

Evaluating the Perception of Life Satisfaction and Social Support of the Elderly Individuals

Yaşlı Bireylerin Yaşam Doyumu ve Sosyal Destek Algısının Değerlendirilmesi

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ABSTRACT

Objective: We aimed to determine the general profiles and health problems of the elderly individuals living in nursing homes (NHs), evaluate the life satisfaction and social support perception of these individuals in terms of sociodemographic variables, and provide a relationship between life satisfaction and social support perception variables.

Materials and methods: Six NHs in Turkey were selected for the study. Data were collected through a questionnaire and analyzed using the Statistical Package for Social Sciences Software (SPSS™) version 17.00 software for Windows.

Results: The average age of the participants was 75.926 years. Majority of them were males, homeless, and elderly individuals with a chronic disease. Additionally, cardiovascular disease was most commonly diagnosed, and majority of them took the least one drug daily. The participants were generally satisfied with the NHs. Further, it was found that life satisfaction of the participants was at a partially high level, and social support perception was at the moderate level. It was determined that life satisfaction of the participants showed significant differences according to the marital status, education, social security, economic condition, having a relative, daily activity, willingness toward performing the activities, relation with other elders, relation with the staff, and general satisfaction with the NH ($p<0.05$). The social support perception of the participants showed significant differences according to the gender, marital status, education, social security, economic condition, state of seeing children, willingness toward performing activities, relations with other elders, relations with the staff, and general satisfaction with NH ($p<0.05$).

Conclusions: Life satisfaction and social support perception of the participants change according to the sociodemographic variables. Further, a positive and strong correlation was found between life satisfaction and social support perception.

Keywords: Elderly, life satisfaction, social support

ÖZ

Amaç: Bu çalışmanın amacı, huzurevlerinde yaşayan yaşlı bireylerin genel profilleri ile sağlık problemlerini belirlemek, bu bireylerin yaşam doyumu ile sosyal destek algısını sosyo-demografik değişkenler açısından değerlendirmek ve yaşam doyumu ile sosyal destek algısı değişkenleri arasındaki ilişkiyi ortaya koymaktır.

Gereç ve Yöntem: Çalışma, Türkiye’de altı huzurevinde gerçekleştirildi. Veriler, anket formu ile toplandı ve SPSS 17.0 for Windows paket programı kullanılarak analiz edildi.

Bulgular: Katılımcıların yaş ortalaması 75,926 bulundu. Katılımcıların çoğunluğunun erkek, kimsesiz ve bir kronik hastalığı olan yaşlılardan oluştuğu belirlendi. Katılımcılarda en fazla tanı konmuş kalp-damar hastalığı olduğu ve büyük çoğunluğunun günde en az bir ilaç kullandığı saptandı. Genel olarak katılımcıların huzurevlerinden memnun olduğu belirlendi. Ayrıca katılımcıların yaşam doyumu kısmen yüksek düzeyde ve sosyal destek algısı orta düzeyde bulundu. Katılımcıların yaşam doyumunun medeni durum, eğitim, sosyal güvence durumu, ekonomik durum, yakını olması, günlük aktivite, aktiviteye isteklilik, diğer yaşlı bireylerle ilişki, çalışanlarla ilişki ve huzurevinden genel memnuniyet değişkenlerine göre anlamlı fark gösterdiği belirlendi ($p<0.05$). Ayrıca, katılımcıların sosyal destek algısının cinsiyet, medeni durum, eğitim, sosyal güvence durumu, ekonomik durum, çocukları ile görüşme, aktiviteye isteklilik, diğer yaşlı bireylerle ilişki, çalışanlarla ilişki ve huzurevinden genel memnuniyet değişkenlerine göre anlamlı fark gösterdiği bulundu ($p<0.05$).

Sonuç: Katılımcıların yaşam doyumu ve sosyal destek algısı sosyo-demografik değişkenlere göre değişmektedir. Ayrıca katılımcıların yaşam doyumu ve sosyal destek algısı arasında pozitif yönlü güçlü bir ilişki vardır.

Anahtar Kelimeler: Yaşlı, yaşam doyumu, sosyal destek

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Introduction

The number of elderly individuals living in nursing homes (NHs) is increasing as the population gets older. Further, the geriatric population faces many problems due to the age. The management of the aging population becomes one of the most challenging problems of the contemporary societies along with increasing the life expectancy in individuals. This raises the social and professional interests in aging. The interest might be explained with the increase of the number of the elderly persons in developed countries (1). The World Health Organization (WHO) states that aging begins at 60 years, and it is anticipated that 22% of the world population will be older than 60 years in the 2050s.

The numbers in the elderly population increase in Turkey similar to the remaining world population. The Turkish population was 78.741.053, and the population aged 60 years and over were 9.603.706 in 2015 (2,3). Additionally, the healthy life expectancy in Turkey is 66.2 years. Majority of the elderly population consists of women, rural inhabitants, and individuals with a low educational level (4). At the beginning of the organizations providing support and services to the elderly individuals in Turkey, there are 136 NH connected to the Ministry of Family and Social Policies (MFSP). NH are the elderly care organizations developed within the scope of social services under the MFSP for protecting, caring, and meeting the social and psychological needs of the population. In these NH, 12.612 individuals reside and 7.524 personnel are employed. Elderly care services in NH are carried out according to the regulations on the NH and NH Elderly Care and Rehabilitation Centers. The cost of a person staying in a NH is 3.800 liras including personnel, care, meal, and all expenditures (3).

Aging is a complex process associated with physical, psychological, and social changes that an individual undergoes. The process of aging always includes functional, psychological, and biochemical changes due to the decrease in the ability of fulfilling activities of daily living (5). Aging brings along chronic diseases and is a vital state associated with disability. Besides, the increase of life expectancy also increases the anxiety about sustaining life successfully. However, individuals may feel at

a different age, as suggested by the famous adage “a man is as old as he feels.”

Life satisfaction (LS) is an important component of successful aging and signifies the satisfaction of individuals with life conditions. LS also indicates the perception of well-being and quality of life of an individual. For example, individuals' past experiences and perceptions will affect their present and future experiences and perceptions (6). It may be asserted that LS reflects the general feelings about life. According to WHO, the LS level of the elderly is affected by their physical and mental health conditions, social relations, and environment (5). Both informal and formal support types are required to ensure the elderly meet with LS (6). A higher economic status, sufficient family support and better life environment along with living in their own houses are important factors for successful aging and increase in LS (5,7).

Social support (SS) is a key determinant of successful aging. SS includes interpersonal interactions that sustain social values and individual beliefs and creates a positive effect (6). This interaction is associated with better mental and physical health outcomes (1,6). The social relation is more important in old age, similar to its necessity in the other stages of life. The elderly desire to see family members and friends, spend time with them, and perform activities that would ensure their happiness (8).

SS and the socio-economic status have direct effects on the impairment of health. They are important indicators of LS (9) because LS contributes to subjective well-being of the elderly (1,6).

A gradually aging population in Turkey is associated with problems that need resolutions. Formal support sources are not adequate for the elderly in the country. Their needs are relatively met by sources, such as families and friends. The support of these informal sources is further provided by government policies (10). The most important institutions that meet the needs of the elderly persons in Turkey are NH. The institutions believe that there is the need for spiritual and emotional support in the NHs. Individuals who receive service from NH generally experience lack of independence, insufficient self-care, and health problems (11). They also suffer from memory loss and chronic diseases as

well as common defects, such as decreased tissue elasticity, muscle strength, sensorial perception, and reflexes (12). Thus, health problems, drug use, and activities in NH affect not only the healthy aging of the elderly, but also the quality and quantity of caregivers in the institution. In this context, it is important to provide mental and emotional support to the elderly (11).

This study is the first that measures both LS and Social Support Perception (SSP) of the individuals living in NHs in Turkey. The study was conducted to determine the profile of the elderly individuals (participants) in NH, identify their general health problems and drug use, and evaluate their LS and SSP in terms of sociodemographic variables. It was also aimed to determine the relationship between the participants' LS and SSP.

Materials and Methods

Study design

The study was based on the following questions: how was the general health profile of the participants? Did LS and SSP of the participants differ according to their sociodemographic characteristics? Did LS and SSP of the participants relate? This study was designed as cross-sectional and descriptive.

Setting and samples

Individuals living in six NH (Kırklareli Nursing Home Directorate, Lüleburgaz Ramazan Yaman Nursing Home, Elderly Care and Rehabilitation Center Directorate, Tekirdag Zubeyde Hanım Nursing Home Directorate, Corlu Nursing Home Directorate, Edirne Nursing Home Directorate, Uzunkopru Suleyhe-Sefik Ozturk Nursing Home Directorate) located in Edirne, Tekirdag and Kırklareli provinces of Turkey were included in this study. The total capacity of NH was 441 elderly individuals, and they were provided service in full capacity. Thus, it was intended to reach all the participants. However, elderly individuals who could not respond to the questionnaire because of their cognitive abilities were not included in the study. The age limit of acceptance for NH in Turkey was 60 years, and the population living in these homes was elderly. Over the sample consisted of 203 voluntary

the participants living in NH: 36 elderly individuals from Kırklareli Nursing Home Directorate, 29 from Lüleburgaz Ramazan Yaman Nursing Home Elderly Care and Rehabilitation Center Directorate, 31 from Tekirdag Zubeyde Hanım Nursing Home Directorate, 25 from Corlu Nursing Home Directorate, 52 from Edirne Nursing Home Directorate, and 30 from Uzunkopru Suleyhe-Sefik Ozturk Nursing Home Directorate joined in this study.

Data collection

The data were collected using a questionnaire through a face-to-face interview between December 10, 2016 and April 30, 2017. The questionnaire consisted of a descriptive information form (age, gender, etc.), LS scale, and multidimensional SSP scale.

LS scale: The original version of the LS scale was developed by Lavalley et al. and adapted into Turkish by Akin and Yalınız (7). The Cronbach's alpha coefficient of the LS scale was 0.815. The lowest score was 5 and the highest score was 35 in the LS scale. The multidimensional SSP scale: The original version of this scale was developed by Zimet et al. and adapted into Turkish by Eker et al. (13). The scale consisted of twelve items and three factors as family (parents, spouse, children, and siblings), friends and significant other (outside of family and friends, such as relative, neighbor, and doctor.). The Cronbach's alpha coefficients of the multidimensional SSP scale were determined as follows: factor 1, family (0.774) moderate; factor 2, friend (0.796); and factor 3, significant other (0.802) and general SSP (0.802). The scales were reliable. Each item of the scales was rated using a 7-point scale. The lowest score was 12 and the highest was 84 in the multidimensional SSP scale. High scores signify the highness of LS and SSP.

Ethical consideration

Permission was obtained with the decision no. 73595336-605.01-E.114436 dated 01.11.2016 from the Republic of Turkey MFSP. Ethics committee approval was received with the decision number 14 dated December 09, 2015 from the Ethics Committee of Kırklareli University Health High School. The participants were informed about the purpose

of the study. The questionnaire was applied based on voluntariness with the accompaniment and guidance of healthcare personnel.

Limitations of the study

The results of the study cannot be generalized because it did not include elderly individuals living in all NHs in Turkey. The number of the participants was relatively limited. Additionally, elderly individuals who did not want to participate in the study, were unable to fill out the questionnaire, and did not complete the questionnaire were not included in the study.

Statistical analyses

The data were analyzed by using the Statistical Package for The Social Sciences (SPSS™) 17.0 for Windows software at a confidence level of 95%. In total, 203 completely responded questionnaires were evaluated. The data were assessed collectively because the NH had similar structures and characteristics and located in the same region. It was determined through the Kolmogorov-Smirnov and Shapiro-Wilk tests that the scales' scores did not show normal distribution ($p < 0.05$). Therefore, the data were tested using a Mann-Whitney U test and a Kruskal-Wallis H test (post hoc Bonferroni-corrected Mann-Whitney U). The correlation between LS and SSP was determined via correlation analysis.

Results

Sociodemographic variables

It was determined that the participants (mean=75.926±8.169 years) had an age average of 60-95 years, 69% were males, 87.2% were all alone, 60% had social security, 85.7% had chronic diseases, and 75.8% were living in NH for 1 year and longer. Additionally, while 55.7% of them had good relations with other elders, 80.3% had good relations with the staff. In general, 86.2% of them were pleased with NH (Table 1).

The diagnosed chronic diseases in the participants were determined as cardiovascular diseases (64%), musculoskeletal disorders (27.6%), neurological diseases (25.6%), upper respiratory tract disorders (20.7%). and other (44.3%).

Drug groups used by the participants were analgesics (34%), antibiotics (6.4%), anti-depressants (19.2%), vitamins (7.4%), and other drugs (86.2%).

LS and SSP levels of the participants

When examining the mean scores obtained by the participants from general scales and factors, it was found that the LS of the participants was at a partially high level (22.364±7.415). Alternatively, it was found that the significant other was partially at the level of support in terms of SSP (18.783±6.826) and family (16.734±6.004); friend (17.403±6.585) and general SSP (51.182±15.935) were at the moderate level.

LS and SSP of the participants according to the sociodemographic variables

LS of the participants shows statistically significant differences according to the marital status, education, social security, economic condition, presence of a relative, daily activity, willingness to activity, relations with other elders, relations with the staff, and general satisfaction with NH ($p < 0.05$, Table 2). In contrast, general SSP or some factors of the participants show a statistically significant differences according to the gender, marital status, education, social security, economic condition, state of having children, state of seeing children, presence of a relative, willingness to activity, relations with other elders, relations with the staff, and general satisfaction with NH ($p < 0.05$, Table 2).

There was significant difference between the gender groups in terms of family, significant other, and general SSP. However, a difference between the social security groups in terms of all factors, except for significant other, was determined.

According to the state of having children, a significant difference between the groups in terms of family and friend factors was found. In terms of family, there was significant difference between those had no children and 2-3 or more children ($p = 0.000$). However, a significant difference was found between the groups in terms of LS, family, and general SSP according to the state of having a relative.

According to the marital status, a significant difference between the groups in terms of LS, family, and general SSP was determined. The difference

Table 1. Sociodemographic variables of the participants

Sociodemographic variables	n (%)	Sociodemographic variables	n (%)
Age, years		Seldom	53 (26.1)
60–68	44 (21.7)	Never	29 (14.3)
69–77	70 (34.5)	Having a relative	
78–86	65 (32.0)	Have	152 (74.9)
87–95	24 (11.8)	Not have	51 (25.1)
Gender		Duration of living in NH	
Male	140 (69.0)	Less than 1 year	49 (24.1)
Female	63 (31.0)	1–5 years	94 (46.3)
Marital status		6–10 years	37 (18.2)
Married	26 (12.8)	11–15 years	23 (11.3)
Single	39 (19.2)	Daily activity	
Divorced	33 (16.3)	Dependent	45 (22.2)
Widowed	105 (51.7)	Partially dependent	27 (13.3)
Education		Independent	131 (64.5)
Illiterate	47 (23.2)	Reason of living in NH	
Primary-secondary school	132 (65.0)	Voluntarily (lonely - old)	77 (37.9)
High school and equivalent	24 (11.8)	Homeless - all alone	71 (35.0)
Social security		Abandoned by children –relatives	27 (13.3)
Present	122 (60.1)	Poverty	13 (6.4)
Not present	81 (39.9)	Comfort - life support	15 (7.4)
Economic condition		State of organizing activities	
High	45 (22.2)	Organizing	199 (98.0)
Moderate	104 (51.2)	Not organizing	4 (2.0)
Low	54 (26.6)	Willingness to activity	
Chronic disease		Unwilling	38 (18.7)
Yes	174 (85.7)	Sometimes willing	59 (29.1)
No	29 (14.3)	Always willing	106 (52.2)
Number (type) of drugs taken daily		Relations with other elders	
Not taking drugs	15 (7.4)	Good	113 (55.7)
1–2	44 (21.7)	Moderate	75 (36.9)
3–4	44 (21.7)	Bad	15 (7.4)
4–5	35 (17.2)	Relations with staff	
6 and more	65 (32.0)	Good	163 (80.3)
State of having children		Moderate	34 (16.7)
No children	69 (34.0)	Bad	6 (3.0)
1	26 (12.8)	General satisfaction with NH	
2	51 (25.1)	Not satisfied	3 (1.5)
3 and more	57 (28.1)	Partially satisfied	25 (12.3)
State of seeing children		Satisfied	175 (86.2)
Frequently	53 (26.1)		

In this table, (n) indicates the number of staff and %

Table 2. LS and SSP scores of the participants according to the sociodemographic variables

Sociodemographic variables	n	Life satisfaction Mean±SD	Family Mean±SD	Friend Mean±SD	Significant other Mean±SD	General social support perception Mean±SD
Age, years						
60–68	44	21.795±7.092	16.204±5.671	18.477±6.086	19.659±6.548	52.454±14.427
69–77	70	21.80±6.88	15.685±5.739	16.071±6.846	18.028±7.097	47.442±16.725
78–86	65	23.00±7.862	18.107±6.205	18.169±7.007	19.353±6.958	55.000±16.155
87–95	24	23.333±8.432	17.041±6.423	17.250±5.006	17.833±6.183	49.416±13.625
KW H/X ²		3.271	6.526	5.408	3.172	7.343
P		0.352	0.089	0.144	0.366	0.062
Gender						
Male	140	22.364±7.374	16.057±6.140	17.507±6.617	18.014±7.089	49.385±16.039
Female	63	22.365±7.567	18.238±5.440	17.174±6.561	20.492±5.904	55.174±15.071
MW U/z		–0.074	–2.347	–0.212	–2.315	–2.510
P		0.941	0.019*	0.832	0.021*	0.012*
Marital status						
Married	26	24.846±6.786	19.615±5.593	19.038±7.501	21.423±5.866	58.884±15.134
Single	39	19.307±7.208	12.051±4.217	17.487±6.189	17.897±7.365	44.153±13.743
Divorced	33	21.424±7.297	15.878±6.014	16.666±6.849	18.272±7.160	48.939±14.306
Widowed	105	23.181±7.374	18.028±5.715	17.200±6.433	18.619±6.671	52.590±16.408
KW H/X ²		12.774	35.688	3.081	5.132	15.110
P		0.005*	0.000*	0.379	0.162	0.002*
Education						
Illiterate	47	19.766±7.331	15.170±5.398	15.191±6.005	16.510±6.082	45.489±13.472
Primary-secondary school	132	22.840±7.377	16.939±6.231	17.871±6.769	19.204±7.069	52.037±16.482
High school equivalent	24	24.833±6.637	18.666±5.296	19.166±5.768	20.916±5.860	57.625±14.358
KW H/X ²		9.135	6.266	10.968	10.775	11.571
P		0.010*	0.044*	0.004*	0.005*	0.003*
Social security						
Present	122	24.147±6.893	18.245±5.887	18.155±6.649	18.942±6.897	53.508±16.275
Not present	81	19.679±7.405	14.456±5.465	16.271±6.362	18.543±6.754	47.679±14.829
MW U/z		–4.359	–4.497	–2.461	–0.535	–2.714
P		0.000*	0.000*	0.014*	0.592	0.007*
Economic condition						
High	45	26.977±6.118	20.155±5.129	19.400±5.863	21.977±5.176	58.955±14.743
Moderate	104	22.240±6.861	16.846±5.959	17.548±6.589	17.711±6.917	50.413±15.481
Low	54	18.759±7.462	13.666±5.197	15.463±6.717	18.185±7.148	46.185±15.613
KW H/X ²		35.631	30.536	11.339	13.978	16.809
P		0.000*	0.000*	0.003*	0.001*	0.000*

Table 2. LS and SSP scores of the participants according to the sociodemographic variables (Continue)

Chronic disease						
Have	174	22.143±7.553	16.873±6.097	17.534±6.597	18.994±6.679	51.942±15.681
Not have	29	23.689±6.486	15.896±5.440	16.620±6.576	17.517±7.656	46.620±16.958
MW U/z		-0.814	-0.720	-0.639	-0.761	-1.587
P		0.416	0.472	0.523	0.447	0.113
Number of drugs taken daily						
Not taking drugs	15	22.400±7.716	15.066±5.612	16.066±6.713	15.733±7.591	43.733±16.989
1-2	44	22.681±7.501	16.977±6.078	19.000±6.580	19.386±6.542	53.704±15.393
3-4	44	20.750±7.355	15.590±5.662	16.772±6.904	18.977±6.889	50.022±14.437
4-5	35	21.000±6.936	16.914±6.208	18.400±5.694	20.942±5.635	55.057±15.062
6 and more	65	23.969±7.439	17.630±6.135	16.523±6.701	17.784±7.138	49.892±17.041
KW H/X ²		8.194	4.399	5.468	6.845	7.338
P		0.085	0.355	0.243	0.144	0.119
State of having children						
No children	69	21.260±7.363	13.942±5.530	17.724±6.277	19.072±6.888	47.550±15.751
1	26	21.115±8.420	16.576±5.934	17.653±5.606	16.961±6.791	49.423±14.800
2	51	23.000±6.838	17.941±5.583	16.725±7.258	18.411±6.542	51.902±15.966
3 and more	57	23.701±7.396	19.105±5.718	17.508±6.850	19.596±7.017	55.736±15.814
KW H/X ²		4.454	9.409	26.875	0.240	4.044
P		0.216	0.024*	0.000*	0.971	0.257
State of seeing children						
Frequently	53	24.396±6.786	21.641±4.820	18.452±6.295	19.566±6.949	60.660±13.868
Seldom	53	22.377±7.734	16.830±5.217	15.679±7.528	18.735±6.424	49.830±15.730
At no time	29	21.241±7.505	14.241±4.572	17.862±5.488	16.724±6.994	44.931±12.897
KW H/X ²		3.958	40.770	4.410	4.311	22.773
P		0.138	0.000*	0.110	0.116	0.000*
Having a relative						
Have	152	23.355±6.919	17.822±5.645	17.605±6.572	18.467±7.001	52.289±16.539
Not have	51	19.411±8.104	13.490±5.924	16.803±6.654	19.725±6.248	47.882±13.600
MW U/z		-3.066	-4.386	-0.926	-0.994	-1.964
P		0.002*	0.000*	0.355	0.320	0.050
Duration of living in NH						
Less than 1 year	49	22.285±7.156	16.489±6.377	17.612±6.667	19.469±6.958	51.979±15.744
1-5 years	94	23.148±7.319	17.510±5.718	17.585±6.698	18.585±6.947	52.010±16.377
6-10 years	37	19.621±7.846	15.621±6.330	16.783±6.819	18.162±6.435	49.973±15.444
11-15 years	23	23.739±6.981	15.869±5.739	17.217±5.877	19.130±6.962	48.043±15.798
KW H/X ²		5.973	3.583	0.970	1.682	1.770
P		0.113	0.310	0.808	0.641	0.621

Table 2. LS and SSP scores of the participants according to the sociodemographic variables (Continue)

Daily activity						
Dependent	45	19.822±8.542	16.022±6.214	17.266±5.634	20.022±6.286	53.088±13.183
Semi dependent	27	21.555±7.702	15.666±6.093	15.333±7.119	18.518±6.072	48.111±15.034
Independent	131	23.404±6.739	17.198±6.093	17.877±6.736	18.412±7.140	51.160±16.951
KW H/X ²		6.293	2.391	3.567	1.863	2.283
P		0.043*	0.303	0.168	0.394	0.319
Willingness to activity						
Unwilling	38	16.315±7.241	13.868±6.076	14.947±6.657	17.657±5.639	47.394±13.107
Sometimes willing	59	22.525±6.688	17.000±5.898	16.864±6.484	17.457±6.933	50.067±16.775
Always willing	106	24.443±6.707	17.613±5.774	18.584±6.390	19.924±7.009	53.160±16.208
KW H/X ²		30.900	10.992	11.947	10.541	6.017
P		0.000*	0.004*	0.003*	0.005*	0.049*
Relations with other elders						
Good	113	24.238±6.687	18.017±5.770	19.398±5.967	20.442±6.477	55.557±15.415
Moderate	75	20.040±7.920	15.386±5.851	14.973±6.422	16.533±6.702	46.066±15.705
Bad	15	19.866±6.334	13.800±6.371	14.533±7.089	17.533±6.947	43.800±10.310
KW H/X ²		16.824	12.803	28.130	18.858	24.034
P		0.000*	0.002*	0.000*	0.000*	0.000*
Relations with staff						
Good	163	23.276±7.063	17.312±6.060	18.374±6.177	19.374±6.940	52.957±15.891
Moderate	34	18.441±8.143	14.676±5.162	13.294±6.806	16.588±6.010	44.176±15.038
Bad	6	19.833±5.307	12.666±5.573	14.333±7.284	15.166±4.875	42.666±7.814
KW H/X ²		11.627	8.083	18.374	10.385	12.731
P		0.003*	0.018*	0.000*	0.006*	0.002*
General satisfaction with NH						
Not satisfied	3	17.333±2.516	11.000±2.645	10.000±7.937	13.000±8.544	31.000±17.088
Partially satisfied	25	17.800±6.928	14.600±5.330	13.880±6.002	15.800±4.813	44.240±12.517
Satisfied	175	23.102±7.292	17.137±6.039	18.034±6.444	19.308±6.923	52.520±15.940
KW H/X ²		13.595	7.129	13.261	11.832	11.914
P		0.001*	0.028*	0.001*	0.003*	0.003*

*p<0.05 Mann-Whitney U Test (MWU-Z test) and Kruskal-Wallis H Test (KWH- X2 test); mean±SD, mean and standard deviation

was significant between married and single ones in terms of LS (p=0.002), family (p=0.000), and general SSP (p=0.000) and between married and divorced ones in terms of general SSP (p=0.006).

Regarding the levels of education, there was a significant difference between illiterate individuals and high school equivalent graduates in terms of LS (p=0.008), family (p=0.008), friend (p=0.004), significant other (p=0.002), and general SSP (p=0.001).

According to the economic condition, there was a significant difference between the groups in terms of LS and all SSP factors. A difference was observed between the participants with high economic condition and those with low-moderate economic condition in terms of LS (p=0.000), family (p=0.001), significant other (p=0.000), and general SSP (p=0.001).

According to the state of seeing children, a significant difference between the groups in terms of

family and general SSP was found. The difference was between the participants seeing their children frequently and those seeing their children seldom in terms of family ($p=0.000$) and general SSP ($p=0.001$) and between those seeing their children frequently and those not seeing in terms of family and general SSP ($p=0.000$).

Regarding the daily activity dependency, a significant difference was found between the groups in terms of LS ($p=0.043$), whereas, a significant difference between the activity willingness groups in terms of LS and SSP factors was determined. The difference was between the participants with unwillingness to activity and those with willingness to activity in terms of LS ($p=0.000$), family ($p=0.001$), friend, ($p=0.001$), and significant other ($p=0.009$).

A significant difference was also found between the groups having relations with other elders in terms of LS and all SSP factors. The difference was observed between the participants who had good relations with other elders and those who had moderate-bad relations with other elders in terms of LS, family, friend, significant other, and general SSP ($p=0.000 < 0.05$). Besides, there was a significant difference between the groups having relations with the staff in terms of LS and all SSP factors. The difference was between the participants who had good relations with the staff and those who had moderate relations with the staff in terms of LS ($p=0.001$), friend, ($p=0.000$), significant other ($p=0.006$), and general SSP ($p=0.002$).

Regarding general satisfaction, a significant difference between the groups in terms of LS and all SSP factors was found. The difference was between those partially satisfied and those satisfied in terms of LS ($p=0.001$), friend ($p=0.001$), significant other ($p=0.002$), and general SSP ($p=0.004$). As the satisfaction with NH increased, the scores increased in LS and all SSP factors.

There was a positively strong correlation and interaction between LS and SSP of the participants. This correlation was significant at the level of $p < 0.01$.

Discussion

The population is aging in the world. Numerous studies have been conducted with elderly persons

for ensuring successful aging (1,4,8,14,15). In the studies, the health profile and LS and SSP of the participants have been evaluated either separately or from different aspects.

In this study, majority of the participants had chronic diseases particularly cardiovascular diseases. Aksoydan also found similar results in her study, (4) and Hu et al determined the lowest LS in the participants with chronic diseases (16). Furthermore, in this study, LS of the participants were at a partially high level, and their significant other score was at the level of partial support in terms of SSP, and family, friend, and general SSP scores were at the moderate level. Similarly, LS was determined to be at the moderate level in the elderly people in a study of Koc (17); however, SSP was found to be at the moderate level in the study of Lee (18).

There was no significant difference between LS and sociodemographic variables in the study of Koc (17). However, a significant difference was found between some sociodemographic variables and LS and SSP in this study. Moreover, women had higher scores of family, significant other, and general SSP, wherein there was a significant difference between the groups, compared to men. Tsuji and Khan determined a significant difference between men and women in terms of SSP (6). In the study, the participants with social security had higher scores than those without social security in terms of LS and factors except for significant other. Additionally, LS and all SSP factor scores increased as the economic condition changed from high to low. The scores of the participants indicated a high economic condition higher than others. Lucchetti et al. (19) determined a correlation between the socio-economic status and health status in the elderly. Economic status is effective on healthy aging. In the study, the participants with no children had lower family scores than others. It was observed that the family score increased as the number of children increased. In the friend factor, the scores were close to each other, and the lowest score was observed in the participants with two children. Furthermore, the participants without any relatives had lower LS, family, and general SSP scores than others. Oztop et al. (10) determined that LS was positively affected by the support and help received by the elderly from their children. Wolff found that

making friends in NH was more effective on the sad feeling of the elderly and LS than being visited by family, relatives, or other acquaintances. Friendship in NH is quite important (20).

In the study, the married individuals had higher LS, family, and general SSP scores than the single and divorced. Moreover, it was observed that as the educational level increased, the scores increased in terms of LS and all SSP factors. Illiterate participants had lower scores than others in LS and all SSP factors. As the frequency of seeing their children increased, family and general SSP scores increased. The participants seeing their children frequently had higher scores of family and general SSP than those seeing their children seldom and never. Social deficiencies may worsen personal and functional health status (19). There is a positive correlation between the general well-being and SSP (9). The effect size comes respectively from family, friends, and others (8). Therefore, the individual family-centered care approach positively affects the LS of elderly (15).

LS scores increased from the participants dependent for daily activities to those independent. Further, LS and SSP scores increased with increasing willingness to activity. Interaction with other elders is important for physical activity. Physical activity is an effective socializing tool (21).

In the study, it was observed that the LS and SSP scores of the participants increased as the relation with other participants progressed from bad to good. The participants who had good relations with other elders had the highest scores in all factors. The participants who felt emotionally supported by other participants adapt better to NH. As the adaptation increases, the general satisfaction increases (18). If relations with the staff were moderate, the scores of LS and friend were the lowest; if relations with the staff were good, the scores of LS and friend were the highest. As relations with the staff improved, the scores of family and significant other were higher. The participants who had good relations with the staff had considerably higher scores than those who had moderate relations in all factors, except for family. All the participants had good relations with the staff. From this point of view, Nakrem et al emphasized the importance of the correlation between elderly persons and nurses (22).

In the study, there was a positively strong correlation between LS and SSP. In some of the studies, there was also a similar correlation between LS and SSP (6,23,24). The studies showed that SSP has a strong effect on the LS of the participants. Moreover, it was observed that a majority of the participants settled in NH voluntarily due to loneliness. The studies reveal that the SSP was associated with loneliness (25,26). Thus, it might be asserted that the participants consider NH as a socialization environment. As the satisfaction of the participants with NH increased, their LS and SSP scores increased. The participants completely satisfied with NH had the highest scores in terms of both scales. Almost none of the participants were unsatisfied with NH, which is pleasing.

Conclusion

The participants were satisfied with NH in general. LS of the participants was at partially high and SSP was at the moderate level. There was a positively strong correlation between LS and SSP for the participants. Further LS and SSP of the participants changed according to some sociodemographic variables. Therefore, policies and strategies must be developed for increasing LS and SSP of the elderly individuals living in NH. Additionally, health-promoting precautions must be taken. The individuals who are single, male, have lower LS and SSP, and no social security should be paid greater attention.

As expected, this study will raise awareness, increase the support of NH managers and staff toward the participants, and contribute to the development of service policies and strategies aimed at providing LS to the participants living in NH and increasing the SSP.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Kırklareli University (decision no. 73595336-605.01-E.114436 dated 01.11.2016).

Informed Consent: Written informed consent was not obtained from elderly individuals who participated in this study. However, written informed consent for this study was obtained from the Republic of Turkey Ministry of Family and Social Policies. In addition, verbal informed consent was obtained from elderly individuals who participated in this study.

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