

# The Relationship Between Perceived Social Support From Family, Friends, and Significant Others (Nursing Home Staff) and Life Satisfaction Among Elderly Nursing Home Residents

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## ABSTRACT

This study examined the relationship between perceived social support from family, friends, and significant others (nursing home staff) and life satisfaction among the residents of a government nursing home for the elderly. Forty-four residents aged between 61 and 74 years from Panti Sosial Tresna Werdha Budi Mulia government nursing home, who were in the young-old developmental stage, participated in this study. These residents were classified as 'abandoned' elderly as they either had no family or had families who rarely contacted with them. The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988) was used to measure perceived social support from family, friends, and significant others, and the Satisfaction with Life Scale (SWLS) developed by Diener, Emmons, Larsen, and Griffin (1985) was used to measure life satisfaction. This quantitative study followed a correlational design. The accidental sampling technique was used, and data analysis was done using the Pearson Correlation Coefficient ( $p$ ) and Multiple Regression. Our results showed a significant moderate positive correlation between life satisfaction and perceived social support from significant others (nursing home staff) ( $r = 0.475$ ,  $p = 0.001$ ) and from family ( $r = 0.354$ ,  $p = 0.018$ ). We found no correlation between perceived social support from friends and life satisfaction ( $r = 0.281$ ,  $p = 0.065$ ). Future research distinguishing between the elderly who still have families with those who do not would be useful.

**Keywords:** *perceived social support, family, friends, significant others, life satisfaction elderly residents of nursing home.*

## 1. INTRODUCTION

Research has shown that the highest levels of depression in the elderly occur among those living in nursing homes (or institutions), and the lowest levels occur among those living in the community (i.e., not in institutions or nursing homes) (Latue, Widodo, & Widiani, 2017). Elderly people in nursing homes are at risk

of depression due to the loss of social roles that occurs when they retire and are separated from their families, as well as the loss of support and social resources resulting from their separation from family and friends (Green, Huff, and Austin-Murphy, 1993, Quadhamer, 2000). Depression has been shown to be the strongest predictive factor of life

satisfaction (Kim & Sok, 2013). Life satisfaction plays a major role in the life expectancy of elderly people (Ebersole, 1996, Cimen & Akbolat, 2016), and high life satisfaction is an indicator of good quality of life in this group (Prasoon & Chaturvedi, 2016). Life satisfaction is an assessment of individual satisfaction based on a comparison between the individual's current condition and what he thinks is an appropriate standard for himself (Diener, Emmons, Larsen, & Griffin, 1985). Life satisfaction comes from the subjective well-being construct (Diener, Emmons, Larsen, & Griffin, 1985) which is a global assessment of all the subjective aspects of an individual's life (Diener, 1984). Subjective well-being has cognitive aspects and affective aspects and is divided into three components: life satisfaction (the cognitive aspect), and positive affect and negative affect (the affective aspects) (Diener, Emmons, Larsen, & Griffin, 1985).

Many factors influence life satisfaction, including religion and social networks (Lim & Putnam, 2010), sex (Joshanloo, 2018), education (Powdthavee, Lekfuangfu, & Wooden, 2014), marital status (Cimen & Akbolat, 2016), income (Joshanloo, 2018), health (Hu, Lei, Chao, Hall, & Chung, 2016), and social support (Cimen & Akbolat, 2016; Young, 2006). Social support is particularly important as a factor influencing life satisfaction in elderly people who experience deterioration of their physical abilities (Papalia & Martorell, 2012). Social support has a positive correlation with life satisfaction and helps individuals deal with stressful events (Cimen & Akbolat, 2016). There are two types of social support, namely perceived social support and

received social support (Young, 2006). Perceived social support is an individual's subjective assessment of the adequacy of social support from three specific sources: family, friends, and significant others (Zimet, Dahlem, Zimet, & Farley, 1988), whereas received social support is the social support that is actually received by an individual (Young, 2006). In previous studies, elderly people with low perceived social support showed symptoms of depression (Antonucci et al, 1997, Cimen & Akbolat, 2016) and increased the risk of death (Dhar, 2001, at Cimen & Akbolat, 2016). Researchers have long been aware that perceived social support plays a greater role than received social support in protecting individuals from experiencing stress and it did so more consistently (Cassel, 1976; Cobb, 1976, at Norris & Kaniasty 1996). Studies have shown that perceived social support resulted in a healthier state of mind, greater independence, and fewer symptoms of depression. It also slowed the deterioration of physical abilities (Besser, 2007, at Cimen & Akbolat, 2016).

Research by Young (2006) and Cimen and Akbolat (2016) found a correlation between perceived social support and life satisfaction, but the correlations between each source of perceived social support, namely from family, friends, and significant others with life satisfaction remained unclear. Cimen and Akbolat (2016) examined the correlation between perceived social support and life satisfaction in elderly (over 80 years old) nursing home residents. They reported that perceived social support from family, friends, and significant others was correlated to and predicted life satisfaction. They noted a strong

contribution from perceived social support from family, followed by perceived social support from friends, and perceived social support from significant others. Significant others are defined as individuals who are very influential in the person's life. They may be family members or come from outside the family circle (Andersen, Chen, & Miranda, 2002). For elderly residents of nursing homes, who are far from their families, significant others are often nursing home staff members due to their frequent interactions. They spend time with the elderly residents and are seen to have the potential to provide assistance to them as they are familiar with the obstacles faced by elderly residents and have experience helping others in similar situations (Carpenter, 2002).

Although they do not live with their families, elderly nursing homes residents may derive perceived social support from them. Cimen and Akbolat (2016) found that perceived social support from the family was dramatically higher in elderly residents who had children than in those without children. This indicated the elderly residents who had children felt supported despite the absence of those children in their daily lives. Additionally, married elderly residents reported greater perceived social support from family than their unmarried counterparts. The frequency of family visits was found to correlate with perceived social support from family, significant others, and life satisfaction. Life satisfaction was found to have a strong relationship with marital status and children (i.e., elderly married parental status showed higher life satisfaction). This research showed that elderly residents who still had families perceived that they derived support from

their families even though they were not physically with their families.

Other studies involving residents living in nursing homes who rarely had contact with their families reported different results from those of Cimen and Akbolat (2016). A study conducted by Young (2006), focusing on nursing home residents under 60 years old (average age, 53 years) with long term mental illness, showed that perceived social support from family, friends, and significant others (nursing home staff) all had different correlations with life satisfaction. In Young's (2006) study, life satisfaction was only weakly correlated to and predicted by perceived social support from friends and significant others (nursing home staff), and there was no correlation between perceived social support from family and life satisfaction. These results may be attributed to the fact that most of the residents of the nursing home were not married or divorced, rarely connected with family, did not have friends outside the nursing home, and relied on social security from the government for support. Little or no contact from family causes social support from non-family social environments (i.e., outsiders, in this case nursing home staff) and friends to play a more significant role in daily life.

Nursing home staff members act as social support providers due to their frequent interactions with the elderly, their familiarity with the obstacles faced by the elderly, and their experience helping other elderly people with similar conditions (Carpenter, 2002). Furthermore, a previous study indicated elderly nursing home residents adapted best in a cohesive environment that was mutually supportive and felt that nursing home staff members

were very helpful to the residents (Carpenter, 2002). Residents of nursing homes often suffer from weakness and disability, depend on others for care, and face death and dying. As a result, their interactions with professional caregivers are important for the development of their self-esteem, feelings of worth, dignity, and search for meaning in life (Clarke et al, 2003, Heliker, 2009, Pipe et al, 2010, Burack et al, 2012, at Haugan, 2014). Haugan found the interactions between elderly nursing home residents and their caregivers correlated significantly with the residents' ability to find meaning and purpose in life, specifically for those who had good cognitive abilities (Haugan, 2014).

Perceived social support from fellow nursing home residents was also important for elderly nursing home residents because they rarely had contact with friends and family members outside the nursing home and also suffered as a result of being less attached, less involved, and less connected to them (Haugan, 2014). Research conducted by Yeung, Kwok, and Chung (2012) found that residents over 65 years old from a nursing home in Hong Kong showed institutional peer support or social support received from fellow residents was a mitigating factor against depression and the deterioration of physical abilities. Elderly residents who experienced the deterioration of physical abilities were less likely to experience depression when they received social support from friends. Depression was the strongest negative predictive factor for life satisfaction (Kim & Sok, 2013). Other research indicated that perceived social support from friends increases life satisfaction among the elderly, even though its absence did not

impact life satisfaction scores among the elderly cohort (Antonucci, 1985; Crohan & Antonucci, 1989; Heller & Mansbach, 1984; at O'Kane, 1996). Research has shown that elderly people who had friends experienced significantly better health and life satisfaction compared with elderly people who chose to be alone (O'Kane, 1996).

Studies have reported contradictory results concerning the relationships between perceived social support from family, friends, and significant others (nursing home staff) and life satisfaction among elderly nursing home residents. Cimen and Akbolat (2016) found that life satisfaction was strongly correlated with perceived social support from family, and moderately correlated with and predicted by perceived social support from friends and significant others (nursing home staff). On the other hand, Young (2006) found life satisfaction was only weakly correlated with and predicted by perceived social support from significant others (nursing home staff) and friends.

There are various types of nursing homes for the elderly in Indonesia, including private and government institutions. The *Panti Sosial Tresna Werdha Budi Mulia* home for abandoned elderly is funded by the *Dinas Sosial* (Departemen Sosial RI, 1994). The current study cohort is drawn from among the elderly residents of *Panti Sosial Tresna Werdha Budi Mulia*. Many of these abandoned elderly residents have no income, do not make a living to meet their daily needs and have no family or other people to offer them livelihood or to care for them (Departemen Sosial RI, 1994). The elderly residents of *Panti Sosial Tresna Werdha Budi Mulia* generally have

no families, and those who do have families rarely have contact with them. Our study aims to examine whether there is a correlation between perceived social support from family, friends, and significant others (nursing home staff) and life satisfaction for elderly residents of Panti Sosial Tresna Werdha Budi Mulia.

People over 61 years old are categorized as “elderly” in Indonesia, and they are considered to be in the young-old developmental stage between the ages of 64 and 74 years (Menteri Kesehatan RI, 2016). Hence, this study focused on elderly residents in the young-old developmental stage between the ages of 64 and 74 years old. This subgroup of elderly people was selected based on Papalia and Martorell (2012) who characterize this group as active and able to communicate with other people. The greater life expectancy of this group makes it possible to carry out interventions to increase their perceived social support and life satisfaction, the need for which might arise as a result of this study. We hypothesize that perceived social support from family, friends, and significant others (nursing home staff) will be positively correlated with life satisfaction in elderly nursing home residents.

## 2. METHODS

### 2.1. Sampling techniques

The accidental sampling technique was used in this study. Participants were initially selected based on their willingness and desire to take part in the study. The selection criteria were then applied as follows: elderly residents of Panti Sosial Tresna Werdha Budi Mulia in Jakarta aged 61–74 years, in the young-old developmental stage. The participants

were also required to be able to read, write, communicate, and not be suffering from psychosis. The Gpower application 3.0.10 was used to measure the effects of sample size using trial data from 31 elderly residents of the nursing home. The results indicated that data would be significant if the sample size included at least 33 participants, a target of 50 participants was set. Data was retrieved from 48 of the 50 questionnaires, three of which could not be used. One because the person had hearing problems, and the other two because the participants were suffering from psychosis.

### 2.2. Research Design

This quantitative study followed a correlational design and used non-experimental research to examine the relationship between perceived social support from family, friends, and significant others (nursing home staff) and life satisfaction among the elderly residents of a nursing home.

### 2.3. Instruments and Measurements

#### 2.3.1. Multidimensional Scale of Perceived Social Support (MSPSS)

The Multi-dimensional Scale of Perceived Social Support (MSPSS) was used to measure perceived social support from family, friends, and significant others (nursing home staff). The MSPSS was developed by Zimet, Dahlem, Zimet, and Farley (1988) and adapted for Indonesia. MSPSS scale includes 12 items, four of which measure perceived social support from family, four more measure perceived social support from friends, and the final four measure perceived social support from significant others. The MSPSS uses responses to a Likert scale (ranging from 1 to 7) in order to generate scores for each type of perceived social support. In order

to improve the readability of the test, the researchers reduced the number of responses on the MSPSS to six as the inclusion of a middle category on the scale provides opportunities for participants to claim a neutral opinion on all questions, rather than giving a clear opinion. It also makes it hard to know whether the respondent has truly understood the question, and allows them to choose neutral or moderate or average responses (Widhiarso, 2010). After the readability test, the researchers founded that participants tended to respond with a range of choices along the scale (from strongly disagree to strongly agree), as a result, four Likert scales were used to yield a potential maximum score of 48 and a potential minimum score of 12. This measuring instrument was tested for reliability by conducting trials on 31 elderly residents of Panti Sosial Tresna Werdha 1 Ciracas. The reliability test results indicated that the Cronbach Alpha coefficient of the test was 0.758. Validity tests showed every item had a CrIT score from 0.3–0.7 except item number 8: “Saya bisa membicarakan masalah saya dengan keluarga saya”. As a result, the researchers changed that item to read: “keluarga dapat saya andalkan untuk memberikan masukan dan dukungan saat menghadapi masalah”.

### 2.3.2. *Satisfaction with Life Scale (SWLS)*

The Satisfaction with Life Scale, developed by Diener, Emmons, Larsen, and Griffin (1985) and adapted to Indonesia, was used to measure life satisfaction. As with the MSPSS, the researchers reduced the SWLS scale to four Likert responses ranging from 1 (very inapplicable) to 4 (very applicable). The SWLS consisted of five items with a maximum score of 20 and a minimum

score of 5. It was tested for reliability by conducting trials on 31 elderly residents of Panti Sosial Tresna Werdha 1 Ciracas. The reliability test results showed the Cronbach Alpha coefficient was 0.706. The validity tests showed that every item had a CrIT score of 0.21–0.61.

The participant's personal data was collected including: age, sex, religion, length of stay in the institution, highest level of education, marital status, surviving family members, monthly income, illness, family visits per month, and goods sent by the family to participants. Data analysis was done using the Pearson correlation coefficient ( $p$ ) and multiple regression.

### 2.4. *Procedures*

Data collection was carried out in person by the researcher. Visits to the Panti Sosial Tresna Werdha Budi Mulia 2 Margaguna took place on November 2, 3, 5, 6, 7, 2018, and to Panti Sosial Tresna Werdha Budi Mulia 3 Cengkareng on November 8, 9, 12, 13, 2018. The researcher was introduced, and the study was explained to the residents. The residents were asked to indicate their willingness to participate in the study. Those who volunteered to participate were asked to provide their age and highest level of education and, if they met the selection criteria, they were invited to participate in the study. Those volunteers who did not meet the selection criteria were apologetically asked to withdraw. The researcher then read the informed consent and asked participants to sign it.

The researcher collected personal data from each participant by reading the questions and filling in the data fields based on the participants' answers. The researcher began with an open question

(e.g., "Tell us how you came to be living in the nursing home?") to make participants more comfortable answering the researchers' questions. Participants opened up about their life stories. Once the participants were more relaxed, the researcher began asking questions from the questionnaire. The researcher explained the procedures for filling out the questionnaire, read the sentence to the participant and asked them to choose whether the sentence is "very inapplicable", "not applicable", "applicable", or "very applicable" to the participant's situation. To ensure that participants understood the meaning of the statement and answered according to their situation, the researcher asked participants to give examples that matched the statement. Researcher then filled in the questionnaire based on the participants answers. After all the items from both parts of the questionnaire were filled, the researcher explained the intent of the study and asked participants not to disseminate the contents of the study. Researchers then gave participants a reward and said goodbye.

**2.5. Data analysis techniques**

The data analysis was done using the Pearson correlation, with  $p \leq 0.05$

representing a significant result. The hypothesis question was assessed based on whether there was a significant correlation between each dimension of perceived social support from family, friends, significant others, and life satisfaction among elderly nursing home residents (Gravetter & Wallnau, 2016).

**3. RESULTS**

Pearson correlation analysis results indicated a strong correlation between perceived social support and life satisfaction ( $r = 0.568, p = 0.000$ ). Every dimension of the MSPSS had a different correlation with life satisfaction. Perceived social support from family ( $M = 8.80, SD = 3.38$ ) and life satisfaction ( $M = 13.43, SD = 2.991$ ) scores showed a significant moderate correlation ( $r = 0.354, p = 0.018$ ). Perceived social support from friends ( $M = 10.23, SD = 2.761$ ) and life satisfaction scores showed no correlation ( $r = 0.281, p = 0.065$ ). Perceived social support from significant others (nursing home staff) ( $M = 11.20, SD = 2.309$ ) and life satisfaction scores showed a significant and strong correlation ( $r = 0.475, p = 0.001$ ). The correlation results can be seen in Table 1 below.

**Table 1.** Pearson correlation analysis results showing the correlations of perceived social support from friends, family, and significant others with life satisfaction.

| Variable   | r     | p     | r <sup>2</sup> |
|--|-------|-------|----------------|
| Perceived social support and life satisfaction                         | 0.568 | 0.000 | 0.322          |
| Perceived social support from family and life satisfaction             | 0.354 | 0.018 | 0.125          |
| Perceived social support from friends and life satisfaction            | 0.281 | 0.065 | 0.078          |
| Perceived social support from significant others and life satisfaction | 0.475 | 0.001 | 0.225          |

#### 4. DISCUSSION

Our results support the hypotheses that perceived social support from family and significant others (nursing home staff) would be positively and significantly correlated with life satisfaction among elderly nursing home residents. However, the results do not support the hypothesis that perceived social support from friends would be correlated with life satisfaction among elderly nursing home residents.

Cimen and Akbolat's study (2016) reported a similar significant correlation between perceived social support from family and life satisfaction among elderly nursing home residents in Jakarta, and Young's study (2006) reported a significant correlation between perceived social support from significant others (nursing home staff) and life satisfaction among elderly nursing home residents. However, our results contradict those reported by Cimen and Akbolat (2016) and Young (2006) who reported a significant correlation between perceived social support from friends and life satisfaction among elderly nursing home residents.

The findings that perceived social support from significant others (nursing home staff) was correlated with life satisfaction elderly nursing home residents, can be attributed to the fact that, although the majority of participants (88.9 %) still had families, many of them (63.6 %) had never been visited by their families, and most of them (79.54 %) had never been sent goods by their families. As a result, the participants relied more heavily on social support from the nursing home staff who were present and more easily accessible to them than their families. Being in a nursing home, the participants are surrounded mainly by

fellow residents who, while they may be considered friends, are bound by the same characteristics and constraints as the participant and therefore are not considered to be potential sources of support. As a result, the residents rely more on the nursing staff for social support than they do on fellow residents, since they perceive the staff as having knowledge and abilities that can help the residents. Carpenter (2002) reported that nursing home staff members are seen as providers of support because they have frequent interactions with the elderly, are familiar with the obstacles faced by the elderly, and have experience helping others with similar conditions. Hence, residents rely heavily on nursing home staff for social support.

According to our findings, perceived social support from friends had no correlation with life satisfaction. This can be explained by the fact that many of the residents of Panti Sosial Tresna Werdha Budi Mulia are abandoned elderly, some of who came from the street and had hard lives with little or no social support. Some nursing home staff and those residents who were still able to communicate call these abandoned elderly people "elderly people who are wrong" because they cannot communicate properly and sometimes commit unsavory or offensive acts such as defecation without closing the bathroom door. As such, the elderly participants in our study (i.e., those who can still communicate and are not in this subset of abandoned elderly) felt that their fellow nursing home residents could not be trusted to provide social support. The lack of correlation between perceived social support from friends and life satisfaction can also be attributed to the tendency



among the elderly to have more positive feelings towards old friends than towards new friends (Hartup & Stevens, 1999; at Papalia & Martorell, 2012). Fellow residents of the nursing home may be considered to be new friends as they only met recently (i.e., since moving into the nursing home).

Perceived social support from the family had a significant, positive, and moderate correlation with life satisfaction among elderly nursing home residents, which may be attributed to the correlation tests used. This study examined the correlation between the actual frequency of family visits and family giving with residents' perception of social support from their families, and the results showed a positive correlation. The frequency of family visits was significantly, positively, and moderately correlated with perceived social support from the family ( $r = 0.357$ ,  $p = 0.018$ ). The frequency of family giving also had a significant, positive, and moderate correlation with perceived social support from family ( $r = 0.422$ ,  $p = 0.004$ ). This is consistent with Cimen and Akbolat (2016) who reported that the frequency of family visits correlated with perceived social support from the family. The frequency of family giving was a unique

attribute of this study. However, the participants' demographic data indicate that the majority of them were not visited by their families and did not receive goods from their families. The correlation between perceived social support from the family and life satisfaction therefore appears to support the findings of Cimen and Akbolat (2016) that elderly people who still had family felt supported by their families, even in the absence of visits from their families.

## 5. CONCLUSION

Our results differ from the previous studies in that we found no correlation between perceived social support from friends and life satisfaction. However, our results also support previous findings that there is a moderate correlation between perceived social support from family with life satisfaction elderly nursing home residents and a moderate correlation between perceived social support from significant others (nursing home staff) and life satisfaction. These findings highlight the important role that family and nursing home staff play in improving life satisfaction, reducing depression and improving quality of life among the elderly.

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