

**Impact of Psychological Wellbeing and Physical Activity on Life
Satisfaction among Elderly in Geriatric Homes**

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Abstract

Life satisfaction among elderly in geriatric homes is becoming an important issue in a rapidly aging population, Life satisfaction is consider an indicator of well-being among the elderly, and is directly connected with health and mortality. This study aimed to investigate the impact of psychological wellbeing and physical activity on life satisfaction among elderly in geriatric homes. A descriptive study using randomly stratified sampling procedure was conducted among 140 elderly based on criteria in fourth Geriatric Homes at Cairo. The data was collected using Socio demographic data of elderly individual, The psychological wellbeing scale, and Katz Index to assess activity of daily life (ADL) of the elderly, and 13-item LSIZ to measure satisfaction with life. The results indicated that elderly population at geriatric homes was independent in most of their daily activities but need assistance in grooming, and transferring. Also results indicated that mostly of them had low psychological well being, with low positive affect, and had high negative affects. Furthermore, there was positive highly statistically significant relation of the physical activity ,psychological well-being, and with life satisfaction. These results concluded that the psychological well being and physical activity affected on life satisfaction of elderly at nursing homes. The study had implications for further studies to explore other reasons for low satisfaction of life, and interventions program focus on promote life satisfaction and increase successfully aging.

Key words: Psychological wellbeing, Physical activity, Life satisfaction, Elderly, Geriatric homes.

Introduction

Ageing defined as a developmental fact that clarify the accumulation of changes in a human being over time, such as physical, psychological, and social change. An elderly people become increasingly dependent on others. As people grows, they declines in their physical, psychological, social and sensory capabilities, in addition to their position of their families and their life in society becomes more vulnerable. Elderly persons begins to feel that even their children neglected and humiliated them which may lead them to development of psychological problems as low self esteem ,isolation, depression which affects their life satisfaction⁽¹⁾

There are some psychosocial factors that have been associated with an increased individual life expectancy and life satisfaction in older adults. Psychological well-being refers to how people evaluate their lives. It is considered as an indicator of coping during old age period. Psychological well-being considered widely as an important need to improve the state of mental conditions among elderly. ⁽²⁾

Physical activity is defined as "any bodily movement produced by the skeletal muscle that results in energy expenditure, the level of physical activity is often used as a parameter for monitoring and evaluation of health status ⁽³⁾ This monitoring is especially important for older people aged 60 and over because of prevention of many diseases.

Life satisfaction (LS) defined as "an internal and subjective perception, the individuals' evaluation of their lives "and it determine the efficacy of old age .it is an important component of successful aging which differs from person to person. Some elderly accomplish sense of fulfillment and satisfaction with their ageing process, while others become sensitive and aggressive to the changes of old age and scar on the decline of their physical activities. higher life satisfaction coupled with changing needs that may require social support, highlight the importance of understanding the living arrangements. Older people may experienced positive affective states and negative affective states in their health and life satisfaction, positive affect reflects one's level of energy, excitement and enthusiasm, meanwhile negative affect is a general dimension of subjective distress. ^(4,5)

Significance of the study

According to WHO, there is an estimated 600 million people above the age of sixty years and this will go up to an estimated 1.2 billion individuals by the year 2025. In Egypt only, according to ⁽⁶⁾. the proportion of elderly hit about 7.8 percent of Egypt's total population,

number of older people in Egypt in 2013 reached 6,461,078 million persons. As life expectancy increases, the concern of maintaining psychological well-being in elderly is becoming more important. Furthermore, it is crucial to be aware of the determinants of psychological well-being and its correlation with health outcome in persons at homes⁽⁷⁾. Entering institutions is generally considered a stressful event among elderly individuals, and most of them perceive institutionalization as a stigma and a place to go to die. So., it is important to better understand the impact of psychological wellbeing and physical activity on life satisfaction among elderly in geriatric homes.

Aim of the study is to: Investigate the impact of psychological wellbeing and physical activity on life satisfaction among elderly in geriatric homes

Hypothesis: Elderly individuals in geriatric homes are more liable to be a significantly positive relationship between psychological wellbeing and life satisfaction and between physical activity and their life satisfaction

Study design

This study is a descriptive study.

Setting

The study was conducted in Geriatric Homes; these geriatric homes are geographically representing four sectors in the Great Cairo as: east, west, south and north,

- ❖ Dar Samaan (North Cairo).
- ❖ Dar Al Safa (East Cairo).
- ❖ Dar Boutros-Ghali for the elderly (west Cairo).
- ❖ Elderly Islamic charity (South Cairo)

Subjects of the Study:

The subjects of the present study included 140 elderly individuals (were males & females). The sample was taken from 4 geriatric homes; elderly individuals selected randomly stratified 35 for every geriatric home has the following criteria:

- Age \geq 60
- Both sexes
- Have no severe cognitive impairment
- Period of staying in geriatric homes above one year
- Free from any psychiatric illness

Field work

The process of data collection was carried out in the period from the beginning of June 2015 to the end of August 2015, At

the first the researchers introduced themselves and briefly explained the study objectives to the elderly. The researcher visited the selected settings affiliated to social solidarity agency representing four sectors in the Great Cairo as east, west, south and north. Dar Samaan (North Cairo). Dar Al Safa (East Cairo). Dar Boutros-Ghali for the elderly (west Cairo). Elderly Islamic charity (South Cairo) at two days in Thursday and Friday) from 10.00 am to 3.00 PM. The researcher assessed and observed every selected subjects under study through only one session, in which the researcher fulfilled the subsequent items of the established tools lasted from 20-30 minutes for each subjects included in the study. A total of 140 elderly individuals (male and female) who agreed to participate in the were assured that the information collected would be treated confidentially & that it would be used only for the purpose of the study.

Ethical consideration:

The ethical research considerations in this study included the following:

- The research approval obtains before conduct the study
- Subjects are allowed to choose to participate or not participates 'voluntary participation' and they have the ability to leave the study at any time with no penalty.
- The researcher describes the objective and aim of the study to subjects.
- Maintain confidentiality and anonymity for every selected elderly who involved on the study sample.
- Clarifying that all information will be used for scientific research only

Tools of data collection:

1- Socio demographic data of elderly individual:

It was designed by the researcher to assess social state of elderly individuals in geriatric homes. The questionnaire sheet comprised from socio-demographic characteristics of subjects, it includes: (age, sex, marital status, occupation, educational level, Employment condition, monthly income, source of income, Health insurance, Smoking, Residence).

2- Katz Index of independence in ADL:

It is the most appropriate tool to assess activity of daily living(ADL) of the elderly. It was developed by ⁽⁸⁾. It lines the performance in six basic function of independent living (bathing, dressing, toiling, transferring, grooming, and eating).

Scoring system:

- Totally dependent: 0-5
- Need assistant: 6-9
- Independent: 10-12

3- Psychological wellbeing.

The psychological wellbeing scale is also known as (the Affect Balance Scale). It was developed by [9] to the elderly. The scale is made up of 10 statements classified in two components: the positive affect which consist of 5 statements and the negative affect component which also consist of 5 statements. The Participants answer “Yes” or “No” to the following: **Positive affect questions** as During the past few weeks Did you feel (particularly excited or interested in something? Proud because someone complimented you on something you had done? ,Pleased about having accomplished something? On top of the world? That things were going your way?) and **Negative affect questions** as During the past few weeks Did you feel (so restless that you couldn't sit long in a chair? Very lonely or remote from other people? Bored? ,Depressed or very unhappy? Upset because someone criticized you?)

Scoring System in this study

- For positive affect component, the elderly receive 2 degree for every “Yes” they say and 1point for every “No”.
- The low positive was less than 5 and more than 5 were considered high positive. For negative affect component, the elderly receive 2 degree for every “No” they say and 1point for “Yes”.
- The low negative were more than 5 and less than 5 were considered high negative for every “Yes”.
- The overall “balance” score is created by subtracting the negative affect score from the positive affect score

4 - Satisfaction with life.

- We measured satisfaction with life by using the13-item LSIZ [10] it is a short form of the LSIA [11]. We used a 3-point scale (agree, disagree and unsure). The analysis yielded three factors from the LSIZ item responses, the first factor having the highest descriptive power, and it represented positively worded of satisfaction with the present life as in (Items 1, 4, 5, 7, and 9). The second factor was identified as Mood, that representing negatively worded in the present life

- satisfaction and mood tone as in (Items 3, 6, 11, and 13) and The third factor was identified as Congruence which represented the past life satisfaction and congruence as in (Items 2, 8, 10, and 12).
- Scoring system
- Each item were scored in 3 point likert scale (Agree=2, disagree=1, Unsure=0). For agree answers the participant take 2, and 1 for unsure, and zero for disagree answers. Meanwhile items of 3, 6, 10, 11, and 13 were coded in reverse for analysis. So, the score classified to the following: Mild from (0 - 8), Moderate from (9 -17) and Severe from (18-26).

Pilot study:

The pilot study was conducted on 10 elderly that they are executed from the total sample in order ensure the clarity of questions, applicability of the tools and the time needed to complete them and determining sample size.

Statistical design

the statistical package for social science (SPSS) program version 22. First part of data was descriptive data which were revised, coded, tabulated and statistically analyzed using the proportion and percentage, the arithmetic mean(X), standard deviation (SD). The second part was analytical statistics to test statistical significant difference . For qualitative data, Chi square test X, R-Test and p- value were used to test associations among the variables. Statistical significance was considered at p-value <0.05, highly significant difference obtained at $p < 0.001$ and non significant difference obtained at $p > 0.05$.

Results:

Table (1) clarifies the socio-demographic characteristics of residents in geriatric homes who participate of study; this table shows that the mean age of the studied sample was 78.08. Sixty-seven percent were male, percent were married and 90.7% was lived in urban area. Nearly to two third were widow (63.5%) and smoked (62.1%), and more than half of them (52.1%) have children, had mid- education (59.3%), their financial resources is from pension (57.9%), and only 21.4% from relatives.

Regarding the pattern of physical activity among elderly individuals under the study, **table (2, 2a)** presented that the most of studied subjects are independent in their daily activities items, except in transferring item which only twenty of them are independent, while two

quarter of them (75%) need assistance. Over all total score of Physical activity, nearly to three quarter of them are independent (72.2%).

Table (3) presents information about the psychological wellbeing of elderly population at geriatric homes. It can be observed from the study that more than three-fourth (80%) of the institutionalized elderly had low positive effect. The same result was also found with negative effect that the majority(71.4%) of elderly had high negative effects. The study further reveals that three-fourth of the elderly in geriatric homes scored low on psychological well being.

Concerning life satisfaction among elderly individual in geriatric homes, mostly elderly in study agree to life satisfaction items except more than two third of them disagree with items 1, 5, 9. Also this table show that more than two third (66.4%) have mild satisfaction about their life and nearly to quarter (22.1%) are moderate but only 11.5% have sever life satisfaction (**Table 4, 4a**).

As regards to relationships between psychological well being and life satisfaction among elderly individual in geriatric homes, **Table 5** illustrated that they are highly significant ($p=0.000$) between psychological well being of elderly and their life satisfaction level, which the elderly with low positive effect and high negative effect had mild satisfaction about their life. It can be concluded from the study that the psychological well being of the elderly impacted on their life satisfaction.

Table 6 reveals that the relationship between physical activity and life satisfaction among elderly individual in geriatric homes, they are highly significant ($p=0.01$) between physical activity of elderly and their life satisfaction level, which all the elderly with total and need assistant had mild life satisfaction, also more than half of independent elderly has mild and one third of them had moderate satisfaction about their life. This indicates that the impact of physical activity on life satisfaction.

Table 7 clarifies that there were a significantly positive relationship between psychological wellbeing and physical activity of elderly individuals in geriatric homes. Furthermore, highly statistically significantly positive relationship between physical activity, psychological wellbeing and their life satisfaction.

Table (1): Percentage Distribution of Socio-demographic Characteristics of Elderly Individuals in Geriatric Homes

Items	Geriatric home (no=140)	
	No.	%
Age (Years):		
60- <70	42	30
70- <80	77	55
80 +	21	15
Mean \pm SD	78.08 \pm 8.04	
Sex:		
Female	46	32.9
Male	94	67.1
Marital status:		
Single	11	7.9
Divorced	8	5.7
Married	32	22.9
Widow	89	63.5
Having children:		
No	67	47.9
Yes	73	52.1
Education:		
Illiterate	14	10
Read & Write	27	19.3
Mid-Education	83	59.3
University	16	11.4
Past working Status:		
Working	35	25
Not working	105	75

Table (1): Distribution of Socio-demographic Characteristics of Elderly Individuals in Geriatric Homes (Cont.)

Items	Geriatric home	
	No. (140)	No. (140)
Type of occupation:		
Professional	36	25.8
Sales and Services	29	20.7
Technical	45	32.1
House wife	30	21.4
Monthly income (L.E.):		
Adequate	77	55
Barely adequate	52	37.1
Not adequate	11	7.9
Source for income:		
Pension	81	57.9
Social Insurance	29	20.7
Relatives (children)	30	21.4
Health insurance:		
Present	110	78.6
Not present	30	21.4
Smoking:		
Smoker	87	62.1
Non smoker	53	37.9
Residence:		
Urban	127	90.7
Rural	13	9.3

Table (2) Pattern of Physical Activity among Elderly Individuals Under Study

Items	Geriatric home	
	No	%
1) Eating:		
Totally dependent	18	12.9
Need assistance	30	21.4
Independent	92	65.7
2) Toileting:		
Totally dependent	7	5
Need assistance	21	15
Independent	112	80
3) Bathing:		
Totally dependent	7	5
Need assistance	24	17.1
Independent	109	77.9
4) Dressing:		
Totally dependent	3	2.1
Need assistance	17	12.1
Independent	120	85.8
5) Grooming (combing, shampooing hair showering, trimming nails):		
Totally dependent	14	10
Need assistance	56	40
Independent	70	50
6) Transferring:		
Totally dependent	7	5
Need assistance	105	75
Independent	28	20

Table (2a): Physical activity (score) among elderly individuals under study

Items	Geriatric home	
	No	%
Totally dependent (0-5)	9	6.4
Need assistant (6-9)	30	21.4
Independent (10- 12)	101	72.2

Table (3): Psychological well being among Elderly Individual in Geriatric Homes

Items	Elderly Individual In Geriatric Homes	
	No.	%
Positive		
• High	28	20
• Low	112	80
Negative		
• High	100	71.4
• Low	40	28.5
Affect Balance		
• High	34	24.3
• Low	106	75.7

Table (4): Percentage of life satisfaction among Elderly Individual In Geriatric Homes

Statements	Agree %	Disagree %	Unsure %
1- As I grow older, things seem better than thought they would be	23	67	10
2- I have gotten more of the breaks in life than most of the people I know	77	12	11
3- This is the dreariest time of my life	97	3	0
4- I am just as happy as when I was younger	91	5	4
5- These are the best years of my life	33	65	2
6- Most of the things I do are boring or monotonous	90	3	7
7- The things I do are as interesting to me as there ever were.	40	35	25
8- As I look back on my life, I am fairly well satisfied	55	27	18
9- I have made plans for things I'll be doing in a month or a year from now	33	62	5
10- When I think back over my life, I didn't get most of the important things I wanted.	81	15	4
11- Compared to other people, I get down in the dumps too often.	70	28	2
12- I've gotten pretty much what I expected out of life.	39	47	14
13- In spite of what some people say, the lot of the average man is getting worse, not better	77	20	3

Table (4a): Level of life satisfaction among Elderly Individual In Geriatric Homes

Level of life satisfaction	No	%
• Mild	93	66.4
• Moderate	31	22.1
• Sever	16	11.5

Table (5): Impact of Psychological well being on life satisfaction among Elderly Individual In Geriatric Homes

Items	Life satisfaction			X ²	p-value
	Mild %	Moderate %	Severe %		
Positive Affect					
• High	28	0	0	17.688	0.000
• Low	65	32	15		
Negative Affect					
• High	93	7	0	113.203	0.000
• Low	0	25	15		
Affect Balance					
• High	28	7	0	14.000	0.000
• Low	65	25	15		

Table (6): Impact of physical activity on life satisfaction among Elderly Individual in Geriatric Homes

Items	Life satisfaction			X ²	P value
	Mild	Moderate	Severe		
Physical activity:-					
Totally dependent	9	0	0	27.32	.001 H.S
Need assistant	30	0	0		
Independent	54	32	15		

Table (7): Relationship between total psychological wellbeing, physical activity and life satisfaction among elderly in geriatric homes

Variable	R	T	P
• Relation between psychological wellbeing and physical activity	.296 ^a	-8.565	0.000*
• Relation between physical activity and life satisfaction	.376 ^a	20.02	0.000*
• Relation between psychological wellbeing and life satisfaction	.736 ^a	21.14	0.000*

*Is set of highly statistically significant (p=0.000)

Discussion

The aging process is associated with an increased incidence of both mental and physical health concerns and disabilities. It has been observed that physical diseases, psychological illness and adjustment problems are extremely common during this phase of life. Poor mental health is an important consideration for the older population, it appears to be a significant component of life satisfaction which affected by various physical, emotional, social and mental conditions ⁽¹²⁾. This present study investigated the impact of psychological wellbeing and physical activity on life satisfaction among elderly in geriatric homes.

With regard to physical activity, the results of present study found that most of studied subjects were independent in their daily activities as eating, toileting, bathing and dressing but half of them need assistance in grooming, and two quarter of them need assistance transferring, .but in general about two quarter of them were independent in performing daily activities These could be due to pain and suffering, they could have difficulty in walking, resulting in needing assistance in their activities of daily living as grooming and transferring. This theme is similar to those found in previous study done in China by ⁽¹³⁾. who reported that the study sample

from Chinese nursing home residents had moderate deficiency in ADL. The same phenomenon was observed in this study performed by ⁽¹⁴⁾. who shown that elderly living in the nursing home have physical disabilities affecting activities of daily living such as walking. The categories of ADL: hygiene, transportation, shopping, cooking, bathing, clotting, toilet, transfer, eating were significantly common with higher scores in the resting home group. It is usually unrealistic to expect good results in functional independence, cognitive performance and mobility level in older people at the age of 65 years or above.

Psychological well-being refers to how people evaluate their lives. The present study found that three-fourth of the elderly in geriatric homes scored low on psychological well being, with low positive effect, and had high negative effects. Similarly, A study done in India on the psychological wellbeing of institutionalized elderly population by ⁽¹⁵⁾. who found that more than three-fourth of the institutionalized elderly had low positive affect. The same result was also found with negative effect, where as more of half institutionalized elderly sample scored high on negative affect. It can be concluded from the study that institutionalization has impact on the

psychological well being of the elderly. Moreover, a study was conducted by ⁽¹⁶⁾. on psychological well being of elderly individuals in India. It was found that institutionalized aged experience poor sense of psychological well being. On same line, ⁽¹⁷⁾. who conducted a study on psychological well being inhabitants of old age homes of Jaipur and found that low of psychological well-being. As old age home have become an unavoidable choice, care should be take to maintain the psychological health of the elderly

Concerning life satisfaction among elderly individual in geriatric homes, the findings of this study showed that more than two third have mild satisfaction about their life and nearly to quarter are moderate but only 11.5% of them were satisfied about their life. On same line⁽¹⁸⁾ found that most of the inhabitants of the selected old age homes at India were having low to moderate satisfaction with life as per test scores, and also small number of participants expressed that their conditions of life was excellent and satisfied with the present living environment. Additionally, a study done in Turkey by ⁽¹⁹⁾ showed that One-third the elderly were not satisfied with their lives. These results disagreed with a study done in Brasil by ⁽²⁰⁾ who reported that about 6.1% of the elderly

reported that they were dissatisfied, 28.2% were moderately satisfied, and 65.6% were very satisfied with life. Analysis was run on data collected from 2322 subjects who were the Malaysian elderly; the prevalence of life satisfaction was 90.4 % among subjects ⁽²¹⁾

Over the last few decades, increasing attention has been paid to the issue of well-being among the elderly, and life satisfaction has been used as an indicator to evaluate older people's life conditions. Therefore, our results found the evidence of statistically significant relation of the physical activity and psychological well-being with life satisfaction. The same results were observed in previous studies ^(22,23). This finding is supported by the work of ⁽²⁴⁾ who showed that the physical health impairments is association with psychological well-being among older. In this respect, ⁽²⁵⁾. stated that who had poor physical health had indicated that they had low life satisfaction. This is consistent with other study done by ^(26,27) who stated that the life satisfaction relate intimately to healthy aging, and significant correlation between life satisfaction and physical activity among elderly. Similarly, ⁽²⁸⁾ who found that there were large effect of physical and psychological well-being on life satisfaction and it was the major

predictor of life satisfaction among elder. This could be explained that older people who are not able to manage daily life with reduced self-care capacity alters the view of aspects of their life satisfaction. Finally, the current results point out the important of improve psychological well-being and physical activity, which consequently on life satisfaction.

Conclusion

Based upon the study results, it is concluded that the elderly population at geriatric home were independent in most of their daily activities as eating, toileting, bathing and dressing but need assistance in grooming, and transferring. Also results indicated that mostly of the elderly in geriatric homes scored low on psychological wellbeing, with low positive effect, and had high negative effects. Furthermore, there was positive statistically significant relation of the physical activity and psychological well-being and with life satisfaction. These results ascertained that the psychological wellbeing and physical activity affected on elderly life satisfaction at nursing home.

Recommendation

Based on the above results this study recommended that:

- Physical activities and counseling program are necessary for raise the

psychological-wellbeing of elderly population.

- Counseling interventions program for elderly should be done to enhance their life satisfaction and increase successfully aging.
- Future studies to explore reasons for low satisfaction of life. This will help identify how to enhance and strengthen the life conditions for elderly in the community

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