some variables is given. It was determined that there was a statistically significant difference between the chronic health problems of the participants and the place they wanted to live and the health perception scale ($p < 0.05$). It was determined that there was a statistically significant difference between the place where the participants wanted to live, evaluating their health, perceiving their age and old age, and the life satisfaction scale ($p < 0.05$). It was determined that there was no statistically significant difference between the participants' gender, marital status, retirement status, regular income status, education level, health assessment, perception of age, perception of old age and health perception scale ($p > 0.05$). Likewise, it was determined that there was no statistically significant difference between the participants' gender, marital status, retirement status, regular income, chronic health problems, education status and life satisfaction scale ($p > 0.05$) (Table 4).

4. DISCUSSION

The findings of this study, which examines the relationship between health perception and life satisfaction of elderly people living in nursing homes, will be discussed in this section. It was determined that the average life satisfaction scale score of the elderly individuals included in the study was 14.4 ± 4.81 (min-max=5-25) and their life satisfaction was moderate. In a study conducted with the elderly living in nursing homes, the life satisfaction of the elderly was found to be moderate ($X = 9.70$) (Birinci et al., 2017). In another study conducted with the elderly, the average score of the life satisfaction scale of the elderly was found to be 21.89 ± 5.87 (Kankaya & Karadakovan, 2017). In the study of Softa et al. (2015), the average score of the life satisfaction scale of the elderly living in a nursing home was 7.90 points, and the average of the life satisfaction scale score of the elderly people in the study conducted by Tel et al. (2020) in the elderly living at home was 15.81 points. In a study conducted with elderly people living in nursing homes, the life satisfaction score was found to be 20.6 ± 5.9 (Altay & Avci, 2009). In a study conducted with the elderly, the life satisfaction score was found to be 23.6 ± 8.2 in the elderly living at home and 12.3 ± 5.7 in the elderly living in a nursing home (Arslan et al., 2016). In another study investigating the effect of social environment on life satisfaction of elderly individuals, it was stated that elderly individuals with a large social environment had higher life satisfaction (Tomini et al, 2016). Looking at the studies, life satisfaction scores differ and are generally at medium and low levels. In many studies

investigating the relationship between life satisfaction and different demographic variables, it has been determined that there is a negative correlation between increasing age and life satisfaction (Bakış & Çınar, 2007; Erci et al., 2017). The life satisfaction of individuals may decrease as they become consuming and needy people with old age, from a position that meets their own needs and is productive for the society before old age (Başterzi & Yalçın, 2005). The advancing age and the occurrence of chronic diseases may have affected the decrease in life satisfaction.

In this study, no statistically significant relationship was found between the health perception scale and the life satisfaction scale. It was determined that health perception did not affect life satisfaction. In a study conducted with individuals over the age of 60, a low level of positive correlation was found between life satisfaction and health perception (Ayna & Gümüş, 2021). The results obtained differ with the literature.

When the elderly people included in the study evaluated their health status in general, it was determined that the majority of them evaluated their health status as "moderate" and "poor". In a study conducted with the elderly living in nursing homes, 35.5% of the elderly stated their moderate health status and 9.2% stated their physical health status as bad (Birinci et al., 2017). In another study conducted with the elderly, 44.4% of the elderly evaluated their health perception as good and 15.1% as bad (Doğanay & Uçku, 2012). In a study conducted with individuals over the age of 65, 41.2% of the elderly rated health perception as moderate and 28.5% as bad (Günay et al., 2005). In another study, it was determined that 51.0% of elderly individuals manage their health, 37.7% perceive it as bad (Yalınkılıç et al., 2020). In a study conducted with 4065 people over the age of 65 in the USA, 34.2% of individuals stated a perception of moderate-bad-very bad health (Jylha et al., 2006). In a study conducted in China in individuals aged 50-70 years, the rate of perception of poor health was found to be 68.0% (Haseli-Mashhadi, 2009). In a study conducted with elderly individuals who applied to a family health center, 54.5% of the elderly evaluated their health as moderate and 12.6% as bad (Ekin, 2016). In a study conducted with elderly individuals living in nursing homes, 47.7% of the elderly evaluated their health as moderate and 6.2% as poor (Altıparmak, 2009). When we look at the studies conducted in general, it is seen that the perception of health is moderate or bad. Due to the increase in chronic health problems and physiological changes with age, individuals may evaluate their health status as worse (Altay et al., 2016; Altıparmak,

2009; Bayık Temel et al., 2009; Bayık, Temel & Çimen, 2017). Therefore, in this study, it can be thought that the high average age of the elderly group and the presence of chronic disease have an effect on the assessment of health as moderate/poor.

While 13.2% of the elderly included in the study considered themselves very old, 36.4% old, 41.9% middle-aged, 8.5% stated that they did not consider themselves old. The life satisfaction of the elderly, who consider themselves to be very old, is significantly lower than the others. The increase in the loss of sensory skills and abilities of individuals with increasing age, the difficulty in taking care of themselves, the decrease in decision-making ability and the increase in addiction situations such as loss of physical abilities and the increase in the need for social support may have caused a significantly lower life satisfaction in individuals who perceive their age as too old.

In the study, it was determined that those with chronic diseases had higher health perceptions than those without chronic diseases. Conditions such as the regular follow-up of the elderly living in the nursing home by the health personnel in the nursing home and the regular use of their medications may have had a positive effect on their perception of health.

In the study, it was determined that those who want to live in a nursing home have higher health perceptions and life satisfaction than those who want to live alone at home. In a study, it was determined that the issue that elderly individuals are most affected by emotionally is loneliness (Ayna & Gümüş, 2021). Kapikaran (2016) found a significant negative and weak relationship between loneliness and life satisfaction in his study with 110 elderly individuals living in cities, towns and villages, Erol et al. (2016) in their study with 210 elderly individuals, the elderly living in villages were less lonely and more found that they experienced more life satisfaction. In the study conducted with elderly individuals who applied to the family health center, the average life satisfaction score of the elderly living with their families was found to be higher than the elderly living alone, but there was no statistical significance between the living environment and life satisfaction. In Özer's (2004) study, it was stated that the mean score of the life satisfaction scale was 9.07 in individuals living in nursing homes and 11.98 in those living in a family environment. Looking at the literature, it is stated that loneliness is a factor that negatively affects life satisfaction (Erol et al., 2016; Gümüş et al., 2018; Kapıkıran, 2016; Mellor et al., 2008; Swami et al., 2007; Tel et al., 2020). In this respect, it can be thought that the nursing home environment, where they can socialize and make

friends instead of living alone at home, removes the feeling of loneliness and is effective in increasing their life satisfaction.

In the study, it was determined that the participants who evaluated their health as good had higher life satisfaction than those who evaluated their health as moderate or bad. In a study conducted with elderly people living in nursing homes, it was determined that as their physical health increased and their chronic diseases decreased, their life satisfaction increased (Birinci et al., 2017). In a study conducted by Erol et al. (2016), the life satisfaction of the elderly without chronic disease was found to be higher than those with chronic disease. In a study conducted with elderly individuals, it was found that physical health status was a significant predictor of life satisfaction scores of the elderly (Boylu & Günay, 2018). Individuals feel closer to death due to many changes and chronic diseases that occur in old age, and decrease in physical strength (Üstüner Top et al., 2010). It is stated that the elderly who experience intense death anxiety are not satisfied with life and spend this period unhappy and alone (Engin et al., 2016). In a study conducted with elderly people living at home, it was determined that as death anxiety increases, life satisfaction decreases (Tel et al., 2020). The individual, who is in good health until old age, meets his own needs and is in a productive position for the society, can become a consuming individual with an increased need for help and a decrease in life satisfaction as a result of his health condition worsening in old age.

In the study, it was determined that those who perceive old age as a part of life have higher life satisfaction than those who perceive old age as discomfort, uselessness and a bad situation. In another study, it was stated that the elderly had negative thoughts about old age and their health, and this thought was caused by many factors such as education level, difficulty in performing activities of daily living, inability to do any activity and chronic diseases (Zanesco et al, 2018). In another study, it was reported that those who do not actively participate in social life, those who actively participate in social error, those who care for their grandchildren, those who do not care for their grandchildren, those who are retired, define themselves as older than their peers (Liu et al, 2019). The fact that individuals become dependent on others as a result of the decrease in productivity and the emergence of health problems with aging may have been effective in the elderly's evaluation of old age as useless and a bad situation.

5. CONCLUSION AND RECOMMENDATIONS

In this study, which was carried out with the aim of determining the relationship between health perception and life satisfaction of elderly people living in nursing homes; It has been determined that there is no relationship between health perception and life satisfaction, there is a statistically significant difference between the status of having a chronic health problem, the place they want to live and the health perception scale, the place they want to live, evaluating their health, perceiving their age and old age, and the life satisfaction scale.

In line with the results obtained; To make evaluations and plans to protect and maintain the physical and mental health of the elderly in nursing homes, to increase the social activities and social relations of the elderly in the nursing home in order to reduce the feeling of loneliness and loneliness, to direct the elderly to activities that will support their life satisfaction, to improve the health perceptions and life satisfaction of the elderly. It has been suggested to plan and implement the elderly individuals by considering their individual characteristics such as age, education level, chronic disease status, as well as environmental factors such as living space, and to conduct qualitative studies on loneliness, life satisfaction and health perception in the elderly.

Conflict of Interest

There is no conflict of interest between the authors.

Author's Contributions

The authors declare that they have contributed equally to the article.

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