



THE EFFECT OF PERCEIVED SOCIAL SUPPORT ON LIFE SATISFACTION AMONG OLDER ADULTS WHO PARTICIPATE IN RECREATIONAL ACTIVITIES

Gülseren Yurcu¹, Murad Alpaslan Kasalak², Zeki Akıncı³

^{1*} *PhD, Assistant Professor, Faculty of Tourism, University of Akdeniz, Turkey*

² *PhD, Assistant Professor, Faculty of Tourism, University of Akdeniz, Turkey*

³ *PhD, Assistant Professor, Faculty of Tourism, University of Akdeniz, Turkey*

*E-mail: gulserenyurcu@akdeniz.edu.tr

Abstract: Recreational activities are very important for a successful aging. In health protection, improving (physiological, psychological, and sociological) support and recreational activities support increases both social support and life satisfaction in older adults. The purpose of this research is to examine the effects of social support that the elderly perceived as a result of the recreational activities they participated in on their perceptions of life satisfaction. Perceived Social Support and Life Satisfaction scales were used to collect data in the study and the questionnaire was administered to 528 individuals between the age of 45 and 90. Descriptive statistics, t test, ANOVA, Pearson correlation coefficient, simple linear regression and model fit indices were used in the analysis of the data. As a result of the findings older adults had average perceptions of social support and life satisfaction, and their perceptions of life satisfaction differed according to age, marital status and income, but not according to gender and participation in recreational activities, Perceived Social Support was positively associated with Life Satisfaction, and Perceived Social Support positively affected Life Satisfaction. In third age tourism, orientation of elderly individuals to active recreational activities, it will increase their subjective well-being.

Keywords: Recreation, Elderly, Perceived Social Support, Life Satisfaction, Tourism

Introduction

Getting older and reaching what is termed “old age “ is an unavoidable time period that individuals face within their lifetime. Aging, comes from the Greek word "Geras" (Ardahan, 2010, p.26) and as "being elderly" according to the TDK (Turkish Language Association), is indicated. The World Health Organization (WHO) emphasizes the social dimension of aging and is described as “a slow decrease in a person’s ability to adjust to the environment”. Aging is described as “a decline in a person’s ability to adapt to the changing environment and potential to ensure balance between internal and external factors of an organism depending on the time factor” by Emiroğlu (1995), as "an unavoidable process including biological, chronological and social aspects and problems" by Şener (2013). According to the categorization of WHO, people between the ages 45-59 are classified as middle aged, the ones between the ages 60-74 as young-old, those between the ages 75-89 as middle-old, and the ones at the age of 90 and over are classified as oldest old. In general, old age can be expressed as a decline in the biological, psychological and sociological well-being of individuals with their advanced ages (Chen, 2001; Kurt et al., 2010; Softa et al., 2015; Şener, 2013; Yertutan, 1991; Dedeli et al., 2013). In older ages, where aging is an inevitable process, cardiovascular (oxygen consumption decreases, heart rate decreases, etc.), gastrointestinal (gastric motility and discharge decrease, gastric secretion decrease, metabolism of drugs in liver slows down etc.), genitourinary (It is difficult to control hypertension, bladder capacity decreases, oestrogen in women decreases, etc.), endocrine (insulin peripheral resistance increases, fasting blood sugar may increase and glucose intolerance may develop, etc.), muscle skeletal structure (shortening of size, aging muscle is more open to mechanical trauma and heals later, joint restraint, limitation of movement, joint injury after trauma increases, while spinal complaints occur more during early aging period, knee and hip problems become evident in older ages, etc.) neurological (nerve conduction velocity decreases, sleep patterns alter, etc.), immune (increase in prominent infection susceptibility, etc.) system changes are experienced, older adults also have skin (hair weeping, hyperpigmentation, collagen, etc.) changes (Yıldız, 2011; Yertutan, 1991). Psychologically, the elderly population show depression symptoms resulting from their feeling deprived, indifferent, lonely, have quick temper and show their anger clearly, lack joy of life and life-purpose, have ways of protection such as sensitivity, scepticism, stockpile, opposing changes and over-tempered attitudes in order to be able avoid fear and anxiety, go through menopause/andropause, and have concerns for being a burden on others (Ak, 1991; Cangöz, 2009). Sociologically, problems such as a decrease in social interaction, loss of family, profession and social roles, inability to keep up with social development, and negative viewpoint of social individuals towards elderly population arise (Öz, 2002). According to Tufan (2014), one of the problems of elderly population is financial possibilities; older adults with no income are in need of the support from the state and their families; and financial dependency means the restriction of social participation and integration opportunities in old age. In a study by Softa et al. (2015), life satisfaction, stated to be moderate in the participants who were over 65 years of age, was found to be low in older adults who were female, had coronary artery disease, had low level of education, preferred to be alone in distressed times and had two children.

The population of the world and our country is growing increasingly old in parallel with the decline in birth rates, and changes and developments in food, health and social facilities. According to the data obtained in 2015, 8.5% of the world population is old (TUIK, 2016). Within the general population of the United States (USA), it is estimated that by 2030, the population aged 65 years and over will be between 65 and 69 million, and 80 million by 2050. In the Netherlands, it is reported that by 2020 the elderly population will reach 22%. It is estimated that the population over 60 years of age worldwide will reach 1.2 billion in 2025 and 2 billion in 2050 (Bahar and Parlar, 2007, p.33). It is estimated that 10% of the population will be elderly in Turkey in 2025 and 20% will be elderly in 2050, which will be approximately 15 million people. With the aging population, families and communities are expected to experience some problems in the future in several ways such as the use of health care services, covering health expenses, organization and financing of social insurance institutions, social support from family and friends, period of retirement, adaptation to ageing process, difficulty in obtaining adequate income, accommodation, adequate services and job opportunities (Dedeli et al., 2013, p.2).

Since the share of the elderly population in the total population of the world and our country gradually increases and the family support systems gradually decrease, the issue of social support in the elderly becomes increasingly important. In general, social support is defined as physical and psychological assistance provided by the family, friends, neighbours and institutions to an individual who is in a difficult situation (Altay and Avcı, 2009, p.140). Perceived social support is the existence of support resources when a person needs support, and is defined and measured subjectively and qualitatively (Çeçen, 2008, p.416). Social support fulfils people's basic social needs such as love, commitment, self-esteem and belonging to a group, and positively affects physical and psychological health (Leavy, 1983; Norbeck and Bornos, 1988). The fact that the social network comprising spouses, family and friends around the elderly is strong meets the basic social needs of individuals such as love, commitment, self-esteem and sense of belonging to a group, and positively contributes to the prestige, morale, life satisfaction emerging as a result of social support and the ability to cope with stressful events (Helman and Stewart, 1994, Patterson, 1995, Altay and Avcı, 2009, p.140). Decrease in social support causes sense of loneliness, physical and mental health problems and an increase in mortality risk in the elderly (Polat and Kahraman, 2013, p.14). In the study of Jacobson et al. (2017), emotional social support was revealed to have a lowering effect on the level of depression and anxiety in older adults whose spouses and relatives had died, whereas in the study of Kapıkıran (2016), social support was found to be a partial mediator between loneliness and life satisfaction.

Older adults' state of health, economic conditions, and activity levels are important determinants of life satisfaction in this process where elderly population experience deterioration in many aspects (physiological, psychological, and sociological) (Softa et al., 2015, p.14). The concept of life satisfaction put forward by Neugarten et al. (1961) expresses the satisfaction of an individual in his/her life in general (Özer and Karabulut, 2003, p.73). Life satisfaction, a cognitive component of subjective well-being, reflects an individual's evaluation of his/her satisfaction in various living spaces. The fact that individuals have pleasant experiences more than unpleasant ones shows that they have high subjective well-

being (Myers and Deiner, 1995). A high level of life satisfaction, which is an important aspect of individuals' well-being, is a significant factor for a healthy aging process because it affects the state of psychological and social well-being (Şener, 2013, p.6). A low level of life satisfaction is considered to be an indicator of serious problems in social relations, mental and physical health (Fred, 1984). Life satisfaction is a cognitive evaluation process that is conducted by an individual according to the criterion chosen by the individual indicating how satisfied he/she is in his/her life. Life satisfaction is an emotional state that is at the centre of the theory of positive psychology, involves the current satisfaction of an individual with his/her life, and contributes to subjective well-being (happiness). Different experiences, positive and negative factors in different periods of human life can affect life satisfaction (Kapıkıran, 2016, p.14). Gender, age, education, income, social origin, marital status, state of health, social network, level of social activity and senior centre life (Karataş, 1990), positive personality trait, being safe, achieving the objectives and goals (Şener, 2013), the feeling of loneliness (Erol et al., 2016) are stated to be the factors affecting life satisfaction in elderly population.

Life satisfaction in the elderly depends on the combination of various factors such as personality, changes in living conditions, control foci and coping with customary strategies. Neugarten (1961) uses 5 criteria to determine life satisfaction in older adults. According to this, the elderly whose life satisfaction is high are expected to:

1. Enjoy activities in daily life,
2. Believe that their life bears a meaning, have a life purpose, and accept the responsibility of their past life,
3. Have the belief that they have achieved the goals that they have foreseen throughout their life,
4. Have a positive image of "self" and are able to accept themselves as a valuable asset regardless of whatever weaknesses they have in their old ages,
5. Have optimistic attitudes towards life.

The best way for older adults to get rid of the thoughts of "being useless" or "giving up everything" in the aging process is to be occupied with works that make them happy (Özer and Karabulut, 2003). According to Neugarten (1961), after 60 to 65 years of age, the communication and activities of individuals decrease; and correspondingly, the levels of life satisfaction and happiness decrease as well. Participation in leisure time activities is an essential factor that helps the elderly cope with the changes in their lives and is an important determinant of the quality of life of older adults (Şener, 2013). Health is associated with happiness, and mental health has stronger relations with individuals' subjective well-being than physical health. It is known that being mentally healthy also prevents many physical diseases (Veenhoven, 2010). Participation in physical activities in older ages has some benefits such as increasing physical functions, decreasing in depression and neurodegenerative diseases, improving wellbeing (Garatachea et al., 2009), enhancing life satisfaction (Kim et al., 2015), improving communication with the physical and social environment (Yoo and Kim, 2016). It is indicated that people who do not engage in any activities in their leisure and who are bored tend to take up behaviours that are harmful to

health (smoking, alcohol, etc.) and have lower physical and mental health status (Caldwell and Smith, 1994).

Leisure activities are the least restricted areas of human activities and provide the individual with the maximum freedom of choice. Therefore, leisure activities not only contribute to physical health, but also contribute to psychological well-being as a result of a person's freedom of choice. The widespread opinion on the relationship between leisure activities and health is based on the idea that leisure activities are a source of joy and pleasure. Theories and research in this area argue that it will not only temporarily improve the quality of life, but will also have a positive long-term effect on the emotional state (Manell, 1999). According to continuity theory, one of the many theories that explain the relation between participation in leisure activities and life satisfaction, the fact that older adults who have maintained their relationships and activities for many years continue to carry out the same activities they did in their past and integrate with them contribute to their psychological well-being. The "activity theory", which is based on the fact that the life satisfaction of an individual is associated with his/her activities, acknowledges that happiness arises from an individual's own activities. The elderly who maintain their middle-age activities or who are able to replace the activities that they have reluctantly abandoned have higher life satisfaction. Considering modern understanding, activities are expressed in integrative terms such as in hobbies, social relations and exercises. According to this approach, happiness will arise by itself if the individual concentrates on important activities (Diener, 1984). Coleman and Iso-Ahola (1993) argue that the establishment of social relations in leisure activities often improves friendship and co-operation. This usually leads to the formation of a social support system, which serves as a buffer to overcome the stresses of daily life (Şener, 2013, p.1). Larson (1990) note that people are a lot happier while spending time with their friends. The results of the research conducted by Dupuis and Smale (1995) show that older adults' activities like dealing with hobbies and handcrafts, visiting friends, and swimming are positively correlated with their psychological well-being and negatively with depression.

An increase in older adults' interpersonal social interaction positively affects their level of well-being and life satisfaction. For this reason, it is necessary for the elderly to carry out activities that improve health so that mental health of the elderly can be maintained and their life satisfaction is kept at a good level (Softa et al., 2016, p.3). The activities in which the elderly participate in their leisure time will provide significant contributions to the formation of behavioural change and the development and preservation of a sustainable well-being. This research aims to explore how the elderly make use of their leisure time and whether there are differences between demographic characteristics and perception of life satisfaction, and to reveal perceived social support, perception of life satisfaction and correlations between these variables. There are many studies on perceived social support and life satisfaction in the related literature. Unlike other studies, It is thought to contribute to the related sector and the literature that research variables are both recreational activity involvement and elderly individuals. With findings from this investigation will be examined the demographic characteristics of elderly individuals participating in recreational activities and the effect of social support perceived on life satisfaction and it will be discussed recreational activities that are thought to have positive and negative effects on life satisfaction.

Research Methodology

Sample

The implementation field of the study includes the elderly living in the city centre of Antalya. Simple random sampling method was used while selecting the research sample and 528 older adults aged between 45 and 90 were reached.

Research Model and Research Hypotheses

The purpose of the research is to reveal the effects of the social support perceived by elderly population aged 45-90 years participating in recreational activities on their life satisfaction. The model of the study is shown in Figure 1 as a whole.

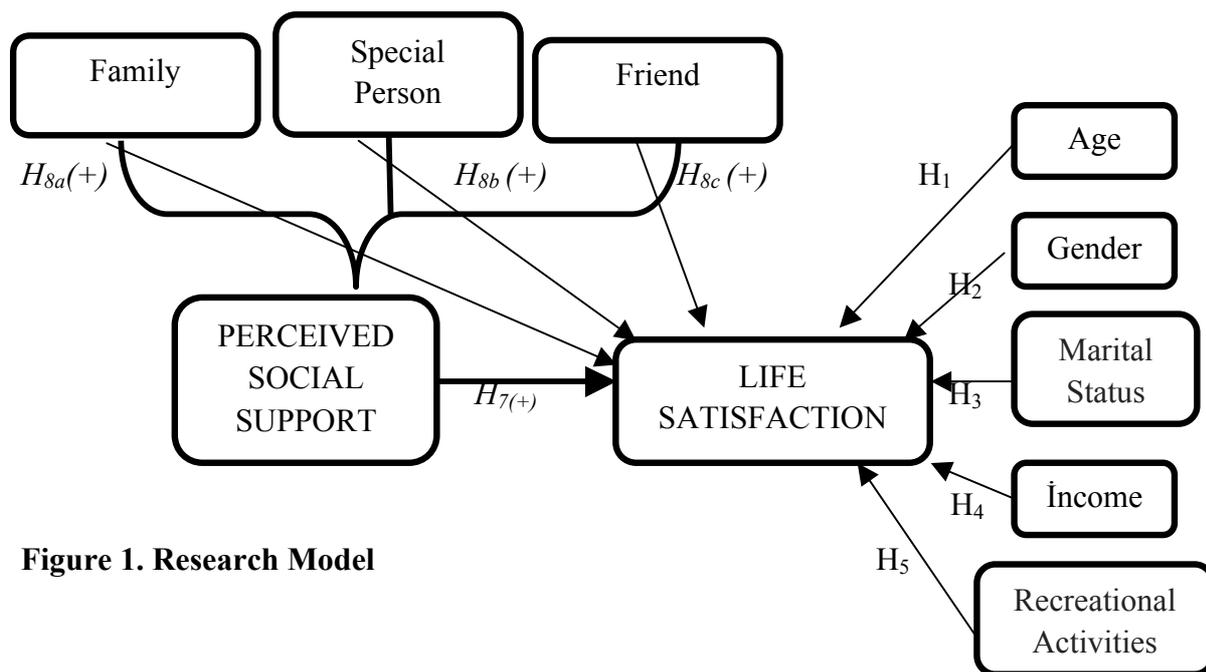


Figure 1. Research Model

Research hypotheses are as followed;

H₁: There is a statistically significant difference between perception of life satisfaction in the elderly and their ages.

H₂: There is a statistically significant difference between perception of life satisfaction in the elderly and their gender.

H₃: There is a statistically significant difference between perception of life satisfaction in the elderly and their marital status.

H₄: There is a statistically significant difference between perception of life satisfaction in the elderly and their income.

H₅: There is a statistically significant difference between perception of life satisfaction in the elderly and their participation in recreational activities.

H₆: There is a positive relationship between older adults' perceived social support and its dimensions, and their life satisfaction.

H₇: Perceived social support positively affects life satisfaction.

H₈: Dimensions of perceived social support positively affects life satisfaction.

H_{8a}: Family affects life satisfaction positively.

H_{8b}: Significant other affects life satisfaction positively.

H_{8c}: Friend affects life satisfaction positively.

Data Collection and Results

The basic data collection method used in the research is survey. The questionnaire created to collect the research data consists of 3 parts. The first part includes demographic variables (age, gender, marital status, income), the second part comprises the Multidimensional Scale of Perceived Social Support and the third part consists of the Satisfaction with Life Scale.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support developed by Zimet and colleagues (1988) is a 12-item scale whose validity and reliability studies in Turkish were conducted by Eker and Arkar (1995a, 1995b-Eker et al. (2001)), and used by them in their studies. The Multidimensional Scale of Perceived Social Support has 3 subscales related to the source of the support each of which consists of 4 items. These subscales are Family (3rd, 4th, 8th, 11th items), friend (6th, 7th, 9th, 12th items), and significant other (1st, 2nd, 5th, 10th items). Each item was graded using a 7-interval scale, from "very strongly disagree" to "very strongly agree".

Satisfaction with Life Scale (SWLS):

The Satisfaction with Life Scale is a single factor 5-item scale developed by Diener, Emmons, Larsen and Griffin (1985), and adapted to Turkish by Köker (1991), Yetim (1991) and Dağlı and Baysal (2016) who also conducted validity and reliability studies of the scale. In the study of Dağlı and Baysal (2016), the Cronbach Alpha reliability coefficient was detected as 0.88 and the test-retest reliability was found to be 0.97, the model fit indices were found as χ^2/sd : 1,17, NFI:0,99, NNFI:1,00, CFI:1,00, SRMR: 0,019, RMSEA:0,030, GFI: 0,99 and AGFI: 0,97. Participants were asked to answer within the range from 1 to 7; "1. Strongly disagree", "2. Disagree", "3. Slightly disagree", "4. Neither agree nor disagree", "5. Slightly agree", "6. Agree", and "7. Strongly agree".

Analysis

The Kolmogorov-Smirnov test was performed to determine whether the data were normally distributed in the multivariate analyzes, and as a result of the test, it was found out that the data had normal distribution. Parametric tests were applied since the data showed normal distribution. Cronbach Alpha reliability analysis was used to measure the reliability of the scales used, and frequency and descriptive statistics for personal information (t test, ANOVA) were used in the research. Confirmatory factor analysis was performed to test the construct validity of the MSPSS. Pearson correlation analysis was conducted to determine the relationship between Perceived Social Support and Life Satisfaction variables, and linear regression analysis was used to determine the effects of variables on each other. In the test of the research model, structural equation modeling and fit indices (Chi-Square Goodness), GFI

(Goodness of Fit Index), RMSEA (Root Mean Square Error of Approximation), CFI (Comparative Fit Index), NFI (Normed Fit Index), RFI (Relative Fit Index), IFI (Incremental Fit Index), and AGFI (Adjusted Goodness of Fit Index) were used. SPSS and AMOS package programs were used for data analysis.

Validity and Reliability

In the general validity and reliability analysis of the scale used in the study, the Cronbach Alpha coefficient was found as 0.92. The Cronbach Alpha coefficient of the MSPSS was 0.88 and it was 0.91 for the Satisfaction with Life Scale. These Cronbach's Alpha coefficients indicate that the scales used in the study were highly reliable.

Perceived Social Support Factor Analysis

Factor analysis was performed in order to test the construct validity of the Multidimensional Scale of Perceived Social Support. Kaiser-Meyer-Olkin (KMO) test was carried out to test the adequacy of the sample size and Barlett Sphericity test was conducted to determine whether the variables had normal distribution or not. KMO value of the MSPSS was 0,909, and Barlett Sphericity test results were meaningful. After factor analysis and varimax rotation were carried out, three subscales whose eigenvalue of the MSPSS was greater than one were identified and the three subscales accounted for the 75,716% of the total variance. Data on factor validity and variances are shown in the table below.

Table 1. Factor Analysis for Perceived Social Support

Variables	Statements	Factor Loading	Factor Variability	Factor Variance
Family	3. My family (e.g., my mum, dad, spouse, children, siblings) really tries to help me.	,828	,89	25,772
	4. I get the emotional help& support I need from my family (e.g., from my mum, dad, spouse, children, siblings).	,839		
	8. I can talk about my problems with my family. (e.g., with my mum, dad, spouse, children, siblings).	,800		
	11. My family is willing to help me make decisions (e.g., my mum, dad, spouse, children, siblings).	,853		
Significant Other	1. There is a special person who is around when I am in need (e.g., my date, fiancée, relative, neighbour, doctor).	,799	,89	25,607
	2. There is a special person with whom I can share joys and sorrows (e.g., my date, fiancée, relative, neighbour, doctor) var.	,858		
	5. I have a special person who is a real source of comfort to me. (e.g., my date, fiancée, relative, neighbour, doctor).	,823		
	10. There is a special person in my life who cares about my feelings. (e.g., my date, fiancée, relative, neighbour, doctor).	,747		
Friend	6. My friends really try to help me.	,769	,88	24,337
	7. I can count on my friends when things go wrong.	,836		
	9. I have friends with whom I can share my joys and sorrows.	,743		
	12. I can talk about my problems with my friends.	,799		
KMO:0,909			Total Variance: 75,716	
P:.,000 (Barlett's Test)				

The fact that the Cronbach Alpha values of the factors are above 85% indicates that the scale is quite reliable. The validities for the dimensions of the scale were found to be .89 for the family factor; .89 for the significant other factor; and .88 for the friend factor.

Findings related to Personal Information

The data regarding the personal information of the participants are displayed in Table-2.

Table 2: Findings regarding the Personal Information of the Participants

Variables		f	%	Variables		f	%
Age	45-59	332	62,9	Marital Status	Married	362	68,6
	60-74	180	34,1		Single	77	14,6
	75-89	15	2,8		Divorced	89	16,9
	90 and over	1	,2	Income	500 and less	20	3,8
Gender	Female	232	43,9		500-1000	52	9,8
	Male	296	56,1		1001-1500	190	36,0
TOTAL		528	100		1501-2000	95	18,0
					2001 and more	134	25,4
					Other	37	7,0
				TOTAL	528	100	

A total of 62.9% of the participants were "middle-aged" between 45-59 years of age, 34.1% were "young-old" between 60-74 years of age, 2.8% were "middle-old" between 75-89 years of age, and 0.2% of them were "oldest old" at the age of 90 and over. Totally, 56,1% were male, 43,9% were female; 68,6% were married, 14,6% were single, and 16,9% were divorced. A total of 36% of the participants had an income of 1001-1500 TRY, 25,4% had an income of 2001 TRY and more, 18% had an income between 1501-2000 TRY, 9,8% had an income between 500-1000 TRY, 3,8% had an income of 500 TRY and less, and 7% stated as other had an income of TRY (1 USA dollar equals 3,709 TRY).

Table 3. Findings regarding the participants' taking part in recreational activities

Variables		f	%	Variables		f	%
Recreational Activities	None	47	8,9	Recreational Activities	Joining tours	13	2,5
	Walking	84	15,9		Doing chores	8	1,5
	Spending time with the beloved ones	66	12,5		Worshipping	8	1,5
	Going to coffee house	36	6,8		Going to watch a match	7	1,3
	Reading	31	5,9		Drinking alcohol	5	,9
	Watching TV	31	5,9		Going shopping	4	,8
	Sitting around with the beloved ones	30	5,7		Sleeping	3	,6
	Doing sports	22	4,2		Playing billiard, chess and rummikub	3	,6

Attending a course	19	3,6	Using social media	2	,4
Being occupied with artistic interests	17	3,2	Camping	2	,4
Doing handwork	16	3,0	Dancing	1	,2
Gardening	15	2,8	Missing vale	44	8,3
Fishing	14	2,7	TOTAL	528	100

Totally, 8.9% of the elderly participating in the survey had no recreational activities in which they participated in their leisure time, 15.9% of the rest were interested in walking, 12.5% spent time with their beloved ones, 6.8% went to a coffee house, 5.9% preferred reading, 5.9% liked watching TV, 5.7% spent their free time sitting around with their beloved ones, 4.2% did sports, 3.6% went to a course, 3.2% were engaged with artistic works, 3% of them did hand work, 2.8% were involved in gardening, 2.7% went fishing, 2.5% of them joined tours, 1.5% them did chores, 1.5% worshipped, 1.3% went to watch a match, 0.9% preferred drinking alcohol, 0.8% went shopping, 0.6% slept, 0.6% played billiards, chess, and rummikub, 0.4% spent time on social media, 0.4% went camping and 0.2% of the participants went dancing in their leisure time.

Findings related to the Research Hypothesis

Findings and interpretations related to the research hypotheses are given below.

Table 4. Perception of life satisfaction based on the participants' age (ANOVA)

	Sum of Squares	df	Mean Square	F	p
Between Groups	18,980	3	6,327	2,801	,039
Within Groups	1183,474	524	2,259		
Total	1202,454	527			

According to Table 4, participants' perceptions of life satisfaction differed based on age groups ($F(3; 524) = 2,801, p < 0,05$).

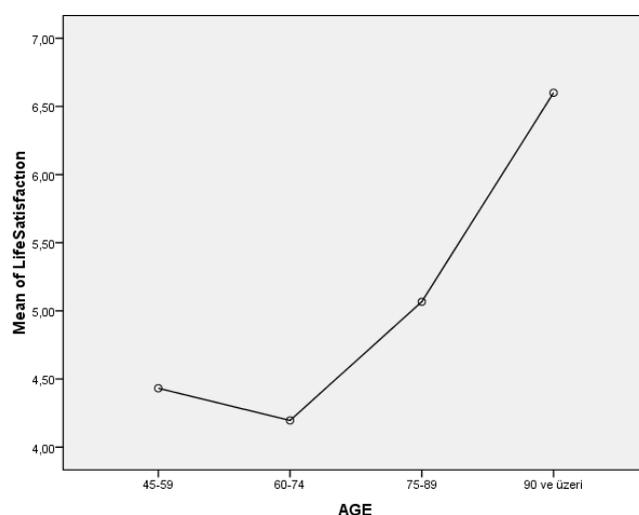


Figure 2. Distribution of life satisfaction score according to age groups

When Figure 2 is examined, it can be seen that the mean values of the participants' life satisfaction based on age group was found to be ($\bar{x} = 4,431$) for people between 45-59 years of age, ($\bar{x} = 4,195$) for the ones between 60-74 years old, ($\bar{x} = 5,066$) for the ones between 75-89 years old and ($\bar{x} = 6,600$) for the ones between 90 and over. In this case, the hypothesis H_1 "There is a statistically significant difference between perception of life satisfaction in the elderly and their ages." was accepted.

Table 5. Perception of life satisfaction based on gender

	N	\bar{x}	Std. Deviation	t	p
Female	232	4,509	1,36599	1,837	0,067
Male	296	4,266	1,60904		

According to Table 5, considering the mean values of life satisfaction for female ($\bar{x} = 4,509$) and male ($\bar{x} = 4,266$) participants, it can be stated that although females had a higher perception of life satisfaction than males, the difference between the participants' life satisfaction and gender was not found to be significant according to the t test carried out for significance ($t = 1,837$, $p > 0,05$). In this case; the hypothesis H_2 "There is a statistically significant difference between perception of life satisfaction in the elderly and their gender." was rejected.

Table 6. Perception of life satisfaction based on the participants' marital status (ANOVA)

	Sum of Squares	df	Mean Square	F	p
Between Groups	40,498	2	20,249	9,149	,000
Within Groups	1161,956	525	2,213		
Total	1202,454	527			

According to Table 6, participants' perceptions of life satisfaction differed based on marital status ($F_{(2,525)} = 9,149, p < 0,05$).

Table 7. Distribution of life satisfaction score based on marital status

	N	\bar{x}	Std. Deviation	Std. Error	Minimum	Maximum
Married	362	4,450	1,46789	,07715	1,00	7,00
Single	77	4,690	1,67129	,19046	1,00	7,00
Divorced	89	3,787	1,39735	,14812	1,00	7,00
Total	528	4,373	1,51053	,06574	1,00	7,00

When Table 7 is examined, it is seen that the mean values of the participants' life satisfaction based on marital status was revealed as ($\bar{x} = 4,450$) for the married, ($\bar{x} = 4,690$) for the single, and ($\bar{x} = 3,787$) for the divorced. As a result, the hypothesis H_3 "There is a statistically significant difference between perception of life satisfaction in the elderly and their marital status." was accepted.

Table 8. Perception of life satisfaction based on the participants' income (ANOVA)

	Sum of Squares	df	Mean Square	F	p
Between Groups	68,748	5	13,750	6,331	,000
Within Groups	1133,706	522	2,172		
Total	1202,454	527			

According to Table 8, participants' perceptions of life satisfaction differed based on income ($F(5,522) = 6,331, p < 0,05$).

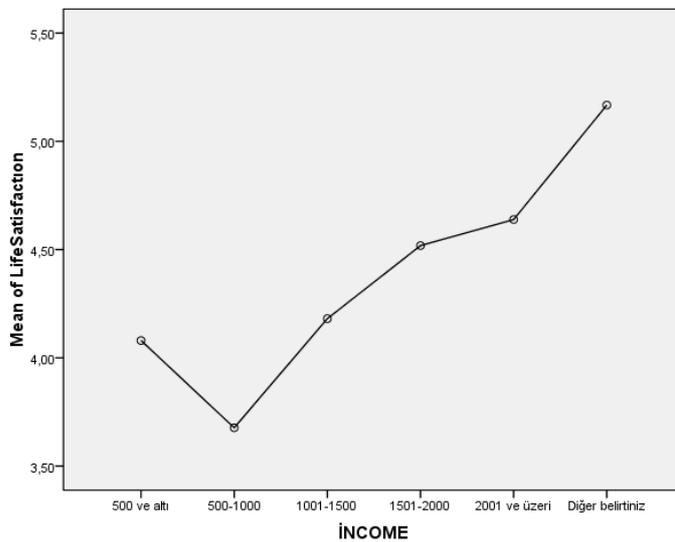


Figure 3. Distribution of life satisfaction score according to income

When Figure 3 is examined, it can be seen that the mean values of the participants' life satisfaction based on income was found to be ($\bar{x} = 4,080$) for people with an income of 500 TRY and less, ($\bar{x} = 3,676$) for the ones who had an income between 500 and 1000 TRY, ($\bar{x} = 4,181$) for the ones with an income between 1001 and 1501 TRY, ($\bar{x} = 4,518$) for the ones with an income between 1501 and 2000 TRY, ($\bar{x} = 4,638$) for people with an income of 2001tl and more and ($\bar{x} = 5,167$) for the other TRY. In this case, the hypothesis H_4 "There is a statistically significant difference between perception of life satisfaction in the elderly and their income." was accepted.

Table 9. Perception of life satisfaction based on participants' taking part in recreational activities (ANOVA)

	Sum of Squares	df	Mean Square	F	p
Between Groups	38,381	23	1,669	,750	,794
Within Groups	1023,907	460	2,226		
Total	1062,288	483			

According to Table 9, participants' perceptions of life satisfaction differed based on whether they participated in recreational activities ($F_{(23;460)} = 0,750, p > 0,05$).

Table 10. Distribution of life satisfaction score according to participants' taking part in recreational activities

	N	\bar{X}	Std. Deviation	Std. Error	Minimum	Maximum
None	47	4,191	1,74004	,25381	1,40	7,00
Handwork	16	4,165	1,48736	,37184	1,00	6,40
Reading	31	4,122	1,49548	,26860	1,20	6,40
Spending time with the beloved ones	66	4,178	1,28668	,15838	1,40	6,60
Sitting around with the beloved ones	30	4,553	1,51651	,27688	2,00	7,00
Doing sports	22	4,218	1,57227	,33521	1,60	6,80
Walking	84	4,357	1,52349	,16623	1,00	7,00
Going to a coffee house	36	4,800	1,29879	,21647	2,20	6,60
Joining tours	13	4,984	1,55662	,43173	1,00	7,00
Attending in a course	19	4,389	1,63091	,37416	1,00	6,40
Watching TV	31	4,419	1,54950	,27830	1,40	7,00
Doing to a match	7	4,200	1,50111	,56737	2,20	6,20
Gardening	15	5,093	1,12343	,29007	3,00	7,00
Fishing	14	4,514	1,52056	,40639	2,40	7,00
Playing billiard, chess and rummikub	3	5,666	1,00664	,58119	4,60	6,60
Doing chores	8	4,350	1,36800	,48366	2,60	6,80
Drinking alcohol	5	4,360	1,58997	,71106	2,00	6,00
Being occupied with artistic works	17	4,435	1,26142	,30594	1,60	6,80
Sleeping	3	4,733	2,33524	1,34825	2,20	6,80
Worshipping	8	4,425	1,64382	,58118	2,40	7,00
Dancing	1	5,600	.	.	5,60	5,60
Going shopping	4	4,200	1,98662	,99331	2,60	7,00
Camping	2	3,500	,98995	,70000	2,80	4,20
Using social media	2	3,400	1,69706	1,20000	2,20	4,60
Total	484	4,389	1,48302	,06741	1,00	7,00

When Table 10 is examined, it can be seen that the mean values of the participants' life satisfaction based on whether they participated in recreational activities was found to be ($\bar{x} = 4,191$) for people who did not take part in any activities, ($\bar{x} = 4,165$) for the ones who did handwork, ($\bar{x} = 4,122$) for the ones who read, ($\bar{x} = 4,178$) for the ones who spent time with their beloved ones, ($\bar{x} = 4,553$) for people who sat around with their beloved ones, ($\bar{x} = 4,218$) for the ones who did sports, ($\bar{x} = 4,357$) for the ones who went walking, ($\bar{x} = 4,800$) for the ones who went to a coffee house, ($\bar{x} = 4,984$) for the ones who joined tours, ($\bar{x} = 4,389$) for people who attended a course, ($\bar{x} = 4,419$) for the ones who watched TV, ($\bar{x} = 4,200$) for the ones who went to a match, ($\bar{x} = 5,093$) for the ones who did gardening, ($\bar{x} = 4,514$) for the ones who went fishing, ($\bar{x} = 5,666$) for the ones who played billiard, chess and rummikub, ($\bar{x} = 4,350$) for people who did house chores, ($\bar{x} = 4,360$) for the ones who drink alcohol, ($\bar{x} = 4,435$) for the ones who were occupied with artistic works, ($\bar{x} = 4,733$) for the ones who slept, ($\bar{x} = 4,425$) for the ones who worshipped, ($\bar{x} = 5,600$) for people who went dancing, ($\bar{x} = 4,200$) for the ones who went shopping, ($\bar{x} = 3,500$) for the ones who went camping, and ($\bar{x} = 3,400$) for the ones who used social media. In this case, the hypothesis H_5 "There is a statistically significant difference between perception of life satisfaction in the elderly and their participation in recreational activities." was accepted.

Findings related to the Relationship between Perceived Social Support, and its Dimensions and Life Satisfaction

The mean values and standard deviations for the scales and correlation values between variables are presented in Table 11.

Table 11. Correlation Matrix

	N	\bar{x}	Standard deviation	1	2	3	4	5
1.Life satisfaction	528	4,373	1,51053	1				
2.Perceived Social Support	528	4,861	1,31363	,558** ,000	1			
3.Family	528	5,253	1,51948	,426** ,000	,770** ,000	1		
4.Significant other	528	4,606	1,68411	,501** ,000	,848** ,000	,438** ,000	1	
5.Friend	528	4,724	1,56263	,455** ,000	,859** ,000	,498** ,000	,634** ,000	1

** Correlation is significant at the 0.01 level (2-tailed).

Table 11 illustrates that the participants' mean values were found as ($\bar{x} = 4,861$) for the Perceived Social Support and as ($\bar{x} = 4,373$) for the Life Satisfaction. Pearson correlation

technique was used to examine the relationship between Perceived Social Support, and its dimensions and Life Satisfaction. A positive correlation was found between Perceived Social Support and Life Satisfaction ($r=0,558$, $p<.01$). The dimensions of Perceived Social Support was revealed to be positively correlated with Life Satisfaction [Family ($r=0,426$, $p<.01$), Significant other ($r=0,501$, $p<.01$), Friend ($r=0,455$, $p<.01$)]. Considering these results, it can be stated that “As Perceived Social Support increases, Life Satisfaction will increase, as well”. As a result, the hypothesis H_6 “*There is a positive relationship between older adults’ perception of perceived social support, and its dimensions and their life satisfaction*” was accepted.

The Impact of Perceived Social Support and Its Dimensions on Life Satisfaction

Fit indices (Table 13) obtained as a result of the model test performed in order to test the impact of Perceived Social Support and its dimensions on Life Satisfaction showed that the model was within acceptable limits. According to the findings, perceived social support significantly affected life satisfaction ($\beta=.64$; $p<.01$). The dimensions of perceived social support (family ($\beta=.21$; $p<.01$), significant other ($\beta=.32$; $p<.01$), and friend ($\beta=.15$; $p<.01$)) had a significant impact on LS (See Model: 1).

Table 12. Impact of perceived social support on life satisfaction

Dependent Variable	Independent Variable	Coefficient		t	F	R ²
		β	Std. Error			
Life Satisfaction	Fixed Value	1,256	,210	15,410	237,459	0,311
	Perceived Social Support	,641	,042			

The F values in the table (237,459) indicate that the model was significant as a whole at all levels (Sig.=,000). It is seen from the statistical t values of the parameters that each variable included in the model was individually significant (5% significance level). Perceived social support whose β value was found as (.641) affected the perception of leisure satisfaction positively in general. Perceived social support that affected the perception of life satisfaction explained the level of life satisfaction at the rate of 0,311 ($R^2=0,311$). Considering this result, 31% of the change in students’ perception of life satisfaction was explained by the variable of perceived social support. In this case, the hypothesis H_7 “*Perceived social support positively affects life satisfaction.*” was accepted. In addition, according to Model 1, the hypotheses H_8 “*Dimensions of perceived social support positively affect life satisfaction.*”, H_{8a} “*Family affects life satisfaction positively.*”, H_{8b} “*Special person affects life satisfaction positively.*”, and H_{8c} “*Friend affects life satisfaction positively.*” were accepted as well.

Table 13. Model Fit Indices

Model	$\Delta\chi^2$	p	df	$\Delta\chi^2/df$	RMSEA	CFI	IFI	NFI
Model 1	172,560	.000	60	2,876	0.06	0.97	0.97	0.96

Not: RMSEA= Root Mean Square Error of Approximation; CFI= Comparative Fit Index; RFI= Relative Fit Index; IFI= Incremental Fit Index; GFI= Goodness of Fit Index

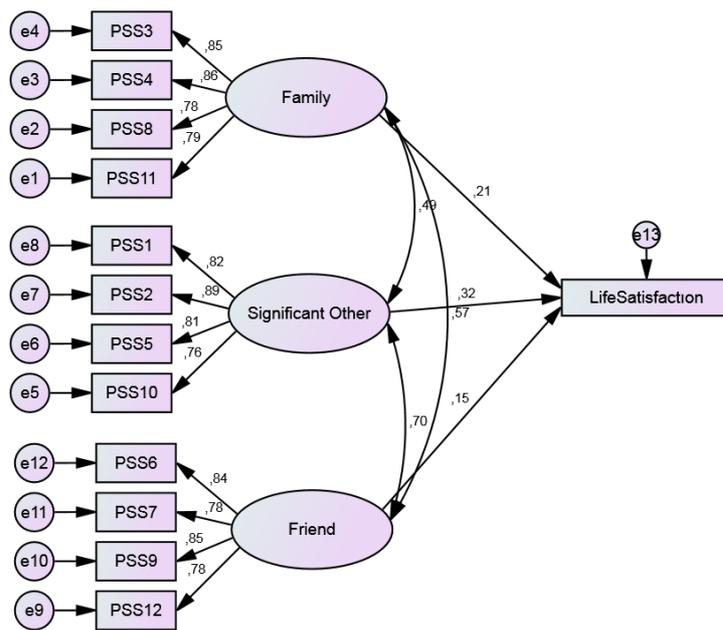


Figure 4. The impact of the dimensions of perceived social support on life satisfaction in the elderly

Table 14. Path coefficients of Model 1

Path	Standardize β	Standard Error	p
Family→ Life Satisfaction	0.21	0.05	.00
Significant other→ Life Satisfaction	0.32	0.06	.00
Friend→ Life Satisfaction	0.15	0.06	.02*

p<.05

Conclusion/Discussion and Recommendations

Aging is an inevitable process in human life and identifying the factors that improve successful aging benefit both the individual and the society. Experiencing a quality aging process depends primarily on the individual and the use of the resources available to them. Recreational activities make great contributions to the well-being of an individual in the aging process. By participating in recreational activities, the individual is given the opportunity to address his/her daily stress and in turn increase their level of happiness. Csikszentmihalyi (1990) suggests that happiness is possible based on the sense of flow that an individual feels when performing an activity. Rather than ending ones' life unhappily, engaging in recreational activities that the elderly individual enjoys will lead them from having negative emotions to more positive emotions and increase their level of life satisfaction. The feeling of loneliness, one of the most common complaints emotions by the elderly, will decrease with the changes in their social circle that increase in the level of communication through participation in recreational activities. This study supports that increasing the perception of social support in the elderly through participation in active recreational activities is an

important determinant in increasing their life satisfaction. In the future as people live longer, identifying the factors that improve successful aging benefit both the individual and the society.

As a result of the research, the majority of the participants (62,9%) were found to be “middle-aged” between the ages of 45-59, 34,1% of the rest were “young-old” between the ages of 60-74, 2,8% were “middle-old” between 75-89 years of age, and 0,2% were in their “oldest old” period at the age of 90 and over. A total of 56.1% were male, and 43.9% were female; 68.6% were married, 14.6% were single, and 16.9% were divorced. Totally, 36% had an income between 1001-1500 TRY, 25,4% had an income of 2001 TRY and more, 18% had an income between 1501-2000 TRY, 9.8% had an income between 500-1000 TRY, 3.8% had an income of 500 TRY and less, and 7% had an income stated as the other. It was determined that the participants with these demographic characteristics differed according to their age, marital status, and income ($p < 0,05$), but not according to gender and participation in recreational activities. According to the age variable, perception of life satisfaction increased with age ($\bar{x} = 4,431$) for the people between the ages of 45-59, ($\bar{x} = 4,195$) for the ones between 60-74 years old, ($\bar{x} = 5,066$) for the ones between 75-89 years of age, 6,600 for the ones at the age of 90 and over)). According to marital status, while perception of life satisfaction was higher in single individuals, it was lower in divorced people (married ($\bar{x} = 4,450$), single ($\bar{x} = 4,690$), divorced ($\bar{x} = 3,787$)). When income was examined, it was determined that perception of life satisfaction of the elderly is enhanced with an increase in income (500 TRY and less ($\bar{x} = 4,080$), 500-1000 TRY ($\bar{x} = 3,676$), 1001-1500 TRY ($\bar{x} = 4,181$), 1501-2000 TRY ($\bar{x} = 4,518$), 2001 and more TRY ($\bar{x} = 4,638$), other TRY ($\bar{x} = 5,167$)). According to the result that the participants’ perceptions of life satisfaction did not change based on gender and participation in recreational activities, although the females had a higher life satisfaction perception ($\bar{x} = 4,509$) than males ($\bar{x} = 4,266$), the t test performed for significance revealed that the difference between individuals’ life satisfaction and gender was not found to be significant ($t = 1,837$, $p > 0.05$). Also, the reason why the recreational activities that the elderly participants took part in did not have an impact on their level of life satisfaction can be interpreted as the passive nature of the activities. The first five recreational activities attended by the elderly population were listed as walking, spending time with the beloved ones (organizing a certain day to meet with grandchildren or neighbours etc.), going to a coffee house (male participants), watching TV (marriage programs, TV series, etc.) and reading. In the relevant literature (Diener, 1984; Şener, 2013; Larson, 1990; Dupuis and Smale, 1995; Softa et al., 2016), the important point for recreational activities to have an impact on life satisfaction is stated to be individuals’ being actively involved in activities. Therefore, in this study it can be considered the fact that there was no change in the perception of life satisfaction was due to the passive nature of the activities attended.

According to the results of this study, the mean values for Perceived Social Support ($\bar{x} = 4.861$) and Life Satisfaction ($\bar{x} = 4.373$) were found to be on average for the elderly and a significant positive correlation was revealed between Perceived Social Support, and its

Dimensions and Life Satisfaction ($r = 0.558, p < .01$), [Family ($r = 0,426, p < .01$), Significant other ($r = 0,501, p < .01$), Friend ($r = 0,455, p < .01$). In addition, Perceived Social Support affected Life Satisfaction positively ($\beta = .64; p < .01$). According to the simple linear regression analysis, 31% change in the perception of life satisfaction of the elderly individuals ($R^2 = 0,311$) was explained by the variable of perceived social support. Perceived Social Support dimensions also positively affected Life Satisfaction (Family $\beta = .21; p < .01$), significant other ($\beta = .32; p < .01$), friend ($\beta = .15, p < .01$).

The results obtained with respect to the positive effect of Perceived Social Support on Life Satisfaction in elderly individuals support the relevant literature (Helman and Stewart, 1994; Caldwell and Smith, 1994; Manell, 1999; Larson, 1990; Dupuis and Smale, 1995) Patterson,1995; Altay and Avcı,2009; Polat and Kahraman,2013; Jacobson et al., 2017; Softa et al., 2015; Şener, 2013; Kapıkıran, 2016; Karataş, 1990; Özer and Karabulut, 2003; Kim et al., 2015; Yoo and Kim, 2016). In line with the research results, it can be stated that in order to create a happy elderly population of the future, it is necessary to improve the socio-economic levels of the elderly, to take protective measures against diseases (balanced and regular diet, doing sports, life away from stress etc.), to develop and protect social values which prevent the feelings of loneliness and desolation, have a possessive nature and improve the prestige of the elderly, to enhance the state support for the recreational activities for the elderly, to enable private sector employees to have sufficient knowledge about the elderly, and to create special areas for the elderly to use comfortably in recreation areas.

References

- Ardahan, M. (2010), Yaşlılık ve Huzurevi, *Aile ve Toplum*, Yıl: 11, 5\20 Ocak-Şubat-Mart.
- Altay, B., Avcı, İ.A. (2009), Samsun Alanlı Köyünde Yaşayan Yaşlılarda Aileden Algılanan Sosyal Destek ile Depresif Belirti Yaşama Sıklığı Arasındaki İlişki, *TAF Preventive Medicine Bulletin*, 8(2).
- Bahar A, Parlar S.(2007), Yaşlılık ve Evde Bakım,*Fırat Sağlık Hizmetleri Dergisi*, 2(4),32-9.
- Caldwell, L. L. and Smith, E. A. (1994),Leisure and Mental Health of High Risk Adolescents, D. M. Compton ve S. E. Iso-Ahola (ed.), Leisure and Mental Health,Park City, UT, Family Development Resources,330-345.
- Chen, C. (2001), Aging and Life Satisfaction, *Social Indicators Research*, 54,57-79.
- Çeçen, A. R.(2008), Öğrencilerinin Cinsiyetlerine ve Anababa Tutum Algılarına Göre Yalnızlık ve Sosyal Destek Düzeylerinin İncelenmesi, *Türk Eğitim Bilimleri Dergisi*, Yaz, 6(3), 415-431.
- Dağlı, A. andBaysal N. (2016),Yaşam Doyumu Ölçeğinin Türkçe'ye Uyarlanması: Geçerlik ve Güvenirlik Çalışması, *Elektronik Sosyal Bilimler Dergisi*, Güz, Cilt:15 Sayı:59,1250-1262.

Dedeli O., Yildiz E. and Kiyancicek Z. (2013), Perceptions of Elder Abuse, Neglect and Attitudes toward Ageism: Volunteers Public Non-Health Staff and Tradesmen in Manisa/Turkey, *Journal of Gerontology and Geriatric Research*, 2: 120. doi:10.4172/2167-7182.1000120

Diener, E. (1984), Subjective Well-being, *Psychological Bulletin*, 95 (3), 542-575.

Diener, E., Emmons, R. A., Larsen, R. J. and Griffin, S. (1985), The satisfaction with life scale, *Journal of Personality Assessment*, 49 (1), 71-75.

Dupuis, S. and Smale, B. (1995), An Examination of the Relationship Between Psychological Wellbeing and Depression and Leisure Activity Participation Among Older Adults, *Society and Leisure*, 18, 67-92.

Eker, D. and Arkar, H. (1995a), Perceived Social Support: Psychometric Properties Of The MSPSS In Normal and Pathological Groups in A Developing Country, *Soc Psychiatry Psychiatric Epidemiol*, 30, 121-126.

Eker D. and Arkar H. (1995b), Çokboyutlu Algılanan Sosyal Destek Ölçeği'nin Faktör Yapısı, Geçerlik ve Güvenirliği, *Türk Psikoloji Dergisi*, 34, 45-55.

Eker, D., Arkar, H. and Yıldız, H. (2001), Çok Boyutlu Algılanan Sosyal Destek Ölçeği'nin Gözden Geçirilmiş Formunun Faktör Yapısı, Geçerlik ve Güvenirliği, *Türk Psikiyatri Dergisi*, 12(1):17-25.

Eskin, M. (1993), Reliability of Turkish version of the Perceived Social Support from Friends and Family Scales, Scale for Interpersonal Behavior, and Suicide Probability Scale, *Journal of Clinical Psychology*, 49, 515-522.

Emiroğlu, V. (1995), Yaşlılık ve Yaşlının Sosyal Uyumu, Ankara, Şafak Matbaacılık, 15-28.

Erol, S., Sezer, A., Şişman, F.N. and Öztürk, S. (2016), Yaşlılarda Yalnızlık Algısı ve Yaşam Doyumu, *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, 5(3), 60-69.

Fred, M. M. (1984), Quality of Life: Physician's Dilemma, *Archieve of Physical Medicine and Rehabilitation*, 6:100-102.

Garatachea, N., Molinero, O., Martí'nez-García, R., Jime'nez-Jime' nez, R., González-Gallego, J. and Márquez, S. (2009), Feelings of Well Being in Elderly People: Relationship to Physical Activity and Physical Function, *Archives of Gerontology and Geriatrics*, 48, 306-312.

Helman, E.A. and Stewart C. (1994), Social Support And The Elderly Client, *Home Health Nursing*, 12, 51-60.

Jacobson, N. C., Lord, K. A. and Newman, M. G. (2017), Perceived Emotional Social Support in Bereaved Spouses Mediates The Relationship Between Anxiety and Depression, *Journal of Affective Disorders*, 211, 83-91.

Kapıkıran, Ş.(2016), Yaşlılarda Yalnızlık ile Yaşam Doyumu Arasındaki İlişki: Sosyal Desteğin Aracılık Rolünün Sınanması, *Yaşlı Sorunları Araştırma Dergisi (YSAD)*V.9, June, 13-25.

Karataş, S. (1990), Yaşlılıkta Yaşam Doyumu ve Etkileyen Etmenler, Hacettepe Üniversitesi Sosyal Hizmetler Meslek Yüksek Okulu Dergisi, 8(1-2-3), 105-114.

Kim, H., Woo, E. and Uysal, M. (2015), Tourism Experience and Quality of Life Among Elderly Tourists, *Tourism Management*, 46, 465- 476.

Kurt,G., Beyaztaş, F. Y. and Erkol, Z.(2010), Yaşlıların Sorunları ve Yaşam Memnuniyeti, *Adli Tıp Dergisi*, Vol:24, No:2.

Larson, R.W. (1990),The Solitary Side of life: An Examination of the Time People Spend Alone from Childhood to Old Age, *Developmental Review*, 10, 155- 183.

Leavy, R.L.(1983), Social Support and Psychological Disorders: A Review, *Journal of Community Psychology*, 11,3-21.

Mannell, R.C. (1999),Older Adults, Leisure, and Wellness, *Journal of Leisurability*, 26 (2), 3-10.

Myers, S. A. and Diener, E. (1995), Who Is Happy?, *Psychological Science*, 6, 10–19.

Neugarten, B.,L., Havighurst, R., J. and Tobin, S.S. (1961). The Measurement of the Life Satisfaction, *Journal of Gerontology*, 16, 134-143.

Norbeck, J.S. and Bornos L.E.(1988), Social Support, HS Wilson (ed): The Theoretical Basic for Psychiatric Nursing'-de. California, Addison-Wesley Publishing Company, 149-167.

Özer, M. and Karabulut, Ö.Ö.(2003), Yaşlılarda Yaşam Doyumu, *TurkishJournal of Geriatrics*, 6 (2), 72-74.

Patterson, B.J.(1995), The Process of Social Support: Adjusting to Life in A Nursing Home, *Journal of Adv. Nursing*, 21, 682-689.

Polat, Ü. andKahraman, B. B. (2013),Yaşlı Bireylerin Sağlıklı Yaşam Biçimi Davranışları ve Algılanan Sosyal Destek Arasındaki İlişki, *Fırat Tıp Dergisi*, 18(4), 213-218.

Procidano, M.E. and Heller, K. (1983), Measures of Perceived Social Support From Friends and From Family: Three Validation Studies, *American Journal of Community Psychology*, 11, 1-24.

Softa, H. K., Ulaş, G. K., Erdoğan, O. and Yavuz, S. (2015),Yaşlılarda Yaşam Doyumunu Etkileyen BazıFaktörlerin İncelenmesi, *Yaşlı Sorunları Araştırma Dergisi*,(1),12-21.

Şener, A. (2013),Yaşlılık, Yaşam doyumu ve Boş Zaman Faaliyetleri, <http://www.sdergi.hacettepe.edu.tr>.

Tufan, İ.(2014), Yaşlılar ve Yaşlananların Sorunları,www.aljazeera.com.tr/gorus/yasli-lar-ve-yaslanan-larin-sorun-lari.

Veenhoven, R.(2010), Capability And Happiness: Conceptual Difference And Reality Links, *The Journal of Socio-Economics*, 39, 344–350.

Yıldız, S. (2011),Yaşlı Bakım Teknikerliği Fizik Tedavi ve Rehabilitasyon Dersi 4. Ders Notu, 20-27 Ekim, www.drseyildiz.com/.../yasli_bakim_teknikerligi_fizik_tedavi_ve_rehabilitasyon.

Yoo, S. and Kim, D.H.(2016), Perceived Urban Neighborhood Environment for Physical Activity of Older Adults in Seoul, Korea: A Multimethod Qualitative Study, *Preventive Medicine*, <http://dx.doi.org/10.1016/j.ypmed.2016.12.033>.

Zimet, G.D., Dahlen, N.W., Zimet, Z.G. and Farley, G.K. (1988), The Multidimensional Scale of Perceived Social Support, *Journal of Personality Assessment*, 52, 30-41.

www.tdk.gov.tr via 17 March 20

www.tuik.gov.tr, Sayı: 21520 via 17 March 2016