

A Comparative Study on Life Satisfaction between Older Population in Institutions and Homes

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Abstract

This research was performed to compare life satisfaction of the elderly in institutions and homes. The scores of life satisfaction were collected from 74 elders in 5 institutions and 71 elders at their homes in Daegu and Gyungbuk province during October 1st to December 1st, 1999. The results were summarized as follows:

1. The elders in institutions revealed lower scores in life satisfaction than the elders at homes, but not statistically significant.
2. In institutions, the general characteristics which affected life satisfaction was health status and monthly income. For elderly at home, the general characteristics which affected life satisfaction scores were educational level and health status.

According to the result of this research, the health-care and economic support must be considered as main factors in the nursing strategy for the elders.

The results should be considered carefully when applied to the entire older population because it was conducted on a segment of the elderly population in Korea. And various social activities and nursing programs for the aged are required.

Key words : The elderly in Institutions, Life satisfaction

Introduction

Getting old is a universal phenomenon and recently, the social system is drastically becoming industrialized and information-oriented because of the extension of the average life span due to the development of science and technology. So, the way of thinking which emphasizes personal productivity is changing and the elderly are neglected by society. The state of the old man who used to have the biggest power in a large

family is going down because of the altered traditional value by foreign culture and with the increase in nuclear families, the old man is also alienated from the family. The responsibility to take care of the elderly is being transferred from the family to society and the loss of the positions and roles of the elderly, their failing physical health and economic decline make their independent life and health impossible. These kinds of changes will bring about the need for social welfare facilities for the elderly and the

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spread of control and nursing the old.

In searching for the present situation of the elderly in those facilities, there are 0.15% (4,796) of the elderly over 65 years old in 72 sanitariums and 0.3% (9,539) in 173 facilities for the old including the institution for the aged (Bureau of Statistics, 1996; Ministry of Public Health and Welfare, 1998). Welfare facilities for the aged in Korea were limited to the free facilities for the elderly who have no family to rely on, but the government is going on with a plan to build welfare facilities for the old in low income families not for the old in a welfare family. These kind of social supports influence their health, life satisfaction or emotions (Russell & Cutrona, 1991; Silverstein & Bengtson, 1994; Seo & Lee, 1995).

The state of life satisfaction is determined by evaluating subjectively how much a person is satisfied with his own life. The active study of life satisfaction of the elderly is under way. Lee, U-bok (1993) says that participation in social education, state of health and the standard of life are 35% among the factors affecting the life satisfaction of the elderly and people who are participating in social education are satisfied with their life more than other people. Kim, Tae-hyeon (1986) says that the ties with children, the subjective evaluation of health, the social and economic position and social activity affect their mental peace and life satisfaction significantly. Life satisfaction is affected by various factors, but health, social and economic state and social activities are the main ones (Choi, 1986). The study of life satisfaction of the old is an important subject of study because the successful aging process is regarded as an index of life satisfaction of the old, but the study of the aged in institutions is still unsatisfactory (Choi, 1995; Jang, 1997; Choi, 1999).

This research is aimed at discovering the differences between the elderly in institutions and those at homes and finding the sources that cause the differences. Understanding the factors affecting life satisfaction of the aged could be important data for nursing and the role of the nurses in institutions will be diverse and specialized.

This researcher suggested the following

matters and tried to obtain data about nursing the aged in institutions.

- 1) Is there any difference in life satisfaction between the aged in institutions and those at homes?
- 2) What are the factors affecting life satisfaction of the elderly in institutions and at homes?

Literature Review

1. Life satisfaction of the aged

Life satisfaction has been confused with the concepts of morale, happiness, adjustment, and psychological well-being and these definitions have been prescribed by various scholars. Life satisfaction is defined as a feeling about the activities that compose your daily life, your responsibilities and the meaning of your life, the achievement of your goals, having a positive ego, regarding yourself as a valuable person and keeping an optimistic attitude and feeling. Kalish (1975) defines life satisfaction as accepting your life meaningfully, feeling that at least you have achieved the important goal, harmonizing with your surroundings effectively and satisfying your drives without having emotional and social problems. Medley (1976) considers life satisfaction as the important factor that decides your mental health and says that a person has expectations through interactions with other people, so life satisfaction is the evaluation of the reasonable satisfaction of one's expectation. Life satisfaction, based on the above concepts, is considered an important field which comprises the quality of life, meaning the subjective feeling of one's life through his daily activities (Ferrans, 1985; Kleinpell, 1991).

2. Influencing factors of life satisfaction

There is a study (Kim, 1998) that deals with the settings of a pension plan and a medical insurance system simply to raise the life satisfaction of the Korean elderly. Life satisfaction is affected by a person's role in family, religion and the frequency of meeting with children living far away (Kim, 1996). It is

also directly affected by the economy in that, the better the economic state, the better the life satisfaction (Kim, 1986; Han, 1987; Lee et al., 1994).

Health is also another important factor that influences the life satisfaction of the old and the better their health is, the better the life satisfaction is (Park, 1985; Kim, 1987; Park, 1988; Lee et al., 1994; Ko, 1995).

When the elderly participate in social education and keep their health and the regular standard of living, life satisfaction rises (Lee, 1993), and the period and frequency of participation show significant differences (Kim, 1995). Ward (1979) says that the elderly who join the active movement are satisfied with their life more than those who don't and so, suggests that the active movement would affect their life satisfaction.

The other factors that affect life satisfaction of the aged are sex and age (Jang & Lee, 1996) and that old women tend to be less satisfied with their life than old men (Ham, 1997). Religious activities are helpful not only to successful aging but also for finding new meaning in life and for gaining a positive attitude to death as well as mental peace to accept the loss associated with old age (Kim, 1986; Meng, 1986; Ko, 1995). Aside from these, family relationship is also important to the life satisfaction of the elderly (Sin, 1993; Choi, 1992).

We can tell that life satisfaction is affected by various factors, but economic condition, health and participation in social activities are among the most important factors.

Methods

1. Subject and methodology

This research was conducted on 74 elders in 5 institutions in Daegu city and Gyungbuk province and 71 elders at their homes in D and B section in Daegu during October 1st to December 1st, 1999. They were selected over 65 years old, over 8 scores at cognitive test, no specific physical problem, understanding question, and able to move in institutions and homes. These interviews were conducted after explaining the aims of the

study and obtaining their agreement.

2. Instruments

1) Means for measuring cognitive function

The Mental Status Questionnaire (MSQ) made up of 10 questions developed by Kahn, Goldfarb, Pollack and Peck (1960) according to Lawton (1978) is useful for finding the least cognitive disorder even though it isn't proper to discover high level intelligence. The score range of MSQ is from 1 to 10. MSQ was used to control for cognitive disorder in this research and according to the criterion showed by Kahn (1960), the old over 8 scores are regarded as having no dementia. Internal consistency was Cronbach's $\alpha = .76$ in this research.

2) Life satisfaction

Yun, Jin (1982) made this to measure life satisfaction of the aged according to The Memorial University of Newfoundland Scale for Happiness (MUNSH) developed by Stones and Kozma (1980) based on the concepts related to the mental health of the elderly such as life satisfaction, happiness, and morale. MUNSH has 20 questions consisting of 4 positive emotional questions, 4 negative emotional questions, 6 positive daily life experience questions and 6 negative daily life experience questions. Each question is of the Likert type and given a score from 1 to 3 while the negative questions are reverse coded. The total score ranges from 20 to 60 and the higher the score, the happier a person is.

At the time when Yun, Jin (1982) did Measurement of Development, the interrelation among index was $r = .85$, very high and internal consistency in Ha, Yang-suk (1990)'s search was Cronbach's $\alpha = .83$. In this research internal consistency was Cronbach's $\alpha = .72$.

3. Data Analysis

Collected data were computerized according to the scores after coding by using SPSS/PC.

- 1) The general characteristics of the subjects were analyzed using descriptive statistics.
- 2) t-test was used to examine the differences in

life satisfaction between the aged in institutions and those at homes.

- 3) One-way ANOVA and Scheffe test was used to identify the general factors affecting life satisfaction of the aged in institutions and homes.

Results

1. General characteristics of the subjects

The general characteristics of the subjects are shown on table I. The sex distribution of respondents shows 16.67% of men at homes is higher than men in institutions and 35.9% of women in institutions is higher than women at homes. The age distribution shows that 20.1% of the elderly in institutions from 65 to 69 is high and 18.0% of the elderly in institutions over 80 is higher than the elderly at homes. Also 20.0% of the elderly in institutions had no education, 28.3% of the elderly have a degree, and 12.4% of the

elderly in institutions have a middle school degree. 30.0% of the aged at homes have wives, and 46.8% of the aged in institutions with no wife was higher than the aged at homes. And 37.2% of the aged in institutions have religions, and 21.4% of the aged at homes have no religion. With regard to the state of cognitive health, 6.2% of the elderly who have good cognition is higher than the elderly at homes, 25.5% of the elderly at homes are normal, and 21.4% of the elderly in institutions and homes have poor cognition. With regard to monthly income, 15.2% of the aged in institutions are satisfied, 33.1% of the aged at homes felt their income level is moderate, and 11.7% of the aged in institutions who are unsatisfied is higher than the aged at homes.

There are more women in institutions, older population, and more people with an education higher than middle school. There are more old people without wives in institutions and homes, and more people with religions than those without religions. There are more people who consider their perceived health and monthly

Table1. General characteristics of subject

Subject	Institution		Home		χ^2 (p)
	Number	(%)	Number	(%)	
Gender	male	22(15.2)	24(16.6)		.27(.598)
	female	52(35.9)	47(32.4)		
Age	65~69	20(13.8)	30(20.1)		13.09(.010)
	70~79	26(41.9)	26(43.3)		
	80~89	24(16.6)	8(5.5)		
Education	above 90	2(1.4)	2(1.4)		12.76(.012)
	no school	29(20.0)	23(15.9)		
	elementary	27(18.6)	41(28.3)		
	middle school	9(6.2)	7(4.8)		
	high school	7(4.8)	--		
Spouse	above college	2(1.4)	--		27.95(.000)
	yes	2(3.2)	18(30.0)		
	no	68(46.8)	47(32.4)		
Religion	no response	4(2.8)	6(4.1)		4.39(.035)
	yes	54(37.2)	40(27.6)		
Perceived health status	no	20(13.8)	31(21.4)		3.06(.215)
	good	9(6.2)	3(2.1)		
	moderate	34(23.4)	37(25.5)		
Monthly income	poor	31(21.4)	31(21.4)		6.20(.044)
	good	22(15.2)	12(8.3)		
	moderate	35(24.1)	48(33.1)		
	poor	17(11.7)	11(7.6)		
Total		74	71		145

income are moderate.

2. Comparison of life satisfaction between the elderly in institutions and homes

The comparison of life satisfaction between the elderly in institutions and homes was shown on table 2-1. The elderly in institution received an average of 41.05, and the elderly at homes received an average of 42.21. No significant difference was founded in life satisfaction($t=-1.23$, $p=.223$). With regard to subdomains of life satisfaction, in the emotional state and daily experience, also no significant differences were founded.

The comparison of life satisfaction contents of the elderly in institutions and homes was shown on table 2-2. The highly scored items were

shown in the elderly at homes more than the elderly in institutions were the follow: 'I'm bored and unhappy.' 'I feel loneliness and a sense of distance like being far away from people.' 'I feel blue and gloomy.' 'I have many things to be sad about.'

The elderly in institutions were shown 'I'm generally satisfied with my whole life when I'm reminded of the past.' 'Almost everything I'm doing is boring and simple.'

3. Various factors affecting the life satisfaction of the elderly in institutions and homes

The comparison of factors affecting life satisfaction of the aged in institutions and homes showed that the statistically significant factors of the elderly in institutions were 'perceived health

Table 2-1. Comparison of mean score of life satisfaction between the elderly in institutions and homes

	Institutions(N=74)	Homes(N=71)	t (p)
	Mean(SD)	Mean (SD)	
Life satisfaction	41.05(5.47)	42.21(5.88)	-1.23 (.223)
Affective state	17.33(2.80)	17.76(3.43)	- .81 (.419)
Empirical state	23.71(3.17)	24.45(3.26)	-1.37 (.172)

Table 2-2. Comparison of mean score of life satisfaction item between the elderly in institutions and homes

Items	Institutions(N=74)	Homes(N=70)	t (p)
	Mean(SD)	Mean(SD)	
1. I feel like I'm flying.	2.44(.50)	2.25(.80)	1.72(.088)
2. I'm usually very happy.	2.63(.48)	2.29(.81)	3.02(.003)
3. I'm bored and unhappy.	1.91(.71)	2.36(.61)	-4.04(.000)
4. I feel loneliness and a sense of distance like I'm far away from people.	1.78(.72)	2.26(.58)	-4.43(.000)
5. I'm generally satisfied with my life.	2.43(.62)	1.95(.70)	4.29(.000)
6. I feel blue and gloomy.	1.86(.68)	2.16(.58)	-2.87(.005)
7. I feel sad with my whole life.	2.22(.75)	2.18(.72)	.38(.704)
8. I'm in the happiest moment of my life.	2.02(.36)	2.26(.73)	-2.47(.015)
9. I'm still happy like when I'm young.	2.33(.62)	2.14(.76)	1.70(.092)
10. What I'm doing now is still exciting and interesting.	2.33(.58)	2.30(.70)	.25(.805)
11. Many trifle things around me make me anxious this year.	1.72(.64)	2.12(.53)	-4.90(.000)
12. I think I succeeded in my life.	2.68(.59)	2.16(.73)	4.67(.000)
13. What I'm doing now is exciting more than ever.	2.08(.51)	2.36(.74)	-2.68(.008)
14. I have many things to be sad about.	1.59(.75)	2.08(.64)	-4.19(.000)
15. I get depressed more often than other people.	1.74(.70)	2.05(.58)	-2.92(.004)
16. I'm still busy and living a worthy life.	2.28(.86)	2.26(.77)	.12(.906)
17. I'm satisfied with my present life.	1.67(.70)	1.81(.59)	-1.31(.193)
18. Now I'm in the saddest moment of my life.	1.71(.69)	2.00(.60)	-2.62(.010)
19. Almost everything I'm doing is boring and flat.	2.44(.60)	1.78(.75)	5.79(.000)
20. Many things are going wrong with me.	1.80(.27)	1.23(.43)	-2.63(.010)

Table 3. ANOVA summary table for life satisfaction according to demographic variables

		Intitutions(N=74)			Homes(N=71)				
		N	Mean(SD)	Sch	F (p)	N	Mean(SD)	Sch	F(p)
Gender	male	22	43.13(5.46)		4.76(.0323)	24	42.95(5.56)		.75(.3885)
	female	52	40.17(5.28)			47	41.67(6.02)		
Age	65 - 69	20	47.14(1.79)		1.85(.1650)	30	41.84(3.19)		1.12(.2909)
	70 - 79	28	46.53(1.85)			31	40.30(5.53)		
	above 80	26	45.72(2.76)			10	41.25(.46)		
Education	no school	29	40.86(4.42)		.50(.6042)	23	45.34(4.99) ^{1 1>2}		6.57(.0025)
	elementary	27	40.14(6.43)			41	40.21(5.46) ²		
	middle school	9	42.33(6.80)			7	42.66(6.94)		
Spouse	yes	2	45.50(2.12)		1.37(.2442)	18	41.44(3.94)		1.23(.2702)
	no	68	40.89(5.47)			47	43.10(5.04)		
Religion	yes	54	40.29(5.45)		3.98(.0497)	40	41.15(6.17)		2.40(.1253)
	no	20	46.00(2.06)			31	43.32(5.30)		
Perceived health status	good	9	43.09(4.22) ^{1 1>2}		4.87(.0103)	3	44.26(.75) ^{1 1>2}		10.14(.0002)
	moderate	34	40.08(5.94) ^{2 2>3}			37	41.43(6.49) ^{2 2>3}		
	poor	31	37.66(5.26) ³			31	39.92(3.16) ³		
Monthly income	good	22	44.41(5.36) ^{1 1>2}		6.20(.0033)	12	43.72(0.461)		3.06(.0530)
	moderate	35	40.97(5.42) ^{2 2>3}			48	42.65(6.090)		
	poor	17	38.59(4.01) ³			11	38.50(6.48)		

Sch : Scheffe test

status'(F=4.87, p=.0103) and 'monthly income' (F=6.20, p=.0033) and they were significant in the Scheffe test as well. In the institutions, the elderly who perceived themselves to be healthy and were satisfied with their monthly income were satisfied with their life. The statistically significant factors of the elderly at homes were 'the standard of education'(F=6.57, p=.0025) and 'perceived health status'(F=10.14, p=.0002) and they were significant in the Scheffe test as well. At homes, the elderly with no education were satisfied with their life more than those with an elementary degree, and the ones who perceived themselves to be healthy were satisfied with their life more than other people.

Discussion

1. Comparison of life satisfaction between the elderly in institutions and homes

No significant difference was found in life satisfaction. With regard to subdomains of life satisfaction, in the emotional state and daily experience, no significant differences were

founded.

The results are similar with the report that says life satisfaction of the elderly in institutions and homes based on a study by Choi(1995) is not that important. In analyzing the lower part of life satisfaction, the aged in institutions are satisfied with the present happiness and life more than the aged at homes. And, according to Ward's study(1979) showing that the elderly participating in active movements are satisfied with their life more than the ones doing inactive movements, we can surmise that the elderly in institutions have more active movements than the elderly at homes. Recently, the treatment of the elderly is getting better with the facilities, welfare supports, and various programs. The changing social trend of taking care of the elderly will cause the expansion of services and nursing care facilities for the aged.

A nursing strategy which will lead the elderly into society and encourage them to join the recreation programs and voluntary support is necessary. This strategy can result in decreasing the feeling of helplessness of the elderly and their feeling of physical and mental loss, making their life satisfaction better and leading them to

successful aging.

Healthy life in youth is followed by healthy life in the old days. When one's positive opinion about aging was encouraged, health in the old days improved. In nursing the elderly, one must observe their characters and differences closely and respect them. It is also very important to respect their human rights when taking care of them.

2. Various factors affecting life satisfaction of the elderly in institutions and homes

The comparison of factors affecting life satisfaction state of the aged in institutions and homes showed that the statistically significant factors of the elderly in institutions were 'perceived health status' and 'monthly income'. The statistically significant factors of the elderly at homes were 'the standard of education' and 'perceived health status'.

The results from many researchers that health is the important factor that affects the life satisfaction of the aged are the same (Park, 1985; Kim, 1987; Park, 1988; Lee et al., 1994; Ko, 1995). And when the elderly are experiencing poor economic conditions, they feel unsatisfied with their life (Kim, 1986; Han, 1987; Lee et al., 1994).

Aside from this, the fact that the aged with no education are satisfied with their life shows that they don't care much about it when considering their life satisfaction.

Like mentioned above, the two main factors affecting the life satisfaction of the elderly are the state of health and economic conditions.

According to the result of this research, the elders in institutions showed lower scores in satisfaction than the elders at homes. The factors, which have effect on the satisfaction of the elders in institutions, are shown to be their health and economic conditions. This shows that health-care and economic support are important factors in nursing the elders in institutions. Thus, the health-care and economic support must be considered as main factors in the nursing strategy for the elders in institutions.

Conclusions

This research is aimed at discovering the differences between the elderly in institutions and those at homes and finding the sources that cause the differences. Understanding the factors affecting life satisfaction of the aged could be important data for nursing and the role of the nurses in institutions will be diverse and specialized.

This research was conducted on 74 elders and 71 elders who were over 80 scores at cognitive test (MSQ), understanding question, and able to move in institutions and homes for the aged from October 1st, 1999 until December 1st, 1999 by interview after explaining the aims of the study and obtaining their agreement in 5 institutions in Daegu city and Gyungbuk province and at their homes in D and B section in Daegu.

This study is based on the criteria of Stones and Kozma (1980) and life satisfaction of the aged developed by Yun, Jin (1982). The results are as follows;

1. There was no significant difference in the life satisfaction between the elderly in institutions and those at home ($t = -1.23$, $p = .223$).
2. The comparison of factors affecting life satisfaction of the aged in institutions and homes shows that the statistically significant factors for the elderly in institutions are 'perceived health status' ($F = 4.84$, $p = .0103$) and 'monthly income' ($F = 6.20$, $p = .0033$) and the statistically significant factors for the elderly at homes are 'the standard of education' ($F = 6.57$, $p = .0025$) and 'perceived health status' ($F = 10.14$, $p = .0002$).

According to the result of this research, the health-care and economic support must be considered as main factors in the nursing strategy for the elders.

This research should be considered carefully when applied to the entire aged population because it was conducted on a segment of the elderly population in Korea. And various social activities and nursing programs for the aged are required.

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