Research Article

A Comparison of Happiness Levels in Nursing Home Residents and Community-Dwelling Elders: Example of Sinop Province Having the Eldest and the Happiest Population of Turkey[1]

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ABSTRACT

The aim of this study is to compare the happiness levels and to evaluate the related factors of community-dwelling elders and in nursing home residents in the province with the highest rate of elderly population in Turkey. The cross-sectional type of research was conducted in the spring of 2018 with a total of 434 elderly aged 65 and over individuals, including 400 community-dwelling elders and 34 nursing home residents in the city center. Research data were collected through the "Socio-demographic Information Form" and the "Oxford Happiness Questionnaire". Descriptive statistics (number, percentage, min-max values, mean, standard deviation), chi-square test, t test, one-way analysis of variance were used in the evaluation of the data. A p-value <0.05 was used to determine statistical significance. The average happiness scale score of the nursing home residents (84.11±10.93) were found to be lower than the community-dwelling elders (109.40±14.56), and this difference was found to be statistically significant (p<0.05). It was observed that the scale score decreased statistically significantly as the age progressed, and that the scale scores of women were higher than men, and those who were married compared to singles (p<0.05). It was determined that having a health problem, negative perception of health, educational status, economic status, and having a child also affected the level of happiness (p<0.05). Living in a nursing home affects happiness. The social support of the family and relatives of the elderly living in the nursing home is important for their happiness. Meeting the psycho-social and health needs of the elderly living in nursing homes and their own homes and supporting elderly individuals with positive ageism will increase the level of happiness and support the healthy and active aging process.

Keywords: Community Dwelling, Happiness Level, Living in Nursing Home, Older Adults

1. INTRODUCTION

All over the world, life expectancy is increasing, birth rates are decreasing, and therefore the population over 65 is increasing numerically and proportionally (Srivastava & Muhammad, 2021). The phenomenon of aging, which is more evident in developed countries, is now gaining importance for developing countries, and the elderly population is increasing in Turkey. According to the data of the Turkish Statistical Institute (TSI), Sinop province has the highest rate of elderly population in Turkey for the last 7 years) (Türkiye İstatistik Kurumu, 2021). According to TSI data announced in 2022, the elderly population rate of Sinop province in 2021 is 20.1% and it continues to be the province with the oldest population in Turkey. In addition, Sinop province is the happiest city in Turkey in 2014, 2016 and 2017 according to TSI data (Türkiye İstatistik Kurumu, 2021).

The psycho-social well-being of the elderly, who constitute an important part of the society, should be taken into consideration. The aging process, which progresses in biological, physiological, psychological and sociological dimensions, is a multidimensional process that cannot be prevented. The increase in chronic diseases with aging affects the individual physically and psychologically and reduces the quality of life. The decrease in the level of independence with old age also affects life satisfaction. All these factors reduce the level of happiness in elderly individuals (Luchesi et al, 2018; Felez-Nobrega, 2021). The level of happiness of a person is a factor that has important effects on both physical and psychological health, both affecting the aging process and being affected by the aging process (Mhaske, 2017).

Happiness, which has been the subject of many studies in recent years, is a positive subjective emotion defined by the individual. It is stated that some people are genetically inclined to be happier than others, and happiness is related to age, income level, education level, social status and marriage (Luchesi et al, 2018). The age factor is an

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important determinant of happiness. There are studies showing that the level of happiness decreases with age, as well as studies showing the opposite (Godoy-Izquierdo et al., 2013; Lobos et al., 2016). This shows that factors other than age affect happiness (Lobos et al., 2016). Happiness in elderly individuals is an indicator of successful and healthy aging (Luchesi et al, 2018). Health level is another important determinant of happiness. The increase in the number of chronic diseases with aging reduces the level of happiness (Luchesi et al, 2018; Chirinda & Phaswana-mafuya, 2019). In addition, it has been determined that happiness decreases with increasing age and functional limitations in the elderly. Factors such as social support system, life satisfaction and economic status are among the determinants of happiness in the elderly (Luchesi et al, 2018).

While highly successful elderly people show that they are healthy, self-confident and very active in daily life, it is seen that elderly people with high levels of disability are more unhappy in their daily lives. In this sense, within the scope of active and quality life, it is necessary to consider that there are some variables that affect and/or determine the life satisfaction of elderly individuals in Turkey in general and in Sinop in particular. As reflected in the current statistics of the Turkish Statistics Institute, the prominence of Sinop as the city with both the oldest and the happiest population in Turkey necessitated us to focus on the question of how happy are the elderly in a happy city (Türkiye İstatistik Kurumu, 2021). In this sense, it is very important to determine the happiness levels of elderly individuals. Therefore, this study focuses on examining the happiness level of elderly individuals in terms of some variables. In addition, international and national studies indicate that the world and our country are getting older. This makes it inevitable to measure the happiness levels of elderly individuals. Considering the increasing elderly population, the importance of happiness for healthy and active aging, and the scarcity of studies on this subject, the aim of this study is to compare the happiness levels and to evaluate the related factors of community-dwelling elders and in nursing home residents in the province with the highest rate of elderly population in Turkey.

2. METHOD

2.1. Sample and Participants

The population of the research consists of individuals over the age of 65 who live in their own home and live in a nursing home in the Sinop city center. The cross-sectional type of research was conducted in the spring of 2018 with a total of 434 elderly aged 65 and over individuals, including 400 community-dwelling elders and 34 nursing home residents in the city center. The sample of the study was selected by random sampling method. Among the criteria for inclusion in the research are (a) being 65 years old and over (b) living at home or in a nursing home in the city center (c) not having communication problems (d) being willing to participate in the research (e) not having any mental problems. Power analysis was used to calculate the sample size. The deviation level of the study was determined as 5% and the error level of α was determined as 0.05.

2.2. Measures

Research data were collected through the "Socio-demographic Information Form" and the "Oxford Happiness Questionnaire". Thus, the basic socio-demographic information of the participants as well as their happiness levels were obtained.

Socio-demographic Information Form: In this form, which was composed by the researchers in line with the literature review, there are 14 questions related to descriptive features of the participants in total that serve to obtain information about the elderly such as age, gender, marital status, education status, health status, occupation, economic status, number of children, and place of residence, chronic diseases, independence level in daily living activities, health level, the perception of the elderly (Luchesi et al, 2018; Felez-Nobrega, 2021; Mhaske, 2017; Lobos et al., 2016).

Oxford Happiness Scale (OHS): It is a measurement tool developed by Hills and Argyle (2002) to obtain data on the happiness levels of individuals, and the psychometric properties of the Turkish version were examined by Doğan and Sapmaz (Doğan & Sapmaz, 2012; Hills & Argyle, 2002). OHS consists of 29 items and there are options such as "1-I strongly disagree" and "6-I totally agree" in the form of a 6-point likert scale. The internal consistency coefficient (Cronbach's alpha) of the scale is reported as 0.91(Doğan & Sapmaz, 2012). Items containing negative statements in the scale are scored inversely (1,6,10,13,14,19, 23, 24, 27, 28 and 29 items). A minimum of 29 and a maximum of 174 points can be obtained from the scale, and a higher score means a higher level of happiness (Doğan & Sapmaz, 2012). In our study, the Cronbach's alpha value of the scale was calculated as 0.886 and it was found to have a good degree of reliability.

2.3. Data Collection

The research is a quantitative study and was carried out with a descriptive survey model. The research data were collected with data collection tools by using face-to-face interview technique with the volunteers selected randomly and who met the inclusion criteria of the study within obtaining their verbal and written informed consents. Elderly individuals living at home in Sinop city center and elderly individuals living in nursing home were included in the research sample. Elderly individuals were reached through face-to-face interviews in the busy streets of Sinop and the walking/park area on the seaside in the spring of 2018. Elderly people living in the nursing home were visited in the nursing home and face-to-face interviews were conducted. Filling the data collection form took approximately 6 minutes. Some of the participants asked the researcher to read the questions and asked the researcher to mark their verbal answers.

2.4. Statistical Analysis

The data obtained in the research were analyzed using the SPSS (Statistical Package for Social Sciences) for Windows 25.0 programme. "Reliability Analysis" was conducted to test the reliability of the scale. Descriptive statistics (number, percentage, min-max values, mean, standard deviation) were used while evaluating the data. As outliers increase the value of error variance, they also affect the power of statistical tests. For this reason, outliers were examined before statistical tests and it was checked whether they were present in the data sets. The conformity of the data used to the normal distribution was tested. In the comparison of quantitative data in normally distributed data, the independent t-test was used for the difference between two independent groups, and one-way analysis of variance was applied in the comparison of more than two independent groups, and Bonferroni was used to find the group that made a difference when there was a difference. Chi-square analysis was used to test the relationship between categorical variables. A p-value <0.05 was used to determine statistical significance.

2.5. Ethical Consideration

The author declared that all the procedures of the study was conducted in compliance with the Helsinki Declaration. Local ethics committee approval was obtained (Date: 01/15/2018; Number: 2018/01). Institutional written permission was get from nursing home. Voluntary participation, anonymity, and informed consent were ensured for all participants and there was no experimental manipulation involved in the study.

3. RESULTS

The comparison of the socio-demographic characteristics of the elderly who participated in the study according to the place of residence is given in Table 1. A statistically significant difference was found between the variables of age, marital status, educational status, employment status, economic status, family type and having children according to the place of residence of the elderly ($p<0.05$). The average age of the elderly living in a nursing home is higher than the community dwelling elderly, the majority of them are single (70.6%) and primary school graduates (76.5%), all of them are retired, their economic situation is poor (50%), the majority of them do not have children (64.7%) and have nuclear family (94.1%) ($p<0.05$).

Table 1. Comparison of the Socio-Demographic Characteristics of the Elderly According to the Place of Residence

Variables		Community-dwelling elders		Nursing Home Residents		Test Value	p
		n	%	n	%		
Age (year) ($\overline{X}\pm$SS, 72.17±6.19)	65-69	204	51.0	0	0.0	73.531**	**0.000***
	70-74	74	18.5	1	2.9		
	75-79	76	19.0	13	38.3		
	80 and above	46	11.5	20	58.8		
Gender	Female	139	34.8	14	41.2	0.567**	0.451
	Male	261	65.2	20	58.8		
Marrital status	Married	332	83.0	10	29.4	53.871**	**0.000***
	Single	68	17.0	24	70.6		
Educational status	Illiterate	19	4.8	3	8.8	18.550**	**0.001***
	Primary School	176	44.0	26	76.5		
	Secondary School	64	16.0	4	11.8		
	High School	82	20.4	1	2.9		
	University	59	14.8	0	0.0		
Working status	Housewife	111	27.8	0	0.0	23.986**	**0.000***
	Retired	229	57.2	34	100.0		
	Farmer	60	15.0	0	0.0		
Economical status	Poor	53	13.2	17	50.0	31.286**	**0.000***
	Moderate	347	86.8	17	50.0		
Family type	Nuclear family	398	99.5	32	94.1	9.941**	**0.002***

	Extended family	2	0.5	2	5.9		
Having children	Yes	400	100.0	12	35.3	272.644**	**0.000***
	No	0	0.0	22	64.7		
Health insurance	Yes	400	100.0	34	100.0	-	-
	None	0	0.0	0	0.0		
Elderly presence other living at home	Yes	332	83.0	-	-	-	-
	No	68	17.0	-	-		
Resident at home	With spouse	311	77.8	-	-	434.000**	**0.000***
	With children	33	8.3	-	-		
	With spouse and children	21	5.2	-	-		
	Alone	35	8.7	-	-		
Total		**400**	**100.0**	**34**	**100.0**		

*p<0.05, ** Chi square

When the characteristics of the elderly people regarding their health status are compared according to the place of residence, it is seen that there is a statistically significant difference between the two groups (p<0.05) (Table 2). It is seen that all of the participants staying in the nursing home have health problems, and the rates of depression (95.7%) and joint diseases (88.5%) are higher in the elderly living at home (p<0.05). It is seen that the majority of the participants living in a nursing home perceive their health level worse than those living at home and are more dependent on daily living activities (p<0.05) (Table 2).

Table 2. Comparison of the Health Status Characteristics of the Elderly According to the Place of Residence

Variables			Community-dwelling elders		Nursing Home Residents		Test Value	p
			n	**%**	**n**	**%**		
Having a Chronic Disease		Yes	304	76.0	34	100.0	10.478**	**0.001***
		No	96	24.0	0	0.0		
Chronic Diseases	Hypertension	No	40	13.2	1	2.9	2.995**	0.084
		Yes	264	86.8	3	97.1		
	Diabetes Mellitus	No	226	74.3	21	61.8	2.459**	0.117
		Yes	78	25.7	13	38.2		
	Heart failure	No	259	85.2	27	79.4	0.786**	0.375
		Yes	45	14.8	7	20.6		
	Renal failure	No	227	91.1	29	85.3	1.210**	0.271
		Yes	27	8.9	5	14.7		
	Cancer	No	295	97.0	31	91.2	3.070**	0.080
		Yes	9	3.0	3	8.8		
	Depression	No	291	95.7	28	82.4	10.305**	**0.001***
		Yes	13	4.3	6	17.6		
	Joint Diseases	No	269	88.5	20	58.8	21.708**	**0.000***
		Yes	35	11.5	14	41.2		
	Prostate hypertrophy	No	259	85.2	25	72.5	3.101**	0.078
		Yes	45	14.8	9	26.5		
Score for health level		1	25	6.2	12	35.3	59.024**	**0.000***
		2	65	16.2	15	44.1		
		3	123	30.8	5	14.7		
		4	154	38.5	2	5.9		
		5	33	8.3	0	0.0		
Daily life activity status		Dependent	4	1.0	7	20.6	52.768**	**0.000***
		Semi-dependent	27	6.8	5	14.7		
		Independent	369	92.2	22	64.7		
Total			**400**	**100.0**	**34**	**100.0**		

The Cronbach Alpha value calculated to evaluate the internal consistency of the Oxford Happiness scale used in our research was found to be 0.886 and it was found to have a good degree of reliability. In addition, as a result of the normality analysis of the scale, the skewness value of the data was calculated as -0.925 and the kurtosis value as 0.145, and it was determined that the distribution had a normal distribution.

The highest score of all the elderly participating in the study from the Oxford Happiness scale was 134, the lowest score was 61, and the mean score was 107.42±15.84. The comparison of the Oxford Happiness scale scores of the elderly living in a nursing home and at home is given in Table 3. According to Table 3, the average happiness scale score of the elderly living in a nursing home (84.11±10.93) was found to be lower than that of the elderly living at home (109.40±14.56), and this difference was found to be statistically significant (p<0.05).

Table 3. Comparison of the Participants' Happiness Scores According to Where They Live

Variables		$\bar{X}$	SS	Test Value	p
Living place	Community-dwelling elders	109.40	14.56	9.884**	0.000*
	Nursing home residents	84.11	10.93		

*p<0.05, ** Independent t-test

The comparison of happiness scores according to the socio-demographic characteristics of the participants is given in Table 4. It was determined that there was a statistically significant difference between age and scale scores (p<0.05). It was found that the happiness scores of the participants aged 65-69 were higher than the participants aged 70-74, 75-79 years old and 80 years and older and it was determined that the scale score decreased statistically significantly as the age progressed (p<0.05). In addition, it is seen that the scale scores of women are higher than men, and those who are married are higher than those who are single (p<0.05).

It is seen that there is a statistically significant difference between the happiness scale scores of the participants according to their educational status, economic status, and having a child (p<0.05). It was found that the happiness scores of the participants with high school and college/university education were higher than those with illiterate education and primary school, those with medium economic status were higher than those with poor economic status, and participants with children were higher than those without children. observed (p<0.05). In addition, it is seen that the happiness scores of the participants without health problems are higher than those with health problems. It is seen that the happiness scale scores of the participants who score their health level as 4 and 5 are higher than the participants with 1, 2 and 3 health status, and the happiness score increases as the health level score increases (p<0.05). It is seen that the happiness scores of the participants who are independent in daily living activities are higher than the participants who are dependent and semi-dependent (p<0.05). (Table 4).

It is seen that the happiness scores of the participants living at home with their spouses are higher than the participants living at home with their children and living in a nursing home. It is seen that the happiness scores of the participants living at home with their spouse and children are higher than those living with their children at home, living alone at home, and living in a nursing home (p<0.05). (Table 4).

Table 4. Comparison of the Participants' Happiness Scores According to Their Socio-Demographic Characteristics

Variables		$\bar{X}$	SS	Test Value	p	Bonferroni
Age (year)	65-69 (1)	119.30	5.85	577.750***	0.000*	1>2, 1>3, 1>4, 2>3, 2>4, 3>4
	70-74 (1)	108.60	7.15			
	75-79 (3)	100.33	7.38			
	80 and above	78.90	9.64			
Gender	Female	110.69	13.80	3.206**	0.001*	
	Male	105.64	16.60			
Marrital status	Married	109.91	14.58	6.631**	0.000*	
	Single	98.15	16.92			
Educational status	Illiterate (1)	100.40	12.26	8.567***	0.000*	4>1, 5>1, 4>2, 5>2
	Primary School (2)	103.78	16.40			
	Secondary School (3)	109.45	15.23			
	High School (4)	112.98	15.74			
	University (5)	112.33	11.17			
Working status	Housewife (1)	112.18	13.15	18.252***	0.000*	1>2, 3>2
	Retired (2)	103.88	17.03			
	Farmer (3)	114.11	9.26			
Economical status	Poor	93.97	17.79	-8.352**	0.000*	
	Moderate	110.01	14.05			
Elderly presence other living at home	Yes	110.65	14.09	3.843**	0.000*	
	No	103.32	15.39			
Having children	Yes	108.74	14.92	8.072**	0.000*	
	No	82.63	11.57			
Having a Chronic Disease	Yes	104.76	16.46	-6.911**	0.000*	
	No	116.79	8.22			
Score for health level	1 (1)	84.64	17.52	85.013***	0.000*	5>1, 5>2, 5>3, 4>1, 4>2, 4>3, 3>1, 3>2, 2>1
	2 (2)	94.33	16.06			
	3 (3)	109.26	11.25			
	4 (4)	115.65	8.37			
	5 (5)	118.63	8.34			
Daily life activity status	Dependent (1)	78.63	13.06	87.804***	0.000*	3>1, 3>2
	semi-dependent (2)	82.90	13.80			
	Independent (3)	110.24	13.35			
Resident at home	With spouse (1)	110.17	14.13	30.873***	0.000*	1>2, 1>5, 2>5, 3>2, 3>4,

	With children (2)	102.18	18.35			**3>5**
	With spouse and children (3)	117.76	11.48			
	Alone (4)	104.40	12.15			
	Nursing home (5)	84.11	10.93			

*p<0.05, ** Independent t test, ***One-way variance analysis

4. DISCUSSION

This study was conducted in a city mostly with an elderly population to compare the happiness level of elderly individuals living in community dwellings and nursing homes and to evaluate the related factors.

A statistically significant difference was found between the variables of age, marital status, education status, employment status, economic status, family type and having a child according to the place of residence of the elderly who participated in our study (p<0.05). It was determined that the average age of the elderly living in a nursing home was higher than the elderly living in a community dwelling, the majority of them were single and primary school graduates, all of them were retired, half of them had a bad economic situation, most of them had no children and had a nuclear family. (p<0.05). Factors such as loneliness, social problems and care dependency with aging reveal the need for institutional care (Ramia &Voicu, 2020). In the literature, it is stated that elderly people staying in nursing homes generally prefer to live in nursing homes due to the lack of someone in the family to meet their care needs, loneliness due to loss of spouse, and the need for social care (Refnandes et al., 2018). Our research data are compatible with the literature.

In our study, it is seen that all of the participants living in nursing homes have health problems, and the rates of depression (95.7%) and joint diseases (88.5%) are higher in the elderly living at home (p<0.05). It is seen that the majority of the participants living in nursing homes perceive their health level worse than those living at home and are more dependent on daily living activities (p<0.05). Chronic diseases increase with age. In this process, elderly individuals need care and the support of their relatives (Saber et al., 2021). People who cannot receive this support from their family and social environment have to live in a nursing home (Ramia &Voicu, 2020; Refnandes et al., 2018). The fact that all the elderly who participated in our research have health problems and the dependency level of the elderly living in nursing homes is high, supports this information.

The highest score of all the elderly participating in the study from the Oxford Happiness scale was 134, the lowest score was 61, and the mean score was 107.42±15.84. The average happiness scale score of the elderly living in a nursing home (84.11±10.93) was found to be lower than that of the elderly living at home (109.40±14.56), and this difference was found to be statistically significant (p<0.05). Arpacıoğlu et al. (2021), it was found that nursing home residents have higher death anxiety, depression and anxiety levels and lower life satisfaction than the elderly living in the community (Arpacıoglu et al., 2021). Although the home environment is an environment that the individual is used to and feels comfortable in; Many situations such as chronic health problems, control of the drugs used, household responsibilities such as housekeeping and shopping can cause difficulties for the elderly individual. On the other hand, many situations such as getting used to a new environment, people from different cultures and roommates in nursing homes, which are a safe environment and where the individual is constantly under observation, change the life of the elderly person. Living at home makes the elderly feel safer and happier, as it is an environment that is their own and used to, in the process of not being dependent on care. Nursing home means that the elderly have to move away from their homes and families where they have been living for years. It is observed that the elderly, who are not visited by their children and relatives, are always sad, uncomfortable and have no desire for life (Refnandes et al., 2018). Moreover; There are some rules that the elderly must follow here. Formal care is considered as a compulsory choice due to the fact that it is an expensive care method, it restricts the ability of the elderly who receive care to make decisions on their own life, and it is not relatively suitable for the cultural characteristics of the society. All these factors cause intense depression, unhappiness and a decrease in life satisfaction in the elderly under institutional care.

In our study, it was observed that the happiness scores of the participants aged 65-69 were higher than the participants aged 70 and over, and it was determined that the scale score decreased statistically significantly as the age progressed (p<0.05). In addition, it was determined that the scale scores of the women were higher than the men, and the married ones compared to the singles (p<0.05). Age is an important predictor of happiness (Frackowiak et al., 2020). It is stated that the level of happiness decreases with age (Mhaske, 2017). Jeon et al. (2016), on the other hand, it was stated that age does not have a significant relationship with happiness (Jeon et al., 2016). Luchesi et al. (2018) found a relationship between being old and "not being happy" (Luchesi et al, 2018). The finding obtained in our research is compatible with some studies in the literatüre (Jeon et al., 2016; Zhou et al., 2015; Hsu & Chang, 2015), but it contradicts the data in some studies (Lobos et al., 2016). Factors such as increasing physiological and psychological problems with age, lack of social support, and a sedentary life may be

effective in the emergence of this result (De Souto Barreto et al., 2021). Considering that disability is a result of old age, it can reduce life satisfaction and thus happiness (Saber et al., 2021). Factors such as the decrease in social relations of the elderly, the feeling of being useless with retirement, the emergence of generation gap due to cultural and technological changes, the negative attitudes of the society towards the elderly, the death of the spouse and loneliness, and the negative perception of old age by the elderly may cause unhappiness. In our study, the fact that the average happiness score of women is higher than that of men may be associated with the fact that the average age of women is lower than that of men. In addition, the fact that women communicate more easily, have good social relations and have basic life skills may be effective in this situation. Because it is stated in the literature that gender is not a significant variable affecting happiness, but rather age, social support and economic status are associated with happiness. Being single is a cause of loneliness and decreases the level of happiness as a factor that reduces social support.

It is seen that there is a statistically significant difference between the happiness scale scores of the participants according to their educational status, economic status, and having a child (p<0.05). It was found that the happiness scores of the participants with high school and college/university education were higher than those with illiteracy and primary school education, those with medium economic status were higher than those with poor economic status, and participants with children were higher than those without children (p<0.05). In addition, it is seen that the happiness scores of the participants without health problems are higher than those with health problems. It is seen that the happiness scale scores of the participants who score their health level as 4 and 5 are higher than the participants with 1, 2 and 3 health status, and the happiness score increases as the health level score increases (p<0.05). It is seen that the happiness scores of the participants who are independent in daily living activities are higher than the participants who are dependent and semi-dependent (p<0.05). In the study conducted by Kim (2019), it was found that happiness is affected by psychophysiological factors such as self-esteem, depression and pain, as well as socioeconomic status (Kim et al., 2019). In the study conducted by Karaca (2010) with the elderly living in nursing homes; The majority of the elderly stated that they are happy with being healthy and living a healthy life, which makes them happy the most (Karaca, 2010). He states that happiness is not only related to age, but to be self-confident and extroverted, as well as to have good social relationships and social support (Luchesi et al., 2017; Moeini et al., 2018). Moeni et al. (2016) in a study with elderly individuals, it was determined that people with lower age, higher education level and higher income have a higher level of happiness (Moeini et al., 2016). Living with family members, including spouse and children, provides financial and emotional attention and support. A high level of education provides the elderly with feelings of respect, love, interest, self-esteem and value and leads a happy life (Moeini et al., 2018). Cialani and Mortazarv (2020) showed that people's occupational status, income level, and health perceptions have a significant impact on their happiness levels (Cialani &Mortazavi, 2020). In the study by Khodabakhsh (2021), activities of daily living, advanced age, health status, not having children, cognitive ability, daily life decisions, depression, maladaptive lifestyle, education level, economic status, housing satisfaction, social security, marital status, perceived revealed that discrimination, quality of life, sleep duration and quality, spirituality, social functionality and social support were associated with life satisfaction of the elderly (Khodabakhsh, 2021).

It is seen that the happiness scores of the participants living at home with their spouses are higher than the participants living at home with their children and living in a nursing home. It is seen that the happiness scores of the participants living at home with their spouses and children are higher than those living with their children at home, living alone at home, and living in a nursing home (p<0.05). Öğüt et al. (2017). In the study conducted with the elderly living in nursing homes, the majority of the elderly stated that they would like to grow old in their own homes, if possible (Öğüt et al., 2017). Most people don't want to move in with their children or grandchildren when they get old. The lifestyle they are used to at home, sharing with their spouses and social interaction with their neighbors and surroundings make the elderly feel autonomous and more comfortable. For this reason, it is natural for the elderly to want to live with their family in their own home like adults and do not want to move away from the order they are used to. In addition, Arpacıoğlu et al. (2021), on the other hand, it was found that the life satisfaction scores of nursing home residents who met with their children and/or grandchildren for less than two hours a week were significantly lower and their depression scores were higher (Arpacıoğlu et al., 2021). Longing for family members affects happiness in nursing home residents.

5. CONCLUSION

In the elderly who participated in our study; It is noteworthy that the happiness level of nursing home residents, the elderly, singles, men, those with low education level, those who perceive their health level as bad, and the elderly who are dependent in daily living activities are lower. Since all these factors affect the life satisfaction of elderly individuals, they are reflected in the level of happiness. The social support of the family and relatives of the

individuals staying in the nursing home is important for their happiness. Meeting the psycho-social and health needs of the elderly living in nursing homes and their own homes and positive ageism will increase the happiness level of elderly individuals and support the healthy and active aging process.

Limitations

The limitations of our study are (a) to be conducted with elderly individuals living in community dwellings and nursing homes in a city (b) to be a cross-sectional study covering a given period; (c) to be based on the expressions of the participants.

Conflicts of Interest

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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