



ARAŞTIRMA / RESEARCH

Relationship between self-care ability and happiness in elderly individuals

Yaşlı bireylerde öz bakım gücü ve mutluluk arasındaki ilişki

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Abstract

Purpose: This study has been carried to determine the relation between self-care ability and happiness in elderly individuals living in Kars province located in the eastern part of Turkey.

Materials and Methods: This study is a cross-sectional type study and comprises 400 elderly individuals living in central district of Kars province. The data were collected through utilization of the personal information form, the Self-care Ability Scale and the Oxford Happiness Questionnaire Short-Form (OHQ-SF).

Results: The elderly individuals received a mean score of 24.89 ± 5.04 from the Oxford Happiness Questionnaire and a mean score of 93.94 ± 19.15 from the Self Care Ability Scale. There was a statistically positive mean moderate correlation between the Oxford Happiness Questionnaire score and Self Care Ability Scale score. As scores of Oxford Happiness Questionnaire increases, self-care ability score also increases.

Conclusion: Significant relationship between happiness levels and self-care ability was determined in elderly individuals.

Keywords: Old Age, Happiness, Self-Care Ability

Öz

Amaç: Bu çalışma Türkiye'nin doğu bölgesinde yer alan Kars ilinde yaşayan yaşlı bireylerde öz bakım gücü ve mutluluk arasındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Gereç ve Yöntem: Bu çalışma kesitsel tipte olup, Kars il merkezinde yaşayan 400 yaşlı birey oluşturmuştur. Veriler kişisel bilgi formu, Öz Bakım Gücü Ölçeği ve Oxford Mutluluk Ölçeği Kısa Formu (OMÖ-K) kullanılarak toplanmıştır.

Bulgular: Yaşlı bireyler Oxford Mutluluk Ölçeğinden ortalama 24.89 ± 5.04 , Öz Bakım Gücü Ölçeğinden ise ortalama 93.94 ± 19.15 puan almışlardır. Oxford mutluluk ölçeği puanı ile öz bakım gücü puanı arasında istatistiksel olarak pozitif yönlü orta düzeyli anlamlı ilişki vardır. Oxford mutluluk ölçeği puanı arttıkça öz bakım gücü puanı da artmaktadır.

Sonuç: Yaşlı bireylerde mutluluk düzeyleri ile öz bakım gücü arasında anlamlı bir ilişki olduğu saptanmıştır.

Anahtar kelimeler: Yaşlılık, Mutluluk, Öz bakım gücü

INTRODUCTION

Happiness, considered to be the highest and ultimate motivator of human actions, is one of the most important targets since the existence of human beings. Researches on happiness have come to the fore in the last period of the second half of the 20th century and happiness has begun to be investigated through numerous science branches including

psychology, sociology and economics, and the reply to the question of what makes people happy is still being researched. Much as there is not a full definition of happiness, numerous definitions have been made for happiness in the literature. Happiness is defined state of well-being subjectively in psychology and it has a positive effect on the maintenance of cognitive, physical and psychological well-being as well as healthy aging^{1,2}. However, mental relativity is a relative concept which affects the

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whole life of human beings. Much as the meaning of happiness is discussed in every age group, one of the periods most influenced by this concept and in which this concept is discussed most is the period of aging. Aging is a complex period of life having biological, physiological, psychological, emotional and social aspects. All of these aspects in the life of the individual change in line with aging. The life quality of the elderly decreases due to the decline in sensory organs and their functions with various illnesses resulting from the cited change, and the individual may be inadequate in meeting self-care needs thereof in old age. Psychological changes also emerge in old age in line with the foregoing changes and such changes affect the happiness of the elderly³. It has been determined that the level of happiness in the elderly is affected through numerous factors such as being healthy, being mentally healthy⁴, being able to fulfill daily life activities and being happy of one's economic situation⁵.

Self care is the behavior of individuals' fulfilling their responsibility to protect their personal lives, health and wellness⁶. Self care has been defined as improving and maintaining health and dealing with diseases with or without the support of health professionals to avoid diseases⁷. Self-care in elderly individuals is an important issue and self-care activities do not only help in improving and enhancing health but also development of specific coping methods with chronic diseases by virtue of self-management⁸. With age, physiological, economic, social and psychological dimensions are changing in individuals, and the need for help from other increases in elderly people in line with the decline of functions such as seeing, hearing and moving. This situation leads to decrease in quality of life in elderly individuals their being inadequate in meeting their self-care needs and feelings of worthlessness^{3,9}. Lack of self-care in elderly individuals, makes it difficult to control the problems associated with aging and affects the quality of life of elderly individuals negatively¹⁰.

It can be said that self-care in the elderly is not examined enough in Turkey. A study conducted in 90s on elderly individuals found that there was a decrease in self-care ability with age¹¹. In the study they have conducted in the elderly living in nursing homes have found that life satisfaction increases as the self-care ability increases³.

To be able to perform self-care activities is to improve self-quality, to improve the quality of life, to

reduce health care costs and to be happier indirectly (Being able to perform self-care activities can help one's self-fulfillment, increase the quality of life, decrease health care costs and make them happier indirectly).

However, it was determined when we examined the study conducted together that studies examining the relation between self care and happiness of elderly individuals are limited. There was no study on happiness and self-care activities on elderly individuals in this region. Therefore, the study was conducted with the target to determine the relation between self-care ability in elderly people living in Kars province located in Turkey's eastern region and happiness.

MATERIALS AND METHOD

This study was a cross-sectional study and conducted with 7292 individuals over the age of 65 years living in the center of the city according to data of 2016 received from Kars Public Health Directorate. The number of individuals sampled was determined by the sampling method population of which is known. The sample of the study was determined as 365 persons with 95% confidence interval and 5% sampling error and the study was completed with 400 people against data loss risk. The data were collected from elderly individuals (over 65 years old, without any communication and mental problems, and be willing to participate) who matched the study criteria through simple random sampling method. This study included elderly patients who applied to the hospital for routine health checks and agreed to participate in the study.

The study was approved by the Institutional Ethics Committee of Kafkas University Faculty of Medicine. Number: 80576354-050-99 / 38 Date: 01.03.2017.

Measures

Personal information form, Self-Care ability Scale and Oxford Happiness Questionnaire Short-Form (OHQ-SF) were utilized to collect research data.

Personal information form

A questionnaire created to determine descriptive information of elderly as to their socio-demographic characteristics (age, gender, marital status, working status, income, education, number of children, permanent residence place, people lived together,

place he wants to spend the rest of his life, worrying about the future, doing regular exercises, eating habits, doing daily work without any help, feeling lonely, smoking, pain, etc.) disease conditions, their dealing with their self care and things with which they will be happy was used. A total of 24 questions were asked to them.

Self-Care Ability Scale

The Self-Care ability Scale was developed through Kearney and Fleischer and adapted to Turkish by Nahcivan and its validity and reliability was performed¹². The scale, which focuses on self-evaluations of individual self-care behaviors, consists of 35 items. Each expression is scored from 0 to 4, and it is reflected in the response of the cases on the 5-point Likert-type scale. 0, 1, 2, 3 and 4 denotes does not describe me at all, does not describe me much, have no idea, defines me a little and describes me very much. 8 expressions (3, 6, 9, 13, 19, 22, 26 and 31) in the scale are evaluated as negative and scoring is reversed while a minimum score is 35 and maximum score is 140. The highest score shows the greatest degree of power of self-care ability. As the score increases, the self-care ability of the patients increases proportionally. In this study, Cronbach Alpha coefficient in Self-Care Power Scale was found to be 0.87.

Oxford Happiness Questionnaire Short Form (OHQ-SF)

It is an 8-point scale developed by Hills and Argyle (2002) in order to assess the level of happiness. Validity and reliability of it in Turkey was made by Doğan and Çötök (2011)¹³. Internal consistency and test retest reliability coefficients of the scale were determined as 0.74 and 0.85 respectively. According to the results of factor analysis, it is revealed that the scale has a one-factor structure.

The original form of the scale is a six-point Likert type scale (1-I do not agree, 6-I totally agree). Because it is difficult to write more than five options in terms of Turkish meaning and comprehensibility, and the options are very close to each other in meaning and the answerers have difficulty distinguishing between options the Turkish form is prepared according to the five-point type. When the score calculation is done, the 1st and 7th items are coded from opposite. The point range of the scale ranges from 5 to 35. High scores indicate higher levels of happiness. But the scale does not have a cut-off point. OHQ-SF became a self-report style scale with a 5-point Likert type with

seven items (1-Never, 5-I totally agree)¹³. In this research, Cronbach Alpha coefficient in Happiness Scale was found to be 0.76.

Data collection

Data were collected by researchers through face-to-face interviews between 30 January 2016 and 30 January 2017. The information in the Voluntary Approval Form was read and their approval was received when the elderly were invited to participate in the study. The elderly and their relatives were informed about the research before the forms were applied. Filling the forms in interviews took about 20-30 minutes for each old elderly individual in interviews.

Statistical analysis

Statistical analyses were performed by using the SPSS 22.0 (Statistical Package for Social Science, Chicago, IL, USA). Normal distribution was evaluated by using the by Shapiro-Wilk test and histograms. Significance was accepted at the 5% level ($p < 0.05$). Descriptive statistics, including mean and standard deviation (SD) were used. Correlation between continuous variables was verified by using Pearson's correlation coefficient. Independent sample test for two group comparisons and One-way Anova test for three or more group comparisons were used.

RESULTS

The mean age of the participants who participated in the study is 71.06 ± 5.72 while 53.5% of the participants is male and 72.5% of the participants is married. 49.8% of the elderly individuals who have participated in the study have stated that they did not work while 49.3% stated that their incomes did not meet their expenses and 39% stated that they were illiterate and 56.8% stated that they lived permanently in the province center while 44.3% stated that they lived with their spouses and children, 70% stated that they wanted to spend the rest of their lives at their homes and 58.8% of them stated that they worried about their future.

64% of the elderly individuals stated that they did not make exercise regularly, 71% stated that they ate regularly, 81% stated that they were able to do their daily works without getting help, 42.8 % stated that they felt themselves lonely, 39.8% stated that they went to doctor regularly, 83.5 % stated that

they did not smoke and 39.5% stated that they sometimes felt constant pains. The mean number of children of the elderly was 4.45 ± 2.15 and the number of children living in the house was 3.97 ± 2.32 while the number of medications used thereby

was 3.52 ± 2.48 . As seen in Table 1, elderly individuals obtained a mean of 24.89 ± 5.04 from the OHQ-SF and 93.94 ± 19.15 from the Self Care Scale (Table 1).

Table 1. Distribution of scale scores

	n	Min-Max	Mean.	SD.
Oxford Happiness Questionnaire	400	8-35	24.89	5.04
Self Care Ability Scale	399	25-147	93.94	19.15

Table 2. Relationship between variables with Oxford Happiness Questionnaire and Self-Care Ability Scale scores

		Oxford Happiness	Self-Care Ability
Age	r	-0059	-0090
	p	0239	0073
Number of children	r	-0116	-0121
	p	0020	0016
Number of children living at home	r	0003	-0078
	p	0957	0122
Number of drugs used	r	-0173	-0200
	p	0000	0000
Oxford Happiness questionnaire	r	-	0674
	p	-	0000

* Pearson correlation analysis has been used.

As seen in Table 2, there was a statistically significant very weak level negative correlation between the OHQ-SF score and number of children and the number of medications used ($p < 0.05$). As the number of children and medicines increases, the OHQ-SF score decreases. There was a statistically significant negative very weak level correlation between the self-care ability score and number of children and the number of drugs used ($p < 0.05$). As the number of children and used drugs increases, self-care ability score decreases. There was a statistically significant positive middle level correlation between the OHQ-SF score and self-care ability score ($p < 0.05$). As the OHQ-SF score increases, self-care ability score also increases (Table 2).

OHQ-SF score mean is high on those who do not work, whose incomes do not meet their expenses, who have more than five children, who want to spend

their rest of his life in a nursing home, who worry about their future, who do not know how to do regular exercise, who do not know eat regularly, who cannot do their daily chores without receiving help, who feel lonely, who do not go to the doctor regularly, who smoke and who have regular pains and the difference was statistically significant ($p < 0.05$). OHQ-SF score difference was not statistically significant in elderly in line with gender, marital status, number of individuals living in house, permanent place of residence and with whom they live ($p > 0.05$). Self-care ability score difference is statistically insignificant in elderly in line with income status with whom the elderly lives and the place where elderly desire to live henceforth ($p > 0.05$) (Table 3). For other findings not shown in the table 2, no significant relationship was found between the marital status, number of individuals living at home, the Oxford happiness scale and self-care power scale.

Table 3. Comparing the scores of Oxford Happiness Questionnaire and Self-Care Ability Scale based on several variables

Variable.	n	%	Oxford Happiness Questionnaire			Self-Care ability Scale		
			Mean	SD.	Significance	Mean	SD.	Significance
Age								
65-70	227	56.8	25.14	5.06	t=1.121 p=0.263	96.04	18.22	t=2.525 p=0.012
70 and over	173	43.2	24.57	5.00		91.18	20.02	
Gender								
Woman	186	46.5	24.80	4.88	t=-0.329 p=0.743	91.89	19.06	t=-2.002 p=0.046
Male	214	53.5	24.97	5.18		95.72	19.09	
Working	23	5.8	25.57	4.19	F=24.859 p=0.000	94.91	20.77	F=24.935 p=0.000
Not working	199	49.8	23.22	5.20		87.64	18.56	
Retired	178	44.4	26.67	4.30		100.83	17.17	
Income status								
My income meets my expense	128	32.0	25.79	4.82	F=5.253 p=0.006	95.64	18.76	F=1.177 p=0.309
My income does not meet my expense	197	49.2	24.08	5.31		92.47	20.39	
My income is equal to my expense	75	18.8	25.49	4.36		94.89	16.13	
Education status								
Illiterate	156	39.0	23.47	5.22	F=8.949 p=0.000	88.07	19.40	F=9.869 p=0.000
Literate	72	18.0	24.06	5.19		91.33	19.18	
Primary school graduate	105	26.2	26.70	4.24		99.07	16.60	
High school	48	12.0	26.50	4.64		102.60	17.34	
University Graduate	19	4.8	25.58	3.93		101.53	17.89	
Number of children								
No children	13	3.25	24.23	4.73	F=6.565 p=0.002	90.00	23.45	F=5.754 p=0.003
1-4	199	49.75	25.79	4.74		97.16	17.22	
5 and more	188	47.0	23.98	5.22		90.79	20.27	
Place of permanent residence								
Village	122	30.5	24.62	5.45	F=1.056 p=0.349	91.64	19.56	F=4.127 p=0.017
District	51	12.8	24.20	5.45		89.24	21.63	
Province center	227	56.8	25.19	4.70		96.25	18.04	
Place he wants to spend the rest of his life								
At home	280	70.0	25.43	4.78	F=3.961 p=0.008	94.80	18.25	F=0.735 p=0.531
In nursing home	13	3.3	23.00	5.21		90.08	22.46	
With children	102	25.5	23.78	5.45		91.97	21.22	
At home with children	5	1.3	22.00	6.00		95.80	16.45	
Worrying about the future								
Yes	165	41.3	23.04	5.18	t=-6.295 p=0.000	90.65	21.33	t=-2.805 p=0.005
No	235	58.8	26.19	4.51		96.27	17.11	
Doing regular exercise								
Yes	88	22.0	26.55	4.61	F=6.733 p=0.001	103.98	16.49	F=17.377 p=0.000
No	256	64.0	24.55	5.14		91.63	19.37	
He does not know	56	14.0	23.84	4.69		88.65	16.54	
Eating regularly								
Yes	284	71.0	25.98	4.79	F=27.386	98.30	17.48	F=30.168

No	42	10.5	21.26	5.48	p=0.000	80.21	23.51	p=0.000
Sometimes	74	18.5	22.76	4.04		84.89	15.59	
Doing daily work without getting help								
Yes	324	81.0	25.67	4.60	t=5.993	96.36	17.29	t=4.559
No	76	19.0	21.58	5.51	p=0.000	83.48	23.02	p=0.000
Feeling lonely								
Yes	100	25.0	23.85	5.67	F=7.799 p=0.000	89.60	22.71	F=4.746 p=0.009
No	171	42.8	26.01	4.66		96.89	17.45	
Sometimes	129	32.3	24.21	4.73		93.39	17.68	
Going to the doctor regularly								
Yes	159	39.8	25.81	4.94	F=4.636 p=0.010	99.08	17.57	F=10.026 p=0.000
No	109	27.3	24.51	5.06		91.12	20.46	
Sometimes	132	33.0	24.10	5.00		90.07	18.58	
Smoking								
Yes	66	16.5	23.26	5.30	t=-2.907	86.42	19.65	t=-3.542
No	334	83.5	25.21	4.93	p=0.004	95.43	18.72	p=0.000
Continuous Pain								
Yes	118	29.5	22.93	4.75	F=38.051 p=0.000	86.58	19.43	F=20.775 p=0.000
No	124	31.0	27.82	3.81		101,69	15,42	
Sometimes	158	39.5	24.05	5.10		93,31	19,38	

F = One-way anova, t = Independent t test was used.

DISCUSSION

According to the literature, this is the first study in Turkey to investigate the relation between self-care ability and happiness as to elderly individuals living in the society in Kars which is located in the east of Turkey and which is the coldest province of Eastern Anatolia where most of the elderly time spends their time at home. As in many provinces of Turkey traditional family structure is dominant in Kars. There is no nursing home in Kars province and as of 2016 the proportion of elderly population in Kars is 7.7%¹⁴.

OHQ-SF mean score of elderly individuals who participated in our study was determined as 24.89 ± 5.04 (Table 1). According to 2016 data of Turkish Statistical Institute (TUIK) Turkey was also determined that 65.4% of the elderly were happy¹⁴. When the studies conducted in the literature are examined it is seen that happiness in the elderly is evaluated with different measurement tools and that there are no standard scales to evaluate happiness level of the elderly. There fore it becomes difficult to compare the results of this study. In a study evaluating the level of happiness of the elderly living in Korea by the visual analog scale, it was found that they were happy over the mean¹⁵. In a study

conducted in Thailand, 12.4% of the elderly were found to have a good level of happiness¹⁶. A subjective happiness scale was used in a study made in Chile and Brazil and it was stated that the elderly are moderately happy^{5,17}. We can say that the elderly are happy in general terms when we consider the studies stated herein above and according to our study.

Subjective well-being status includes happiness and life satisfaction, and these concepts can be used instead of each other from time to time. It was seen, in the literature research, that there are limited studies on the relation between self-care ability and happiness in the elderly. Being able to perform daily living activities affects indirectly self-care ability⁵. As such, statistically positive moderate relation was determined in this study between self-care score points and OHQ-SF in older individuals (Table 2). Low level statistical significance was found to be between happiness and physical health in a study conducted¹⁸. In a different study, it was determined happiness was affected significantly in elderly who can perform their general and daily life activities⁵. As a result, the elderly person needs to be able to perform their daily life activities in order to be able to make their self-care and this is an important factor for happiness in the elderly.

Family has been the most important source of social support from the past until our day. However, family has begun to lose this characteristic thereof in the recent years due to demographic and social changes, women's involvement in working life and migrations. It is a fact that elderly are the people most affected by this situation. In our study, happiness score was found to be low in elderly who want to spend their lives in nursing homes and who feel themselves alone (Table 3). When the literature was examined family relations were found to have a positive effect on happiness^{19,20}. In our study, the reason why happiness score was found to be low in elderly who want to spend their lives in nursing homes and who feel themselves alone is thought that the elderly are happy when they spend time with their children and grandchildren while they feel unhappy when they feel lonely and they are alone.

However, it was determined in our study that those having five children or more children had lower scores on happiness (Table 3). It was determined in the study of Ergin and Mandiracıoğlu that the number of children did not affect happiness (2015)²¹. As a result, it is a fact that economic conditions may be inadequate as the number of children increases. For this reason, the elderly may have to share both the salary and home thereof with one or two children, in which case the happiness of the elderly may be adversely affected.

In our study, the OHQ-SF score mean was found to be lower in those who did not work and those whose incomes did not meet the expenses thereof (Table 3). Numerous studies conducted have shown that income status affects happiness in the elderly^{16,22}. Ergin and Mandiracıoğlu, in their study (2015), have stated that the unhappiness risk increased 4.3 more in the low-income group²¹. In a study, it was determined that socioeconomic status does not affect happiness in the elderly⁵. It is a fact that money or good economic condition does not mean that a person can buy happiness, however good economic condition can bring happiness due to factors such as having high living standards, easy access to health services and good education level²¹. Furthermore, the OHQ score was found to be lower in the elderly who did not work (Table 3) in our study. However, in a different study found that the level of happiness is low in the elderly who have to work¹⁶. If the elderly work it can provide economic freedom, having more social opportunities, communicating with more people which make them happier, but having need to

work for the elderly at a time when diseases and limitations are increasing can be the cause of unhappiness. The difference in these two studies may be due to these reasons.

It was determined in our study that the happiness score was low in those who were illiterate (Table 3). It was found in a study conducted that happiness level was the lowest among elderly who received education between 0 and 4 years¹⁶. Lee and Tang (2017) reported that the level of education did not affect happiness in middle-aged and elderly women in Taiwan²³. Being educated leads to being open-minded and being able to have more information about the world, accessing health needs by themselves and therefore may increase the happiness level due to such reasons.

The elderly who eat regularly have a higher happiness score in our study (Table 3). In a study, it was determined that eating dinner with others regularly affects happiness in the elderly⁵. Being able to eat regularly can be an important source of happiness for elderly because in addition to its being associated socio-economic status it is also associated with many factors such as being able to shop, cook, take it to mouth and swallow.

It was determined in our study that OHQ score was low in those who had continuous pain (Table 3). It has been stated in a study that there is a relation between pain and happiness although the studies conducted on how happiness is affected in those who have continuous pain are limited²⁴. In a different study, the breakdown of the health status of the elderly was found to be the cause of unhappiness¹⁵. It has been reported that happiness is an important indicator of health in the studies conducted^{5,25}. For this reason, maintaining health policies in promoting active aging in the elderly and preventing diseases may be effective on happiness. It is also seen in our study that those who go to doctor regularly are happier. An elderly individual's going regularly to a doctor may make a person think that he or she is independent enough to take his own health responsibility and which is a source of happiness for the elderly individual.

In conclusion, much as the results of this study do not reflect the data as regards the entire Turkish society, it has been determined that the elderly living in Kars province are happy in general and that there was a significant relation between OHQ and self-care ability. Therefore, it was recommended that

maintenance of self-care activities of all age groups and in particular the elderly living in the society should be supported and health professionals should provide the necessary health services for protection and development of the health of the elderly. It was determined that the elderly feeling alone are more unhappy and therefore, it is proposed to carry out social projects aimed at decreasing loneliness in elderly people in this study. Necessary arrangements should be made through policies in order for elderly people who do not work, do not exercise, do not eat regularly, feel lonely, cannot do their daily work without help, have constant pain. Thus, they can feel themselves happier, active and maintain a healthy life. It has been recommended to conduct this study with individuals living in other provinces of Turkey and determine the factors influencing happiness in the elderly living in Kars province.

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