



Investigation of the Need of Psychological Counseling and Life Satisfaction Levels of Elderly Nursing Home Residents

Huzurevinde Kalan Yaşlılarda Yaşam Doyumu ve Psikolojik Danışmanlık İhtiyacının İncelenmesi

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ABSTRACT Objective: This study was conducted to put forth counseling and psychological counseling needs and life satisfaction of nursing home residents, to assess the relationships between them and to identify the factors effective on changes in these parameters. **Material and Methods:** A descriptive and correlational study was planned with 107 elderly residents of a nursing home in Ordu province. A survey study including “Elderly people Counseling Needs Survey (OPCNS)”, “The Satisfaction with Life Scale (SWLS)” and the other variables considered to be effective on these scales was conducted. **Results:** The average SWLS score of >74 years old nursing home residents was lower than that of 60-74 years old nursing home residents. Self-income did not influence OPCNS scores, but it increased SWLS averages. The OPCNS scores of elderly people who has a university degree, frequently meeting with their relatives and praying were lower than the others, but the SWLS scores of them were higher. SWLS scores were also higher in praying ones, satisfied ones with their current status, frequently participating ones in nursing home activities and in ones with a leisure activity. The ones not perceiving themselves as old had low OPCNS scores but high SWLS scores. **Conclusion:** The results revealed that a negative correlation was between life satisfaction and psychological counseling need of elderly people residing in nursing homes. Spirituality, leisure activity and social activity were determined as significant factors for increasing the level of life satisfaction. These factors were also found as significant factors decreasing the counseling needs of elderly people.

Keywords: Elderly; life satisfaction; psychological counseling needs; nursing homes, nursing

ÖZET Amaç: Bu çalışmada, huzurevinde kalan yaşlıların psikolojik danışma ihtiyaçları ile yaşam doyumlarını ortaya koymak, aralarındaki ilişkiyi ortaya çıkarmak ve değişimlerinde etkili olabilecek faktörleri belirlemek amaçlanmıştır. **Gereç ve Yöntemler:** Ordu ilinde bulunan huzurevinde kalan toplam 107 yaşlı ile tanımlayıcı ve ilişkileri belirleyici tipte bir araştırma planlanmıştır. “Elderly people Counseling Needs Survey (OPCNS)”, “The Satisfaction with Life Scale (SWLS)” ve bu ölçekler üzerine etkisi olduğu düşünülen değişkenlerin yer aldığı anket çalışması yapılmıştır. **Bulgular:** Yaşı >74 yıl üzerinde olanların SWLS ortalaması yaşı 60-74 yıl arası olanlardan düşük bulunmuştur. Yaşının kendine ait bir gelirin olması OPCNS’u etkilememiş, ancak SWLS ortalamasını yükseltmiştir. Üniversite mezunu, ziyaretçileri ile sık görüşen ve ibadet eden yaşlılarda OPCNS daha düşük, SWLS ise daha yüksek bulunmuştur. İbadet eden, şu anki durumundan memnun olan, bir uğraşısı olan ve huzurevindeki etkinliklere sık sık katılan yaşlılarda SWLS yüksek bulunmuştur. Kendisini yaşlı bulmayanlarda OPCNS düşük bulunurken SWLS yüksek bulunmuştur. **Sonuç:** Yaşam doyumu ile psikolojik danışmanlık ihtiyacı arasında negatif bir korelasyon olduğu ortaya çıkmış ve yaşlıların bir uğraşısının olması, sosyal olarak aktif olması ve manevi yönünün güçlü olması gibi faktörlerin yaşam doyumunu artırarak rehberlik ihtiyacını azalttığı sonucuna varılmıştır.

Anahtar Kelimeler: Yaşlı; yaşam doyumu; psikolojik danışmanlık ihtiyacı; huzurevi, hemşirelik

“**A**ging of society” is among the most significant topics of social sciences. According to the latest report of US Census Bureau, there were 516 million people over the age of 65 years and this value was estimated to reach to 1.53 billion by the year 2050.¹ Annual growth rate of elderly population in developed countries is almost 2.5%.² With this rapid increase, over 60 years old population is almost equal to below 5 years old

population. A study projected population increase rates between 2010 and 2050 as 22% for below 65 years, 188% for over 65 years and 351% for over 85 years of age.³ It was expected in Turkey that such population will reach to 5 million in a short time, to 8 million between 2020-2025 and 12 million by the year 2050. Such a rapid increase in elderly population indicated that a special attention should be to mental and psychological disorders of the elderly people.⁴ World Health Organization defines elderliness as “reduced compatibility to external conditions”. The reduced competences of elderly are classified as; knowledge, imagination (to make plans), attention and concentration, decision-making ability, problem overcoming ability.^{5,6} The studies about life quality of elderly people mostly deal with physical health as well as psychological health since besides physical health, psychological health also plays a great role in healthy aging.^{7,8}

In recent years, a change in the core family structure has led to an increase in the number of individuals living in nursing homes. The elderly people in the nursing home lose the opportunity to recognize and control the environment that determines self-acceptance and self-esteem. A mental group in terms of mental health the elderly people face more intensive problems in the nursing home. The elderly living in the institution begins to be isolated and withdraw from society.⁹ The prevalence of mental disorders in elderly people varies between 12,9-21,2%, depression prevalence is 20% and such depressions are experienced about 32% of elderly in nursing homes.¹⁰⁻¹² Such high rates of mental disorders in elderly people are mostly related to their personality characteristics (dependent, anxious or timid), negative life experiences (separation, divorce, death, poverty and social isolation), lack of sufficient social support, insufficient psychological counseling and lower access rates to psychiatric services than young people.^{13,14} Also the need for long-term care services (nursing homes) for elderly people is continuously increasing. In other words, proper diagnosis and treatment of mental disorders of elderly people are quite significant issues.^{15,16} Life satisfaction is important component in elderly people's life. Increasing problems

in elderly individuals affect the psychological problems and life satisfaction of the elderly is adversely affected. Studies on elderly individuals show a positive relationship between life satisfaction and social support.

There are previous studies in Turkey about the relationships of life satisfaction with depression, self-care ability, social support levels, psychiatric symptomatology.^{9,17-20} However, there aren't any studies about life satisfaction, psychological counseling and counseling needs of nursing home residents. Therefore, this descriptive and correlational study was planned to investigate the relationships between life satisfaction and counseling-psychological counseling needs of elderly people.

Moreover, the counseling for elderly people should not only be efficient but also be reasonable.²¹⁻²³ On account of nurses are important health care professionals providing aids to meet physical needs at older ages, to cope with mental disorders, and inabilities and, to see themselves as valued.^{24,25}

Psychological counseling is important for elderly people to get ready for this period, to strengthen the self and to cope with adaptation to elderliness and psychological problems of this period.⁶ Nurses have also significant roles to strengthen the happy life and to increase life satisfaction of the elderly people.

This study was conducted to put forth counseling and psychological counseling needs and life satisfaction of nursing home residents, to assess the relationships between them and to determine the demographic, lifestyle, and other factors effective on changes in these parameters. At the end of the study, some suggestions are given subsequent to present the deficiencies on this point.

MATERIAL AND METHOD

STUDY DESIGN AND SETTING

The study population was elderly people living in a nursing home who met the identified inclusion criteria. The sample was constituted the all elderly people residing in a nursing home of Provincial Directorate of Family and Social Policies in Ordu

province. A total of 107 elderly people (38 females and 69 males) were accepted to participate into the study.

In this study, the inclusion criteria were as follows: 60 years and older, cognitively intact, lived in the nursing home for at least 1 year, and voluntarily agreed to participate in this study. The exclusion criteria were as follows: lived less than 1 year in a nursing home, had serious speech or hearing impairment, and had not suitable general and mental health status.

DATA COLLECTION

The data collection tools were Demographic Questionnaire, "Elderly People Counseling Needs Survey" and "The Satisfaction with Life Scale". Questionnaire forms were completed by the elderly or the researchers according to the oral responses of the elderly.

ETHICAL CONSIDERATIONS

This study was approved by the university ethical committee (Date:26/1/2013,no:109). Participants were informed about the aim and content of the study and their oral and written consents were taken before the beginning of the study.

MEASUREMENTS

Elderly people Counseling Needs Survey-OPCNS: This scale was developed by Myers (1993) to assess the counseling needs and desires of over 60 years old elderly.²⁶ The items of OPCNS were obtained from the literature on geriatrics, psychology and counseling for elderly people. OPCNS was adapted to Turkish, validity and reliability tested by Demirdiř and Çelik (2010).²⁷ The Cronbach's alpha of this scale was reported 0,87.

The Satisfaction with Life Scale-SWLS: "The Satisfaction with Life Scale-SWLS" was developed by Diener et al. (1985) and firstly adapted to Turkish by Köker (1991). The scale is composed of 5 items. Each item is scored out of 7 points (1=strongly disagree, 7=strongly agree). The item responses are summed, resulting in a possible scoring range of 5-35, with higher scores indicating higher life satisfaction. Diener et al. (1985) reported

a Cronbach's alpha coefficient of 0.87 and a test-retest reliability coefficient of $r=0.82$ using a 2-month interval, and SWLS scores were highly correlated with the other measures of life satisfaction.^{17,27} Dađlı and Baysal (2016) re-adapted the scale to Turkish and found the Cronbach's alpha to be 0.88.²⁸

DATA ANALYSIS

The data were tested for normality using the Kolmogorov-Smirnov test and for homogeneity of variance using the Levene's test prior to the analyses. Independent samples t-test was used to compare the two groups. One-way ANOVA followed by Scheffe's post-hoc test were used to compare the means of more than two independent groups. Scheffe's test results were presented in letters. The descriptive statistics were reported as the frequencies, means and standard deviations (SD). Pearson correlation coefficient was calculated to determine the relationship between the scales. Internal consistency was examined by Cronbach's alpha coefficient. A 5% significance level (α) was considered in calculations and interpretations of the results. Statistical analyses were performed with SPSS v25 (IBM Inc., Chicago, IL, USA) statistical software.

RESULTS

Descriptive statistics for the personal characteristics of the participants are presented in [Table 1](#). Majority of the participants in this study was male (64.5%). The youngest participant was 60 and the oldest one was 95 years old. The largest age group of the participants was >74 years old. The average length of stay of the participants in nursing home was 50,2 months. The average age of the participants was 76.97 ± 7.62 , and number of children was 3.34 ± 2.53 . Of the participants 9.35% had never married, 65,42% were window and the remaining 25.23% were already married. Almost half of the participants (44.9%) were literate, but only 3.7% had a university degree. Of the participants, 82.3% had a regular income and 17.8% did not have a regular income, 54.2% had social security and 90.7% were non-smokers. Of the participants 38.3% did not have any chronic disorders and hypertension

(high blood pressure) was the most common disorder.

Statistical analysis results in Table 1 revealed that gender, social security status, marital status, income source and smoking habits of participants did not have significant effects on both OPCNS and SWLS scores ($p>0,05$). While there was no significant differences in OPCNS scores of age groups ($p>0,05$), SWLS of >74 age group was significantly

lower than the SWLS of 60-74 years age group ($p<0,001$). Similarly, the number of children and regular income status of the participants did not have significant effects on OPCNS scores ($p>0,05$) but had significant effects on SWLS scores ($p<0,05$). The participants with ≥ 5 children had lower SWLS scores than the ones with ≤ 1 year children ($p<0,05$). While income of an elderly did not significantly influence OPCNS ($p>0,05$), such an income source significantly increased SWLS scores ($p<0,05$).

TABLE 1: Descriptive statistics and comparison results of the OPCNS and SWLS according to demographic characteristics of nursing home residents.

Demographic Characteristics	n	%	OPCNS		SWLS		
			Mean \pm SD	P-Value	Mean \pm SD	P-Value	
Gender	Female	38	35.5	45.58 \pm 6.86	0.791 ^{NS}	17.16 \pm 5.19	0.306 ^{NS}
	Male	69	64.5	45.93 \pm 6.309	(t=0.265)	18.10 \pm 4.14	(t=1.029)
Age (year)	60-74	35	32.7	44.89 \pm 5.12	0.309 ^{NS}	20.17 \pm 4.41	0.000 ^{***}
	>74	72	67.3	46.25 \pm 7.042	(t=1.022)	16.60 \pm 4.15	(t=4.097)
Education	Illiterate	48	44.9	45.69 \pm 6.27A	0.000 ^{***}	17.77 \pm 5.54	0.200 ^{NS}
	Literate	21	19.6	45.67 \pm 4.89A	(F=6.919)	17.19 \pm 3.52	(F=1.528)
	Primary School	31	29.0	48.29 \pm 6.24A		17.39 \pm 3.29	
	High School	3	2.8	40.00 \pm 1.73AB		18.67 \pm 4.62	
	University	4	3.7	33.00 \pm 0.00B		23.00 \pm 0.00	
Social Security	Yes	58	54.2	46.28 \pm 6.41	0.415 ^{NS}	18.19 \pm 4.44	0.296 ^{NS}
	No	49	45.8	45.55 \pm 6.58	(t=0.819)	17.27 \pm 4.65	(t=1.050)
Marital Status	Married	27	25.23	44.33 \pm 9.76	0.081 ^{NS}	16.11 \pm 5.05	0.073 ^{NS}
	Single	10	9.35	42.90 \pm 3.67	(F=2.579)	17.30 \pm 4.17	(F=2.784)
	Widow	70	65.42	46.79 \pm 4.88		18.39 \pm 4.24	
Number of Children	None	27	25.2	45.26 \pm 4.48	0.241 ^{NS}	19.63 \pm 5.58A	0.023*
	1	6	5.6	51.00 \pm 4.90	(F=1.421)	19.67 \pm 0.82A	(F=3.304)
	2-4	30	28.0	45.33 \pm 7.68		17.63 \pm 4.12AB	
	>5	44	41.1	45.75 \pm 6.69		16.46 \pm 4.00B	
Regular Income	No	19	17.8	44.53 \pm 8.73	0.117 ^{NS}	16.26 \pm 4.84AB	0.041*
	Yes. own	74	69.2	45.53 \pm 5.92	(F=2.189)	18.50 \pm 4.60A	(F=3.294)
	Yes. others	14	13.1	49.00 \pm 5.10		15.93 \pm 2.56B	
Smoking	Yes	10	9.3	44.50 \pm 6.04	0.506 ^{NS}	17.60 \pm 4.03	0.904 ^{NS}
	No	97	90.7	45.94 \pm 6.54	(t=0.667)	17.78 \pm 4.61	(t=0.842)
Chronic Disorders	No	41	38.3	46.85 \pm 8.00AB	0.000 ^{***}	18.20 \pm 4.37	0.303 ^{NS}
	Heart disease	11	10.3	39.82 \pm 6.31C	(F=4.711)	19.73 \pm 3.72	(F=1.219)
	Hypertension	34	31.8	44.97 \pm 3.73BC		16.79 \pm 5.43	
	Diabetes	9	8.4	53.22 \pm 1.20A		19.00 \pm 2.50	
	COPD	3	2.8	44.00 \pm 4.36ABC		19.00 \pm 7.00	
	Intestinal Disorders	4	3.7	45.00 \pm 1.15ABC		15.50 \pm 1.73	
	Joint Complaints	5	4.7	44.40 \pm 0.55ABC		15.40 \pm 0.55	

t: Independent samples t-test; F: One-way ANOVA; *, Statistically significant ($p<0,05$); **, Statistically significant ($p<0,01$); ***, Statistically significant ($p<0,001$); ^{NS}: Statistically not significant ($p>0,05$); Means that do not share a letter are significantly different ($p<0,05$); SD: Standart deviation; OPCNS: Elderly people Counseling Needs Survey; SWLS: The Satisfaction with Life Scale.

Contrary to age, number of children and regular income status, while education and chronic disorders did not have significant effects on SWLS, they were found to be effective on OPCNS (Table 1). OPCNS averages were significantly low in university-graduated participants ($p>0.001$). The participants with diabetes had significantly higher OPCNS averages than the participants with heart disease and hypertension like chronic disorders

($p<0.05$). On the other hand, the participant with heart disease had significantly lower OPCNS averages than the ones with hypertension and the ones without any chronic disorders ($p<0.05$).

The data about the nursing home life of elderly persons are presented in Table 2. Average stay duration of participants in the nursing home was 50.21 months. Of the participants, 24.3% were not able to perform daily life activities, 51.4% were

TABLE 2: Descriptive statistics and comparison results of the OPCNS and SWLS according to lifestyle characteristics of nursing home residents.

Lifestyle Characteristics		n	%	OPCNS		SWLS	
				Mean±SD	P-Value	Mean±SD	P-Value
Able to do daily life activities	Yes	81	75.7	45.84±7.12	0.895 ^{NS}	18.04±4.05	0.278 ^{NS}
	No	26	24.3	45.69±3.97	(t=0.133)	16.92±5.83	(t=1.090)
Praying	Yes	72	67.3	44.64±6.38	0.007**	18.82±4.89	0.000***
	No	35	32.7	48.20±6.09	(t=2.749)	15.60±2.67	(t=4.399)
Praying Frequency	Regular and frequent	39	36.4	44.74±6.64	0.185 ^{NS}	19.26±2.98	0.056 ^{NS}
	Sometimes	34	31.8	45.15±6.59	(F=1.640)	17.412±4.34	(F=2.605)
	When needed	13	12.1	48.77±6.27		16.231±4.25	
	Not praying	21	19.6	47.00±5.77		16.52±2.98	
Meeting with the visitors at nursing home	None	35	32.7	47.71±5.76A	0.010*	15.89±3.85B	0.002**
	Rare	36	33.6	46.17±7.56A	(F=4.008)	17.58±3.77AB	(F=5.105)
	Frequent	11	10.3	40.45±6.06B		18.91±4.32AB	
	No response	25	23.4	44.96±4.52A		20.16±5.45A	
Feeling alone	Yes	55	51.4	44.78±7.02	0.093 ^{NS}	18.55±4.95	0.068 ^{NS}
	No	52	48.6	46.89±5.73	(t=1.693)	16.94±3.94	(t=1.847)
Feeling neglected	Yes	36	33.6	46.61±4.43	0.287 ^{NS}	16.61±2.83	0.026*
	No	71	66.4	45.39±7.30	(t=1.069)	18.35±5.11	(t=2.265)
Satisfaction from the past	Yes	85	79.4	45.89±6.98	0.706 ^{NS}	18.16±4.42	0.074 ^{NS}
	No	22	20.6	45.46±4.13	(t=0.379)	16.23±4.78	(t=1.804)
Satisfaction from the present status	Yes	71	66.4	46.25±6.49	0.316 ^{NS}	18.68±4.84	0.001**
	No	36	33.6	44.92±6.46	(t=1.010)	15.972±3.25	(t=3.426)
Leisure Activity	Yes	39	36.4	46.75±7.30	0.285 ^{NS}	18.92±4.29	0.045*
	No	68	63.6	45.27±5.95	(t=1.077)	17.10±4.57	(t=2.026)
Leisure Activity	Talking	43	40.2	45.98±7.30A	0.000***	16.88±5.65	0.078 ^{NS}
	TV watching	32	29.9	48.56±5.25A	(F=6.452)	18.41±3.32	(F=2.168)
	Resting	18	16.8	44.78±3.98A		17.78±3.39	
	Social activity	7	6.5	36.43±4.39B		21.71±2.56	
	Other	7	6.5	44.14±3.44AB		16.29±4.03	
Participation Into Activities In Nursing Home	None	13	12.1	47.15±5.90	0.121 ^{NS}	16.31±2.63B	0.000***
	Sometimes	70	65.4	46.36±5.98	(F=2.157)	16.89±4.10B	(F=10.019)
	Frequent	24	22.4	43.46±7.76		21.13±5.06A	

t: Independent samples t-test; F: One-way ANOVA; *, Statistically significant ($p<0.05$); **, Statistically significant ($p<0.01$); ***, Statistically significant ($p<0.001$); ^{NS}: Statistically not significant ($p>0.05$); Means that do not share a letter are significantly different ($p<0.05$); SD: Standart deviation; OPCNS: Elderly people Counseling Needs Survey; SWLS: The Satisfaction with Life Scale.

feeling alone, 33.6% were feeling neglected, 20.6% were dissatisfied with the past life and 33.6% were dissatisfied with the present life, 63.6% did not have a leisure activity and 10.3% were not participating in any nursing home activities. While 32.7% of the participants did not have any visitors, only 10,3% had regular frequent visitors. While 19.6% of the participants were not praying at all, 36.4% were praying regularly and frequently.

The statistical test results about the effects of life characteristics of the elderly on their OPCNS and SWLS scores are provided in Table 2. There was no significant effect of “ability to do daily activities”, “praying frequency”, “feeling alone” and “being dissatisfied with past life” over both OPCNS and SWLS ($p>0.05$). The “praying status” and “visitor frequency” were found to be effective on both OPCNS and SWLS; OPCNS scores of participants who pray were higher and SWLS scores were lower ($p<0.001$). The average of OPCNS of the ones with frequent meetings with their visitors in nursing home were significantly lower than the ones with rare meetings with their visitors ($p<0.05$).

On the other hand, SWLS averages of the ones who had no visitors were significantly lower than the ones without a response to this question ($p<0.05$). The life characteristics of “satisfaction from the present status”, “having an occupation” and “participation into activities in nursing home” did not have significant effects on OPCNS, but these factors were found to be effective on SWLS. The participants who satisfied with their present status and with a leisure activity had significantly higher SWLS averages than the dissatisfied ones without a leisure activity ($p<0.01$; $p<0.05$). Similarly, the participants frequently participating into activities in nursing home had significantly higher SWLS scores than the ones who participating sometimes or none ($p<0.05$). While the leisure activity of the participants did not have significant effects on their SWLS scores ($p>0.05$), leisure activity was found to be effective on OPCNS ($p<0.001$). Participants with a social activity had significantly lower OPCNS scores than the ones

with the leisure activity of talking, TV watching and resting ($p<0.05$).

Participant opinions about elderliness are provided in Table 3. While only 1.9% of the participants perceived themselves as young, 60.7% perceived as “mid-aged” and 37.3% perceived as aged. When the participants were asked about “how they perceive being elder, 16.8% replied as “as a bad situation”, 13.1% replied as “uselessness” and 36,4% replied as illness. Of the remaining participants, 3.7% did not have a response and 29.9% indicated that they didn’t perceive themselves as elderly. Of the participants, 61.7% assessed their health status as “medium” and about one-third was pleased to live in the nursing home. Again, of the participant elderly, 35.5% indicated that they were scared to death and 86.9% indicated that they didn’t have any plans for the future.

Statistical test results for the effects of opinions about elderliness on OPCNS and SWLS are provided in Table 3. The opinions of nursing home residents about “how they perceived themselves” and “how they feel mentally” did not have significant effects on both OPCNS and SWLS ($p>0.05$). On the other hand, opinions about “how they perceived elderliness”, “where and with whom they wish to live” and “scare of death” were found to be significantly effective on both OPCNS and SWLS. The lowest OPCNS scores and the greatest SWLS scores were observed in participants who don’t perceive themselves as aged ($p<0.05$). The participants “who wish to live with their children” had the highest OPCNS scores, and lower SWLS scores than the ones who are pleased to live in the nursing home ($p<0.05$). The question of “how they perceive their health” was found to be effective only on SWLS and the question of “whether or not they have plans for the future” was found to be effective only on OPCNS scores ($p<0.01$). The SWLS averages of the participants who perceive their health as “well” were significantly higher than the SWLS scores of the ones who perceive their health as “medium” and “poor” ($p<0.05$). The OPCNS scores of the participants who replied the question “whether or not they have plans for the future” as “yes” were sig-

TABLE 3: Descriptive statistics and comparison results of the OPCNS and SWLS according to their opinions about elderliness of nursing home residents.

Opinion about elderliness		n	%	OPCNS		SWLS	
				Mean±SD	P-Value	Mean±SD	P-Value
How do you perceive yourself	Young	9	1.9	44.00±4.39	0.619 ^{NS}	19.33±3.12	0.060 ^{NS}
	Mid-aged	65	60.7	46.18±7.63	(F=0.483)	18.31±4.43	(F=2.885)
	Very aged	33	37.3	45.55±4.05		16.27±4.79	
How do you perceive elderliness	I don't perceive myself as aged	32	29.9	43.53±8.74B	0.001**	21.13±4.32A	0.000***
	As a bad situation	18	16.8	45.67±3.85B	(F=5.102)	15.17±2.48BC	(F=9.917)
	uselessness	14	13.1	44.64±2.50B		17.50±4.77B	
	Illness	39	36.4	47.00±5.15B		16.79±3.95B	
	No opinion	4	3.7	57.00±0.00A		13.00±0.00C	
How do you perceive your health	Well	31	29.0	43.84±9.35	0.110 ^{NS}	20.26±3.33A	0.001**
	Medium	66	61.7	46.79±4.72	(F=2.259)	16.94±4.90B	(F=7.933)
	Poor	10	9.3	45.40±4.67		15.50±0.53B	
Where and with whom do you wish to live	Children	23	21.5	50.17±3.55A	0.000***	15.61±2.06B	0.025*
	Spouse	20	18.7	48.40±6.04AB	(F=9.261)	17.05±4.29AB	(F=2.908)
	Pleased to live here	29	27.1	45.48±7.65ABC		19.55±5.35A	
	Alone at home	2	1.9	45.00±0.00BC		16.00±0.00AB	
	No opinion	33	30.8	41.52±4.52C		18.24±4.73AB	
Whether or not do you have any plans for the future	Yes	14	13.1	42.50±3.01	0.001**	19.00±3.64	0.277 ^{NS}
	No	93	86.9	46.30±6.72	(t=3.574)	17.58±4.65	(t=1.092)
How do you feel mentally	Bad	21	19.6	44.91±3.56	0.475 NS	16.14±1.42	0.187 ^{NS}
	Medium/Normal	41	38.3	46.76±5.51	(F=0.749)	18.10±5.3	(F=1.702)
	Well	45	42.1	45.36±8.14		18.22±4.61	
Are you scared of death	Yes	38	35.5	42.42±7.31	0.000***	19.21±4.31	0.014*
	No	69	64.5	47.67±5.14	(t=4.331)	16.97±4.49	(t=2.506)

t: Independent samples t-test; F: One-way ANOVA; *, Statistically significant (p<0.05); **, Statistically significant (p<0.01); ***, Statistically significant (p<0.001); ^{NS}: Statistically not significant (p>0.05); Means that do not share a letter are significantly different (p<0.05); SD: Standart deviation; OPCNS: Elderly people Counseling Needs Survey; SWLS: The Satisfaction with Life Scale.

nificantly lower than the participants who replied this question as “no” (p<0.01).

Pearson correlation coefficient was calculated to identify the relationship between OPCNS and SWLS There was a significant but weak negative correlation between OPCNS and SWLS (r=-0.339) (p<0,001; Table 4). The negative correlation between the scales indicated that one scale was increasing as the other was decreasing. The Cronbach’s alpha coefficients were also calculated to determine internal consistency of the scales. The Cronbach’s alpha coefficients, test-retest reliability, were 0.766 for OPCNS and 0.748 for SWLS, and therefore confirming the adequacy of the internal consistencies of these scales (Table 4).

DISCUSSION

Previous studies about the elderly people revealed that elderly people perceived themselves as isolated and lonely in nursing homes, they usually felt exhausted and thus had various mental disorders; they didn’t have problems about boarding and

TABLE 4: Correlations between OPCNS and SWLS of nursing home residents.

	Mean±SD	Min.-Max.	r	P-Value	Cronbach's alpha
OPCNS	45.80±6.48	23.0-57.0	-0.339	0.001***	0.766
SWLS	17.77±4.538	7.0-30.0			0.748

r: Pearson correlation coefficient; ***, Statistically significant (p<0.001); SD: Standart deviation; OPCNS: Elderly people Counseling Needs Survey; SWLS: The Satisfaction with Life Scale.

lodging, but such facilities should be supported and strengthened in many aspects and elderly people residing in these facilities should be supplied with counseling and counseling services to overcome adaptation and psychological problems.⁶

A number of illiterate participants were higher than a number of primary school graduates. Such a finding indicated that educational level had significant effects on OPCNS scores and decreasing counseling needs were observed with increasing educational levels (Table 1). It was reported in a similar previous study that the individuals with higher educational levels were more successful in meeting their personal needs and care, they were more concerned about their health and more successful in their medication.²⁹ In another study, higher living standards were reported for higher-educated elderly.³⁰ Similarly, another study reported decreasing counseling and counseling needs for higher-educated elderly people. Counseling needs decrease with increasing educational levels.²⁷ Similarly, Myers and Diener (1995) and Demirdiř (2010) emphasize that the psychological counseling needs of the elderly increase due to the decrease in the level of education. These results suggest that the level of education may be related to increasing individual's feelings of competence.³¹

In the present study, effects of chronic disorders on SWLS were not found to be significant, but the effects on OPCNS were found to be significant. Visitors, Leisure activity and praying resulted in significant differences in psychological counseling and counseling needs. In a previous study, the same parameters resulted in significant differences in depression, anxiety and other mental disorders of elderly. A study reported significant relations of depression prevalence and psychological counseling needs with the gender, chronic disorders, pleasing with the nursing home and visitors of elderly ($p < 0,05$; $p < 0,01$). Also, higher average life satisfaction levels were reported for such individuals.³² In another study carried out with elderly people residing with a family and in a nursing home, marital status, chronic disorders and social security status of both groups were investigated and contrary to present study, anxiety and depression did

not result in significant differences in psychological counseling needs.²⁹ Majority of these studies revealed that chronic disorders brought about some physical and mental disorders and increased psychological counseling needs, but some revealed insignificant effects of chronic diseases on psychological counseling and counseling needs.

In the present study, life satisfaction of elderly people vary with their age, the number of children and regular income; males had higher life satisfaction levels than the females and 60-74 years age group had higher life satisfaction levels than >74 years of age. A study reported varying life satisfaction levels for retired people with their gender but did not vary significantly with their ages (since there was only two age groups). In this case, life satisfaction decreased with aging and females had lower satisfaction levels than the male participants.³¹

Satisfaction from the present status, praying, participation in nursing home activities, the perception of elderliness, the perception of health had significant effects on life satisfaction. A study indicated that general health, personal characteristics, previous career, social relations, physical activities, mental health and some demographic characteristics had significant effects on life satisfaction levels of elderly people.³¹ Another study indicated that leisure time activities, educational level and marital status influenced life satisfaction levels. The physical and mental health of elderly and their perceptions of elderliness influenced life satisfaction levels of the present participants.³³

Educational level, chronic disorders, elderliness perceptions, the place where and with whom they wish to live, whether or not they have plans for the future and scare of death resulted in different psychological counseling and counseling needs. A study indicated that "ability to perform daily activities" influenced both physical activity levels and psychological health of elderly people. In this case, physical and mental health and elderliness perception influenced counseling needs.³⁴

Age and marital status did not have significant effects on psychological counseling and counseling needs. Contrary to present findings, two studies re-

ported increasing psychological counseling and counseling needs with increasing age and loneliness levels.^{27,31}

There was a highly significant negative correlation between counseling need and life satisfaction. A study reported a medium level negative relationship between need and life satisfaction. It was seen that there was generally a negative relationship between life satisfaction and counseling needs at different levels.²⁷

A significant relationship was found between both OPCNS and SWLS ($p < 0,001$). In a study related to the subject, the social support perceived by the elderly people living in the nursing home is better than the ones who are not good in the income level, in the women who are married and the married/widowed are better than the never married and there is a positive correlation between the social support and life satisfaction. It was determined that life satisfaction increased as it increased.⁹

In our study, a significant relationship was found between participation in leisure activity and life satisfaction ($p < 0,05$). In a study on the subject, it is reported that leisure activities are one of the many factors affecting life satisfaction in old age, and it is emphasized that participation in leisure activities is an important factor that helps the person to cope with the changes occurring in his/her life as a result of old age. In a study conducted on poor elderly women, it was found that women who participated actively in leisure activities were less sad, less troubled and more happy in their daily lives.³⁵ According to a common view used to explain the relationship between psychological wellbeing and leisure activities, leisure activities create opportunities for personal development and self-realization. From this point of view, leisure activities offer opportunities to improve people's skills and abilities, and to improve the idea of getting rid of their boredom and distress, make them feel better. In a study conducted with elderly people living in nursing homes, it was reported that increased participation in leisure activities increased the sense of competence, power and self-esteem of the elderly.³⁶ Caldwell et al. found that participation in active leisure activities was closely related to physical, mental and social health.³⁷

CONCLUSION

The study showed that a negative correlation was between life satisfaction and psychological counseling need of elderly people residing in nursing homes. Life satisfaction levels of elderly did not change according to the gender but decreased with aging. Spirituality, leisure activity and social activity were determined as significant factors for increasing the level of life satisfaction. These factors were also found as significant factors decreasing the counseling needs of elderly people. Besides these, life satisfaction was increased with the increasing education levels, occupation, income, praying and positive perception of elderliness.

In conclusion that elderly people had higher life satisfaction levels and lower counseling needs if they were socially active and spiritually strong. At that point, the elderly people living in nursing homes in quite old age and with quite low educational and income levels should mentally be supported with psychological counseling, social activity areas should be created for them. To contribute to the increase of life satisfaction and to present effective and permanent solutions for elderly people residing in nursing homes, giving education are required to health professionals working with the elderly on some issues. For instance, these can be focused on the aging process, mental health of the elderly and the importance of social support.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, ex-

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Authorship Contributions

Idea/Concept: Nevin Günaydın; **Design:** Nevin Günaydın; **Control/Supervision:** Nevin Günaydın; **Data Collection and/or**

Processing: Nevin Günaydın; **Analysis and/or Interpretation:** Yeliz Kaşko Arıcı; **Literature Review:** Nevin Günaydın; **Writing the Article:** Nevin Günaydın, Yeliz Kaşko Arıcı; **Critical Review:** Nevin Günaydın, Yeliz Kaşko Arıcı; **References and Fundings:** Nevin Günaydın; **Materials:** Nevin Günaydın, Yeliz Kaşko Arıcı

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