

The self-esteem, autonomy level of the elderly staying in the rest homes and the relation between two variables

Huzurevinde kalan yaşlıların benlik saygısı, otonomi düzeyleri ve iki değişken arasındaki ilişki

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Abstract

Aim. Self-esteem and autonomy are the concepts that are very important in old age. This descriptive and cross-sectional study was carried out to determine the self-esteem and autonomy level of the elderly staying in the rest homes and the relation between them. **Methods.** The sample of the study was composed of a total 80 old people living in the two rest homes in the centre of Sivas city. The data have been obtained by using Personal Information Form prepared by the researchers depending on the literature and directed to determining the socio-demographic qualities of the elderly people, Coopersmith Self Esteem Inventory (SEI) and “General Autonomy (GA)” part of Sociotropy-Autonomy Scale (SAS). **Results.** According to the findings of the study, self-esteem mean score of the elderly is 37.35 ± 2.25 and general autonomy mean score is 52.07 ± 11.00 . In our study we found statistically significant differences between the elderly people’s SEI mean score and their marital status, and also between their independent decision ability and their SEI and GA mean scores ($p < 0.05$). **Conclusion.** When it has been taken into consideration that the score range of Self-Esteem Inventory is 0-100 and that of Sociotropy-Autonomy Scale is 0-120, it can be said that self-esteem and autonomy levels of the elderly included in our study are low. A weak positive relation was found between the SEI and GA mean score of the elderly ($r = 0.418$, $p < 0.05$). In this context, as the self-esteem levels of the elderly taking part in the study decrease, the autonomy levels also decrease.

Keywords: Elderly, rest home, self-esteem, autonomy

Özet

Amaç. Benlik saygısı ve otonomi yaşlılıkta önemli kavramlardır. Tanımlayıcı ve kesitsel nitelikteki bu çalışma huzurevinde kalan yaşlı bireylerin benlik saygısı, otonomi düzeyleri ve aralarındaki ilişkiyi belirlemek amacı ile yapıldı. **Yöntemler.** Araştırmanın örneklemini Sivas ili merkezinde bulunan iki huzurevindeki toplam 80 yaşlı birey oluşturmuştur. Veriler araştırmacılar tarafından literatür bilgisine dayalı olarak geliştirilen, yaşlıların sosyo-demografik özelliklerini belirlemeye yönelik “Kişisel Bilgi Formu”, Stanley Coopersmith Self Esteem Inventory (SEI) ile Sociotropy-Autonomy Scale (SAS)’nın “General Autonomy (GA)” kısmı kullanılarak toplanmıştır. **Bulgular.** Araştırma bulgularına göre, yaşlıların benlik saygısı puan ortalaması $37,35 \pm 2,25$ ve genel otonomi puan ortalaması $52,07 \pm 11,00$ ’dir. Çalışmamızda yaşlıların medeni durumları ile SEI puan ortalamaları arasında ve insanlarla ilişkilerini tanımlama durumları, bağımsız karar vermesini etkileyen faktörlerin olup-olmama durumu ile SEI ve GA puan ortalamaları arasında istatistiksel olarak anlamlı bir fark bulundu ($p < 0,05$). **Sonuç.** Benlik saygısı ölçeğinden alınacak puan ranjının 0-100 ve Sosyotropi-Otonomi ölçeğinden alınacak puan ranjının 0-120 olduğu göz önünde alındığında, araştırmamız kapsamında yer alan yaşlıların benlik saygısı ve otonomi düzeylerinin düşük olduğu söylenebilir. Yaşlıların SEI ve GA puan ortalamaları arasında ($r = 0,418$, $p < 0,05$) pozitif yönde zayıf bir ilişki saptanmıştır. Bu bağlamda araştırma kapsamında yer alan yaşlıların benlik saygısı düzeyi düştükçe otonomi düzeyi de düşmektedir.

Anahtar sözcükler: Yaşlılık, huzurevi, benlik saygısı, otonomi düzeyi

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Introduction

Old age which is an inevitable result of life is a chronic and universal process in which losses and physical regression are seen and it is influenced by cultural, environmental and economic factors [1-3]. According to the data of World Health Organization, although there were 600 million people who were over 60 in the year 2000, it is estimated that the number will be doubled in 2025 and the population of the people over 60 will reach to 2 billion in 2050 [4]. According to findings of Turkey Demographic Health Surveys (TNSA) of 2008, which is the most updated finding related to Turkish population, the rate of people of old age in the total population of Turkey is 7%. Turkey Statistical Institution notifies that there will be about 16 million people of old age in Turkey when the year 2050 comes [5]. These data have shown that if the necessary precautions are not taken, the old aged population will gradually create a social problem for our country as well [6-8].

As the society gets older, its priorities and needs also change and social and health problems come to the fore in the old population [9-13]. Taking care of old people at home gets difficult [2, 3, 10, 14, 15] and elderly people's presence and power of making decision decrease [16-19] because of fast urbanization, industrialization and internal and external immigrations, the transformation of conventional family structure into nuclear family, the presence of economic problems and the participation of women into work life, the fact that life spaces are not sufficient and suitable for the elderly people due to the shrinkage in the size of the houses because of the prevalence of nuclear family, the change in the young people's point of views on old age, the lack of communication between the generations, deterioration of health and physical dependence.

Elderly people's statues in the society change according to the traditions and culture of the society rather than its level of civilization [20, 21]. Though the tendency of the elderly people to live with their family and children is high in our country, the fact that there is a rapid change from the traditional family structure into the nuclear one has caused the number of the people living in the rest homes and nursing homes to increase [6, 22-25].

The elderly people who are regarded as of secondary importance have been the subject of negative discrimination because of some reasons such as being left in the back ground in the society, being obliged to have a dependent life, people not respecting their potential and thus their unused potentials, being categorized and subjected to stigma according to their age [26]. All of these factors affect the elderly people's self-esteem and autonomy.

Self esteem is a state of good taste resulting from the person's approval on the concept of self that he/she reached as a result of his own evaluation [27-33]. Though self esteem forms with the individual's degree of being pleased with the self and regarding it as valuable, personality comes into existence as the result of the combination of all of these facts. The person, in parallel with the level of self-esteem that he/she has, regards himself/herself as a good or a bad, a valuable or a worthless and a positive or a negative individual [34-37].

Self-esteem and self-acceptance are the concepts that are also very important in old age but they are very easily changeable concepts. Self-esteem is closely related to individual's role in the society, relations and satisfaction of life [34, 35]. As for old age, it is a period in which important changes occur in individual's role and relations in the society. Together with the losses in the social roles and relations, the losses in the psychological and physical abilities decrease self acceptance of the individual and thus makes the fall of self-respect easy and it causes the emergence of the sense of dependence and inadequacy

[31, 34, 35, 38]. This sense of inadequacy may also result in negative effects on the elderly individual's ability to make decisions about himself and his life, and his autonomy.

Autonomy is defined as individual's characteristic of saving and increasing his independence and own rights. Self-governance forms the basis of autonomy [39-42]. Putting autonomy into practice requires making up decision, authority and taking responsibilities and it means power [39, 40, 42-44]. The individuals, with a high level of this characteristic of personality become happy when they control their own activities, reach their aims and become successful [45]. The most important factor in the fact that old age is regarded as a frightening period is the misconception that old people will be in need of the assistance of others. At the root of this misconception lies the fear of the loss of "independence". The loss of the ability to meet their own needs alone, the risk of being dependent to others' help and care cause the old age to be regarded as a frightening and undesired period [41, 42, 46, 21]. While old age is perceived by some old people as a process in which the state of being productive turns into consumption, and they are dependent on others, it is perceived by some others as an active process in which their experiences related to life are used and love and respect are experienced without losing self-respect in family and society [21, 41, 42, 47].

In the Turkish society in which family ties are strong, the prevalent tendency is taking care of the old people in the family. However, the institutional life which becomes a current issue as a result of social changes leads to the feeling of being unwanted by their families among the old people and it also leads to a negative point of view against the institutional life [6, 48]. On the other hand, the old people who do not want to be burden of any kind for the people around them and relatives may also choose the institutional life [25, 49]. But the fact that old people are left no choice but to live in an institution may result in their loss of productivity and independence and it may also lead to experience the sense of losing the control of their own lives [6].

Though there are many studies in the literature in which old people's physical and psychosocial situations are evaluated [1-3, 6, 7, 10, 17, 22, 47, 50, 53], there is not any study in which self-esteem and autonomy levels of old people are evaluated and compared.

This study has been done with the purpose of determining the self-esteem and autonomy levels of the old people and to find out the relation between them.

Material and methods

This study descriptive and cross sectional study was done in Sivas which is one of the big cities located in Central Anatolian Region in Turkey. The data of the study were gathered between January 1 and 15, 2009.

The universe of the study was composed of total 86 people of old age living in the two rest homes in the centre of Sivas city. During the dates of the study there were 45 old individuals staying in the first rest home and 41 in the second one. The old people without cognitive disorder, sensory losses and communicative problems were included in the scope of the study. In this study, selection of the sample wasn't used and it was tried to reach the entire universe. However, four old people couldn't be included in the study because of their loss of hearing and two old people were excluded from the study as they did not want to take part in the study. Application was done on total 80 people, 41 of whom were staying in the second one. The rate of taking part in the study is 93%.

Measurements

With the purpose of collecting the necessary data for the study, 3 forms, namely Personal Information Form, Stanley Coopersmith Self-Esteem Inventory and Sociotrophy-Autonomy Scale were used. Personal Information Form was prepared by the researchers using the literature, and it was composed of total 24 questions aimed at determining old

people's socio-demographic qualities and social relations. In order to determine the self-esteem levels of the old people Coopersmith Self-Esteem Inventory/SEI, which was developed by Stanley Coopersmith (1986) [54] and translated into Turkish and whose validity and reliability study was done by Turan and Tufan (1987) [55], was used. In our study, Cronbach alfa reliability coefficient of the inventory was evaluated as $r: 0.77$. SEI was composed of 25 items that could be marked as "like me" or "not like me". In these items there were statements related to person's point of view of life, family relations and strength of resistance. It had two forms which could be applied to children and the adults. Adult form was used in our study. The scores that could be taken range from 0 to 100. Self esteem didn't have a certain limit. Thus, if the score taken was below the average, it indicated that self-esteem was low and if it was over the average, it indicated that self-esteem was high [55].

With the purpose of determining the autonomy levels of the old people, Sociotropy/Autonomy Scale/SAS was used. SAS was composed of 60 items and 30 items belonged to Sociotropy subscale and 30 items belonged to Autonomy subscale. Autonomy Subscale measured dependent and independent personality traits. Autonomy Subscale mean score was measured from the total 30 items including Personal Success Autonomy Subfactor with 12 items that was a prerequisite for autonomy, a set of 12 items related to being free from the point of view which facilitates taking independent decisions and 6 items related to enjoying loneliness that indicates the independent personality and taking independent decisions. This tool was developed by Beck, Epstein, Horison and Emery [56], and was adapted for Turkish in 1993 by Şahin, who also tested its reliability and internal consistency, finding a Cronbach's alpha coefficient of 0.81 [57]. Cronbach coefficient which was reached as a result of the analysis done to see the reliability of the measure in our study was determined as 0.92. Autonomy Subscale required marking one of the five choices indicating how the individual defines his personality from the point of view of dependence and independence; these choices are 0 (never), 1(some), 2 (rather good), 3 (good), 4 (very good). The highest score taken from the scale is 120 and the lowest one is 0. Highness of the score indicates the high level of autonomy.

The procedure

The data were collected by the researchers using data collection forms after approved by the Institutional Review Board at the Division of Nursing of Cumhuriyet University Faculty of Health Science and other institutional review boards where the application was conducted. All participants gave informed consent for the research, and that their anonymity was preserved. Before the data collection forms were applied, the purpose of the research was described to the elderly in the sample group, and they were told that the participation was voluntary, that they were free to leave the research at any time for any reason, and that the data obtained would not be used outside the scope of the research and would not be given to any third party. Then they were asked to submit their informed consent forms. Then, in accordance with general preferences of the elderly the personal information form, SEI and SAS were read aloud by the researchers to the participants and their answers for each question were obtained. Only six participants chose to fill out data collection forms themselves. It took approximately 30-40 minutes to fill in the forms together with the elderly.

Data analysis

The collection and coding of the data about the elderly comprising the sample and the classification of the scores for the scales were conducted by the researchers. The evaluation of the data on the computer was performed using SPSS (Statistical Package for the Social Sciences, ver: 16). Percentages and the arithmetic mean were used to assess the data, the Chronbach's α internal consistency test was used to determine the reliability of the scales in our study, the Pearson's correlation analysis was used to determine the relationship between self-esteem and autonomy, and Kuruskal Wallis analysis of variance and t test were used to determine the relationships between the independent variables and

mean scores of SEI, SAS. P value less than 0.05 ($p<0.05$) was considered statistically significant.

Results

In the study 32.6% of the old people included were female, and 63.8% of them were male. The average age of the old people was 68.65 ± 9.38 , and it was determined that 38.8% of them were in the 67-77 age group, 55.0% of them were illiterate, 81.2% of them were widow/divorced, 82.5% of them had children and 53.8% of them had three or more children. It was determined that 40.0% of the people met with their children once a month, 75.0% of them had stayed in a rest home for 0-1 year, 47.5% of them were living in the city centre before coming to the rest home and 53.8% of them were living with their wives in their own homes (Table 1). 52.5% of the old people stated that their family relations were bad, and 67.5% of them stated that they could define themselves as "shy". Old people said that they were able to make independent decisions at the rate of 46.2% and below the moderate level (score 2) (0=the lowest, 5=the highest), and 78.8% of them said that there were factors affecting their ability to make independent decisions when they encountered any problem. 52.5% of the elderly regarded old age as a factor affecting their ability to make independent decisions in a negative way. Though the rate of the people who experienced the sense of loneliness is 96.2%, they defined the frequency of experiencing the sense of loneliness at the rate of 61.2% as sometimes (Table 2a).

In our research 75.0% of the old people have stated that they have lived in the rest home for 0-1 year, and 56.2% stated that they themselves paid for the costs related to the rest home. When asked what they feel about staying in the rest home, 81.2% of them answered that they felt loneliness, 76.2% of them despair and 63.8% of them said that they felt abandoned. 77.5% of the old people said that there were old people in the rest home with whom they were friends and to whom they felt close. They also stated that they talked with these old people, shared many things. 97.5 of them stated that they could carry out their need of nourishment and toilet independently, and 88.8% of them said that they watch TV with the purpose of good using their free time (Table 2b).

According to our findings, the self-esteem means score for the elderly was determined as 37.35 ± 2.25 and that of the general autonomy as 52.07 ± 11.00 (Table 3a). When the correlation between the mean scores taken from the both scales was taken into consideration, it was found that there was a statistically significant relation between the elderly people's levels of self-esteem and autonomy ($p=0.000$) (Table 3b). Between the SEI and GA mean scores of the elderly ($r=0.418$, $p<0.05$), a weak relation in positive way was determined.

Table 1. Demographic characteristics of the elderly (N=80).

Characteristics	N (%)
Age (X=68.65±9.38)	
45-55	7 (8.8)
56-66	27 (33.8)
67-77	31 (38.8)
78-88	15 (18.8)
Gender	
Female	29(36.2)
Male	51(63.8)
Educational level	
Illiterate	44 (55.0)
Literate	16 (20.0)
Primary school	14 (17.5)
Junior high school and over	6 (7.5)
Marital status	
Single	6 (7.5)
Married	9 (11.2)
Widow/divorced	65 (81.2)
With children	
Yes	66 (82.5)
No	14 (17.5)
The frequency of meeting with children	
None	25 (31.2)
Once a week	6 (7.5)
Once a month	32 (40.0)
Once a year	3 (3.8)
Place of residence before coming to rest home	
City	38 (47.5)
Village	34 (42.5)
Town	8 (10.0)
With whom people used to live before coming to rest home	
Spouses	43 (53.8)
Spouses and children	20 (25.0)
Alone	17 (21.2)

Table 2a. Other characteristics of the elderly (N=80).

Characteristics*	N(%)
The degree of family relations	
Good	8 (10.0)
Moderate	30 (37.5)
Poor	42 (52.5)
How they define their relations with the other people	
Assertive	26 (32.5)
Shy	54 (67.5)
Their levels of making independent decisions When encountering any problems	
1**	9 (11.2)
2	37 (46.2)
3	25 (31.2)
4	5 (6.2)
5***	4 (5.0)
Whether there are some factors affecting making independent decisions	
Yes	63 (78.8)
No	17 (21.2)
The factors affecting making independent decisions	
Being elderly	42 (52.5)
To be rest home	13 (16.2)
Instability	6 (7.5)
Illness	2 (2.5)
Feeling loneliness	
Yes	77 (96.2)
No	3 (3.8)
The frequency of feeling loneliness	
Always	23 (28.8)
Sometimes	49 (61.2)
Rarely	5 (6.2)
*According to their own statements of the elderly.	
**Lowest level of decision making.	
***Highest level of decision making.	

Table 2b. Other characteristics of the elderly (N=80).

Characteristics	N (%)
The duration of staying in a rest home	
0-1 year	60 (75.0)
2-3 year	10 (12.5)
4 years and over	10 (12.5)
The people pays for institutional costs	
Himself/ herself	45 (56.2)
Their children	9 (11.2)
Others	26 (32.4)
The feelings experienced owing to being in a rest home**	
Loneliness	65 (81.2)
Desperation	61 (76.2)
Being left alone	51 (63.8)
Poverty	36 (45.0)
Loss of control	22 (27.5)
Being repress	21 (26.2)
The existence of the people with whom they are friends/The people they feel close to them	
Yes	62 (77.5)
No	18 (22.5)
The daily activities that can be performed by the elderly without help **	
Feeding	78 (97.5)
Excretion	78 (97.5)
Dressing	63 (78.8)
Having bath	46 (57.5)
Leisure time activities **	
Watching TV	71 (88.8)
Going on trips	69 (86.2)
Reading books etc.	17 (21.2)
Chatting	13 (16.2)
Listening to music	9 (11.2)
Praying and performing the namaz	9 (11.2)
* According to their own statements of the elderly	
**The elderly gave more than one answer.	

Table 3a. The mean scores of the elderly self-esteem and autonomy levels.

Scale	Minimum	Maximum	X±SD
Stanley Cooper-Smith self esteem inventory	34.00 (0.00)*	45.00 (100.00)*	37.35±2.25
Sociotropy-autonomy scale	29.00 (0.00)*	86.00 (120.00)*	52.07±11.00
*The values in the parenthesis show the minimum and maximum points that can be taken.			

Table 3b. The Relation between self-esteem and autonomy mean scores of the elderly.

Scale	n	X±SD	Significance level*
Stanley Cooper-Smith self esteem inventory	80	37.35±2.25	r=0.418
Sociotropy-autonomy scale	80	52.07±11.00	p=0.000
* The Pearson's correlation analysis			

Table 4. The mean scores of the elderly self-esteem and autonomy levels according to the definitive characteristics.

	SEI score means			GA score means	
	n	X±SD	Significance level*	X±SD	Significance level*
Age					
45-55	7	37.85±3.48	KW=0.81	50.00±12.96	KW=0.98
56-66	27	36.81±2.01	p=0.491	50.22±10.06	p=0.405
67-77	31	37.64±2.25		54.70±11.81	
78-88	15	37.46±1.99		50.93±9.93	
Gender					
Female	29	36.82±1.48	t=1.58	51.27±11.02	t=0.48
Male	51	37.64±2.55	p=0.118	52.52±11.07	p=0.627
Marital status					
Single	6	39.50±3.61	KW=3.41	56.00±14.24	KW=0.68
Married	9	36.66±1.22	p=0.038	54.33±16.02	p=0.506
Widow/divorced	65	37.24±2.12		51.40±9.94	
The degree of family relations					
Good	8	37.50±1.41	KW=1.29	60.75±13.87	KW=3.06
Moderate	30	37.83±2.53	p=0.279	51.96±10.07	p=0.052
Poor	42	36.97±2.13		50.50±10.56	
Their definitions of the relations with other people					
Assertive	26	38.65±1.87	t=3.90	56.23±11.39	t=2.41
Shy	54	36.72±2.15	p=0.000	50.07±10.33	p=0.018
The presence of factors affecting making independent decisions					
Yes	63	37.01±2.20	t= 2.65	50.44±10.27	t=2.64
No	17	38.58±2.03	p=0.010	58.11±11.82	p=0.010

KW: Kuruskal Wallis analysis of variance; **t:** Independent-Samples t-test

Discussion

When it was taken into consideration that the total score range that could be taken from the scales in our study was 0-100 in SEI and 0-120 in GA, it could be said that self esteem and autonomy levels of the old people living in the rest homes were generally low (Table 3a). When the literature is examined, it has been seen that the number of the studies on the self-esteem and autonomy level of old people living in and out of the institutions is limited. In Hwang and Lin's study on the self-esteem and autonomy levels perceived among the old people living at homes and long-term care environments in Taiwan, the autonomy of the elderly people was found to be in medium level [58]. In another cross-sectional study the topic of which was the autonomy that the old people living in the old people homes perceive, the autonomy levels of the elderly people were found to be high [59]. In Chao et al's study in which they examined the impact of life-cycle group therapy on depression, self-esteem and satisfaction of life, the self-esteem levels of the elderly in the control group and study group before the study were high [51]. These data are not parallel to our data. Thus it can be said that the self-esteem and autonomy levels of the elderly people are affected by the characteristics of the society they are in.

We can say in accordance with our findings that as the people get older, there occur some changes in their lives such as losing their wives/ husbands, living alone, being obliged to leave the environment to which they are accustomed and thus living in rest/nursing homes and etc. When the changes like these are considered, the elderly person's social activities and power, prestige, close relations, respect, social life and supports decrease, and thus the elderly person loses his/her active role and comes to a more passive state (Table 2a and 2b). It can be difficult to get used to these changes in old age. In this context, the fact that social supports and relations of the elderly living in the rest homes decrease gradually may cause them to feel themselves worthless, and loneliness, regard themselves as deprived of love and abstracted from the society, and it can also lead to the decrease in their self-confidence and thus the self-esteem and autonomy levels. However, the elderly living in the society and their families feel themselves more respectable, with the right to speak on a subject, useful and valuable [6, 16]. Though any study that examines the self-esteem and autonomy levels of the elderly living in the society in Turkey couldn't be encountered, Hwang and Lin's found the autonomy levels of the elderly over the average

level in their study on the autonomy perceived by the elderly who did not stay in the institution and socio-demographic factors related to them [60].

When the literature is investigated, it is seen that though there are limited number of studies which consider autonomy and self-esteem separately, any study on self-esteem and autonomy levels of the elderly staying in the rest homes hasn't been encountered. According to our findings, the relation between these two variables is statistically important ($p=0.000$) (Table 3b). In this context, as the self-esteem levels of the elderly decreased, the level of autonomy also decreased. It can be said that it is important to take the self-esteem and autonomy levels of the elderly staying in the institution together and to support them.

When SEI and GA mean scores of elderly people with respect to their ages are considered, it is seen that self-esteem levels of the people of 56-66 age group and autonomy levels of the elderly people of 45-55 age group are lower, but there is not a statistically significant difference between the mean scores among the age groups ($p>0.05$) (Table 4). The number of the studies in literature is limited and their findings are in contradiction with each other. Benzur states in his study that there is not any decrease in the self-esteem with aging [61]. However, McMullin and Cairney in their study on the intersection of self-esteem, age, class and gender indicates that the level of self-esteem decreases with age [36]. In the study carried out by Hwang and Lin it was found that there is a relation between them and the level of autonomy increases with age [60]. Though Ben-Zur [61] and Hwang and Lin's [60] studies are not parallel to our findings, the self-esteem and autonomy levels of the elderly may change according to cultural and social characteristics. It can be said in connection with our findings that the physical changes, inadequacy with age, health problems and decreased social supports may reduce self-esteem, but the life experience which is acquired by the increasing age can improve ability to solve the problems and increase the level of autonomy.

In our study, self-esteem and autonomy levels of the males from the point of view of gender were found to be higher than those of the females, but a statistically significant difference wasn't found ($p>0.05$) (Table 4). In a meta-analysis study on the gender differences in self-esteem, though the difference was not statistically important, it was determined that the self-esteems of the males were generally higher than those of females [62]. Again, in McMullin and Cairney's study it was stated that the self-esteem levels of the women of 12-75 range of age were lower than those of the males [36]. The findings of this study and those of ours are parallel to each other. On the other hand, though Turkish society used to regard women traditionally as of minor importance when compared to the men and wanted the women to heed what is told by the men, today this view has been replaced with a more modern point of view of equality between men and women. The result that we have got from our study has been parallel to Turkish society's understanding and point of view that have changed in the course of time. This situation can be explained by the fact that the average points of the two genres are close to each other.

Though it was seen in our study that the levels of self-esteem of the elderly who are single were higher than those of the elderly who were married, divorced/widow in a statistically significant degree ($p<0.05$), it was also been found that their levels of autonomy were higher but the difference was not statistically significant ($p>0.05$) (Table 4). In a sense, being single may create the suitable environment for the elderly person to live without being dependent to others, to undertake the responsibilities of his/her own individual rights and freedom, to have enough freedom to discover and improve himself/herself. The elderly people's living alone without being dependent to others, being aware of their responsibilities and assuming those responsibilities and thus making more independent decisions can strengthen their power of solving problems, increase their self-reliance [41, 42, 50, 58, 60, 63, 64] and affect the levels of self-esteem and autonomy in a positive way. However, in Choi et al's study it was determined that self-

esteem of the elderly who were married and had an active sexual life was higher [35]. In the study carried out by Hwang and Lin, it was stated that the autonomy of the widows/widowers was low [60]. Hwang and Lin associated this finding with the fact that the elderly living with their wives/husbands take help and social support from them and they stated that when this strong support is lost by the death of the partner it may lead to the loss in the elderly people's autonomy. The autonomy levels of the elderly who are divorced or widow/widower are lower in our study than those of the single and married ones too. In this sense, Hwang and Lin's finding is parallel to that of our study.

When SEI and GA mean scores with respect to the family relations were considered, it was determined that self-esteem levels of the elderly whose family relations were "moderate" were higher, but autonomy levels of the elderly whose family relations were "good" were higher. However, a statistically significant difference between them couldn't be found ($p>0.05$). The things what make the individual socially active in old age are social relations and hobbies [42]. Family is the most basic social institution and the positive and harmonious relations between the individual and the society are established mostly through the family [6, 65, 66]. It can be said under the light of our findings that if the elderly living in an institution see especially their close relatives, their relatives come to visit them and the social support is provided by the family, these will have a positive influence on the individuals from the psycho-social point of view [42] and thus will increase their self-esteem, adaptation to life in the institution and their autonomy. Kekovalı et al. [67] pointed out in one of their studies that the rate of depression among the elderly who did not have visitors in rest home was 66.7%. But in a study, it was determined that there was a statistically significant difference between their level of loneliness and their possibility for visiting their relatives, having visitors and its frequency in rest home [68].

When SEI and GA mean scores with respect to how they generally defined themselves in the relations with the other people were considered, it was determined that the self-esteem and autonomy levels of the elderly who define themselves as initiating in their relations with other people were higher in a statistically significant degree ($p<0.05$). The elderly who are of initiating character can express themselves more easily in the society. These elderly people may improve their ability to make independent decisions more by means of struggling to find realistic solution choices for their problems [29, 33, 42]. All of these may cause the elderly people to see themselves in respectable and useful positions and thus they can lead to the increase in their levels of self-esteem and autonomy.

When SEI and GA mean scores with respect to whether there were some factors affecting the elderly people's making independent decisions were considered, it was established that self-esteem and autonomy levels of the elderly people who stated that there were no factors affecting their making independent decisions were higher in a statistically significant level ($p<0.05$). There is a connection between the age and making decision. As improvement and maturation in the mental processes occur with age, the cognitive skills such as making decisions, solving problems, conflict management also improve [29, 33, 42]. The process of making decision requires a certain freedom of behavior and autonomy [42]. That's why, making independent decisions is an important factor that has a positive effect on the self-esteem and autonomy levels of the individuals. Our study is parallel to information in the literature, and it was discovered that the self-esteem and autonomy levels of the elderly who made their own decisions were high when they were confronted with problems.

There is not any study encountered that examines the self-esteem and autonomy levels with respect to the state of whether there are some factors affecting the elderly people's making independent decisions or not and their relations with the other people.

The levels of self-esteem and autonomy of the old people included in our study who lived in the rest homes were low. There is a statistically significant relation between their levels

of self-esteem and autonomy. In this context, as old people's levels of self-esteem decrease, their autonomy levels also decrease. In our study, self-esteem and autonomy levels of the old people whose sex was male, who were single and defined themselves as initiating in their relations with other people and who stated that there was not any factor that would affect their making up independent decisions were found to be higher than others.

In accordance with the data obtained from this study, the followings can be suggested to be done; (1) the frequent evaluation of the bio-psychosocial situation of the people living in the rest homes, (2) making necessary arrangements in the service police and applications so that self-esteem and autonomy levels of the old people can be improved (3) carrying out the activities that will help the old people living in the rest homes to use their spare time more effectively and productively in order to improve their levels of self-esteem and autonomy, and arrangement of the programs that will allow them to use their skills and that increase satisfaction of life (4) providing the old people in the rest homes with the services as psychological counseling, guidance and rehabilitation for the purpose of increasing their levels of self-esteem and autonomy (5) making the arrangements aiming at the improvement and continuity of the relation between the old people and their family members and other relatives, making it possible that the old people take part in the decision making processes about the services given to the old people in the rest homes and inserting the old people to the every stage of the service provided (7) taking the desires, wishes and the complaints of the old people into consideration (8) arrangement of in-service training programs for the people working in the rest homes with the aim of supporting self-esteem and autonomy levels of the old people living in the rest home (9) carrying out descriptive and experimental studies on different populations and samples in order to determine the levels of self-esteem and autonomy of the people living in the rest homes.

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