Journal of Nursing Methodology
Vol. 1, No. 1 (2020), pp.17-24
http//dx.doi.org/10.33832/jnm.2020.1.1.03

# THE EFFECT OF THE PERSONAL CHARACTERISTICS OF THE ELDERLY ON SOCIAL PARTICIPATION ACTIVITIES AND HOPE

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***Abstract*— This study attempted to provide basic data on mental health by identifying factors that influence the personal characteristics of the elderly on social participation activities and hopes. The questionnaire was composed of demographic characteristics, social participation activities, and hope. The collected data were analyzed using descriptive statistics, t-test, ANOVA, using SPSS 21.0 statistical program. As result of this study, difference in social participation activities according to general characteristics showed significant results in education, religion, cohabitation type, standard of living, and health concern. Hope showed significant differences in religion, marriage, cohabitation, monthly income, standard of living, housing, subjective health, and health concern. Decreasing social participation activities and declining hope can cause psychological and psychological health problems for individuals, so continuous research and efforts needed on how to improve social participation activities and hopes of the elderly.**

***Keywords*— Social Participation Activities, Hope, Elderly**

## 1. INTRODUCTION

In modern society, general living standards have improved due to the development of science, the improvement of national income by economic growth, and the improvement of living environment, with the development of medicine and the improvement of health and hygiene, the average life expectancy of the elderly is extending [1].

Social activities are all forms of actions and thoughts that occur in the process of acquiring status, fulfilling roles, and forming social relationships as an individual grows in a group of families, neighbors, communities and national societies [2].

The social activity of the elderly is an important factor in solving the psychological aspect of the elderly and increasing the satisfaction of old life. By supplementing the negative aspects of life that accompany the aging process and by compensating for loss of roles in the home and society, it can provide personal recognition of values and social ability, resulting in successful aging [3].

The elderly's participation in social activities argues that the elderly with high social participation are highly psychologically stable and have high life satisfaction [4]. The activation measures for the elderly in the aging society and aging society, the majority of

Received: March 6, 2020
Reviewed: May 21, 2020
Accepted: June 8, 2020
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ISSN: 2652-6913 JNM

the elderly want to participate than those who do not want to participate in social activities many elderly people said that it is necessary to develop various programs to participate in social activities [5].

Hope can said to be 'expectation for something you want, a desire that accompanies your expectations' [1]. People with high hopes can create clearly defined goals, and identify alternative routes to goals, so that alternative strategies can be implemented when currently used routes fail [1]. It can also overcome low levels of performance and test anxiety [6], and retain a more positive impact after failure than those with low hopes [7]. People who have high hope levels perceive life as having difficulties when they have difficulty in fulfilling their goals, while those with low hope perceive it as a disability that only happens to them [8]. In addition, people with high hope levels think about social support networks and ask them for help in stressful situations, but people with low hope levels do not think they have a social support network to help themselves and do not seek social support [9].

Therefore, this study aims to identify factors influencing social participation activities and life hopes according to the general characteristics of the elderly. In addition, this study conducted to identify detailed factors affecting the wishes of the elderly and to provide them as basic data for developing mental health education materials and nursing intervention programs to improve the quality of life for the elderly.

## 2. RESEARCH METHODS

### 2.1. RESEARCH DESIGN

This study is a descriptive research study using structured questionnaire to grasp the effect on social participation activities and life hopes of the elderly.

### 2.2. RESEARCH SUBJECT

The subjects of this study conducted for the elderly in P-Gun, Gyeonggi-do, and G-City, Gangwon-do, which are multi-city cities. Convenience extracted as a person who understood the purpose of the study and voluntarily agreed to participate in the study. The number of samples was calculated for the multiple regression analysis using the G * Power 3.1.5 program. The sample size was 138 when the significance level was .05, the power was .95, and the effect size was about .15. In anticipation of dropouts, 160 copies of questionnaires distributed, and 150 copies of questionnaires were recovered, but among them, 144 copies of questionnaires, except 6 copies of questionnaires s, were used for the final analysis.

### 2.3. RESEARCH TOOLS

**2.3.1. SOCIAL PARTICIPATION ACTIVITIES:** To measure the social participation activities of the elderly, this scale developed by Magen DJ and Perterson WA was used by Choi Gyeong-in, and this scale was modified and used by the researcher [10]. It is composed three sub-domains with of 18 questions. The constituent factor: first, questions about the frequency and type of activities in social participation, second, positive attitudes toward social participation, and third, satisfaction with social participation. In this study, a 5-point scale of Likert was used, and 1 point (not at all), 2 points (not at all), 3 points (usually), 4 points (slightly yes), 5 points (very so) It is supposed to respond. In the study of Choi Kyung-in, the Cronbach's α value was .90, and the Cronbach's α value in this study was .901.

**2.3.2. SOCIAL PARTICIPATION ACTIVITIES:** The elderly's hope scale consisted of the Trait Hope Scale and the State Hope Scale developed by Snyder and Harris [11]. Trait Hope Scale is a measure of hope through personal characteristics. The characteristic

 

hope scale is composed of 12 questions, and each of the 4 questions is led, route, and neutral. The State Hope Scale is a tool to measure the right now's hope. The state hope scale consists of 6questions, each of consists of three questions, led and route questions.

In this study, Kang Yi-young developed the Korean version of the hope scale and used it [12]. In the lecture study, Likert was an 8-point scale. In this study, a 5-point scale of Likert was used, and 1 point (not at all), 2 points (not at all), 3 points (usually), 4 points (slightly yes), 5 points (very so) It is supposed to respond. Based on the theory of hope, as in the study of Kang Yi-young (2002), it was divided into characteristic hope scales and state hope scales and analyzed by each sub-factor. Neutral factors excluded from scoring.

In Kang's study, the Cronbach's α value was .87, and in this study, the Cronbach's α value was .88, showing adequate reliability.

### 2.4. DATA COLLECTION PROCEDURE

Data collection conducted from October 1 to December 31, 2019, after obtaining approval for the survey from the person in charge of the institution. A of 160 copies of questionnaires were distributed, and 150 copies of questionnaires were collected. Of these, 144 copies of questionnaires were used for the final analysis, excluding 6 copies of questionnaires with unstable responses.

### 2.5. DATA ANALYSIS METHOD

SPSS 21.0 program used for the collected data and social participation activities and hope levels according to demographic and sociological characteristics analyzed by descriptive statistics, t-test, and ANOVA.

## 3. RESULTS

### 3.1. DIFFERENCES BETWEEN SOCIAL PARTICIPATION ACTIVITIES AND HOPES ACCORDING TO THE CHARACTERISTICS OF THE SUBJECTS

Difference between social participation activities and hopes according to general characteristics, first, social participation activities include education (F=4.03 p<.05), religion (F=32.79, p<.001), and cohabitation type (F=10.00, p<.001), living standards (F=3.19, p<.001), and health concerns (F=9.39, p<.001) showed statistically significant differences. Hope is religion (F= 3.04, p<.05), marriage form (F=6.59 p<.001), cohabitation form (F=3.37, p<.05), monthly income (F=2.56, p<.05) , Standard of living (F = 7.59, p<.001), housing type (F=7.14, p <.001), subjective health status (F=3.20, p<.05) health concern (F=3.20, p<.001) showed a statistically significant difference (Table I).

Table I. Difference between Social Participation Activities and Hopes according to the Characteristics of the Subjects (N=144)

| Characteristics | Categories | | n(%) | social participation activities | | hope | |
|---|---|---|---|---|---|---|---|
| | | | | M±SD | t/F(p), Scheffe | M±SD | t/F(p), Scheffe |
| gender | male | | 39(27.1) | 38.65±8.65 | -.082(.935) | 35.85±9.27 | .002(.998) |
| | female | | 105(72.9) | 38.78±9.89 | | 35.84±9.42 | |
| age(year) | 65-69 years | | 24(16.7) | 39.25±5.17 | 1.35(.262) | 35.41±8.20 | 1.42(.243) |
| | 70-79 year | | 82(59.9) | 39.56±9.70 | | 36.90±9.81 | |
| | < 80 years | | 38(26.4) | 36.68±9.51 | | 33.84±8.87 | |
| education degree | no education | a | 32(22.2) | 34.50±10.37 | 4.03(.009) c>b>d>a | 33.18±8.01 | 2.57(.056) |
| | elementary school | b | 58(40.3) | 39.27±7.64 | | 36.44±9.45 | |
| | middle school | c | 24(16.7) | 42.50±11.17 | | 39.66±8.43 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | < high school | d | 30(20.8) | 39.26±6.76 | | 34.46±10.39 | |
| | no religion | a | 50(34.7) | 30.76±7.44 | | 34.40±9.35 | |
| religion | Christian | b | 62(43.1) | 42.51±7.11 | 32.79(<.001) c>d>b>a | 35.51±9.62 | 3.04(.031) c>d>b>a |
| | Catholic | c | 14(9.7) | 45.00±5.62 | | 38.42±4.92 | |
| | Buddhism | d | 18(12.5) | 43.11±6.10 | | 37.88±9.36 | |
| | single | a | 10(6.9) | 39.00±7.71 | | 29.40±9.85 | |
| marital status | spouse | b | 68(47.2) | 40.55±8.78 | 2.064(.109) | 39.08±9.21 | 6.59(.000) b>d>c>a |
| | bereavement | c | 56(38.9) | 36.53±10.88 | | 33.85±7.56 | |
| | divorce | d | 10(6.9) | 38.60±11.48 | | 31.40±11.80 | |
| | alone | a | 64(44.4) | 35.78±9.48 | | 33.37±8.64 | |
| cohabitation form | couple | b | 40(27.8) | 42.20±7.25 | 10.00(<.001) b>c>a | 37.45±8.98 | 3.37(.020) b>c>a |
| | children | c | 38(26.4) | 38.89±7.29 | | 37.78±10.14 | |
| | other | d | 2(1.4) | 62.00±.00 | | 46.00±.00 | |
| job | no | | 110(76.4) | 37.56±8.99 | -2.88(.004) | 35.36±9.86 | -1.00(.266) |
| | yes | | 34(23.6) | 42.58±8.41 | | 37.41±7.35 | |
| | >500,000 won | a | 76(53.8) | 38.97±8.78 | | 34.15±9.12 | |
| monthly income(won) | 50-1,000,000 | b | 38(26.4) | 39.31±11.06 | .278(.025) | 36.05±9.65 | 2.56(.041) e>d>c>b<a |
| | 100-1,500,000 | c | 16(11.1) | 37.00±8.40 | | 38.00±7.78 | |
| | < 1,500,000 | d | 12(8.3) | 37.50±5.31 | | 41.33±9.75 | |
| | other | e | 2(1.4) | 41.00±.00 | | 46.00±.00 | |
| | very difficult | a | 12(8.3) | 32.66±11.03 | | 35.16±7.63 | |
| standard of living | difficult | b | 66(45.8) | 39.39±8.20 | 3.19(<.001) c>b>d>a | 32.96±9.91 | 7.59(<.001) d>c>a>b |
| | average | c | 58(40.3) | 39.96±8.79 | | 37.72±7.94 | |
| | can afford | d | 8(5.6) | 33.75±11.52 | | 47.00±4.31 | |
| | self | a | 86(59.7) | 38.65±8.78 | | 39.02±8.78 | |
| housing type | charter | b | 36(25.0) | 38.61±10.45 | .059(.943) | 33.83±9.50 | 7.14(.001) a>b>c |
| | monthly | c | 22(15.3) | 39.36±8.22 | | 30.63±8.95 | |
| | not very healthy | a | 16(11.1) | 34.75±7.29 | | 31.50±10.02 | |
| subjective health state | not healthy | b | 64(44.4) | 38.71±9.75 | 1.59(.192) | 34.75±9.80 | 3.20(.025) d>c>b>a |
| | average | c | 54(38.0) | 40.22±8.63 | | 37.44±8.27 | |
| | healthy | d | 10(6.9) | 37.40±8.68 | | 41.20±7.52 | |
| | not concern | a | 2(1.4) | 41.00±.00 | | 44.00±.00 | |
| health concern | average | b | 14(9.7) | 48.00±7.76 | 9.39(<.001) b<a<c<d | 45.28±2.52 | 10.63(<.001) b>a>c>d |
| | concern | c | 104(72.2) | 38.76±8.83 | | 35.86±9.20 | |
| | very concern | d | 24(16.7) | 33.08±6.61 | | 29.58±7.75 | |
| hospitalization experience | no | | 116(80.6) | 38.58±9.31 | -.439(.661) | 35.63±9.49 | -.545(.586) |
| | Yes | | 28(19.4) | 69.42±8.21 | | 36.71±9.96 | |

### 3.2. LEVEL OF SOCIAL PARTICIPATION ACTIVITIES AND HOPE

The social participation activities of the subjects were 38.75 ± .75 points out of 90 points, the conversion score of 100 points was 43 points, and the hope was 35.87 ± .77 points out of 55 points, and the conversion score of 100 points was 35. Dot (Table II).

Table II. Level of Social Participation Activities and Hopes (N=144)

| Variable | Range | M±SD |
|---|---|---|
| social participation activity | 18~90 | 38.75±.75 |
| hope | 14~55 | 35.84±.77 |

## 4. DISCUSSION

This study aims to identify factors influencing social participation activities and life hopes according to the general characteristics of the elderly. In addition, this study conducted to identify detailed factors affecting the wishes of the elderly and to provide them as basic data for developing mental health education materials and nursing intervention programs to improve the quality of life for the elderly.

According to the results of the study, the proportion of women was higher, with 27% for men and 73% for women. Result that shows the high proportion of women among the elderly in the gender composition of Korea.

The age range was 17% for 65-69 years old, 60% for 70-79 years old, and 26% for 80 years old. It seems that the study area high proportion of older seniors in rural areas.

The education degree was 22% non-school, 40% for primary school graduates, 17% for middle school graduates, and 21% for high school graduates. The ratio of high school graduates below 62% is high, indicating that an alternative to improve the health literacy of the elderly needed when developing an intervention program. Religion was higher in 35% with no religion and 35% with religion.

The cohabitation type is gradually decreasing in the proportion of households living alone (44% 4), households living with spouses (28%), and households living with children (26%). This result is similar to the study in the ratio of single-family households (33.4%), spouse and cohabitation households (32.7%), and households living with children (15.3%) [12]. As family relations change along with industrialization and urbanization, over the past 30 years, the household type of the elderly population over the age of 65 has changed significantly, and as the number of married increases, the number of elderly living alone after the spouse's death expected to increase. However, rapid family relations and changes in the caregiving structure of the elderly can negatively affect the health and quality of life of the elderly, so attention is required [12].

There were 24% of cases with jobs, 76% of cases with no jobs, 80% of cases with monthly income of less than 1 million won, and 54% of people with less than normal living standards. It is that the economy suffers from a decrease in income. The economic difficulties caused by a decrease in income due to the absence of jobs. The elderly's participation in economic activities makes social satisfaction and personal achievement, as well as life satisfaction as a means of livelihood for the elderly who are experiencing economic poverty. As such, the elderly's economic activities not only satisfy the basic needs of earning a living, but can also treat the sense of loss that comes from lack of job role social participation is the most influential factor in improving the quality of life in old age by improving the physical and psychological satisfaction of the elderly [13].

The perception of subjective health status was 55% that is not healthy, and 7% that was healthy showed many differences. As for the health concern, 11% of 'no concern' and 89% of 'concern', and many elderly people have a negative evaluation of their health, and thus it seems to have a high interest in health.

The elderly in old ages are at risk of deteriorating quality of life as they undergo social and psychological changes due to retirement, economic instability, changes in their roles in society and the home, and death of their spouse, as well as physical changes such as deterioration or loss of physical function and illness [14].

The social participation activity of the elderly was 38.75 points out of 90 points. Social participation activities according to general characteristics showed statistically significant differences in education, and it was found that middle and high school graduates had more social participation than an uneducated old man. In religion, the elderly with religions such as Christianity, Catholicism, and Buddhism scored higher in social participation than those without religion, and showed statistically significant results. In the cohabitation form, the elderly living with a couple or their children scored higher in social participation activities than the elderly living alone, and showed statistically significant results. As for the

 

standard of living, the elderly with a average standard of living had higher scores in social participation than the elderly with a difficult standard of living, and showed statistically significant results. In health concerns, the elderly who had no concern in health had higher social participation activity scores than the elderly who were concern in health, and showed statistically significant differences.

The index of hope for the elderly was 35.87 points out of 55 points, and the conversion score of 100 points was low at 35 points. The hope according to the general characteristics was higher for the elderly with religion than for the elderly without religion, and showed statistically significant results. Religious activities are social-level functions that give the elderly, so that they can join the elderly in all age groups in a comprehensive way, and provide opportunities for contact with various societies it reduces the sense of alienation and allows one to have a sense of self-esteem with a sense of belonging [15]. Therefore, the religious activities of the elderly have a great influence on the improvement of life satisfaction in old age by positively accepting their lives and can be a variable of successful aging [16].

## 5. CONCLUSIONS

This study conducted to identify factors affecting social participation activities and life hopes of the elderly, and to provide them as basic data for developing educational materials and nursing intervention programs to improve mental health of the elderly.

Based on the study results to the following suggestions such.

First, it is necessary to study and focus on factors affecting the hopes of the elderly.

Second, follow-up studies on the relationship between social participation activities and hope of the elderly needed and continuous studies on social participation activities needed.

Third, research and interest in the development and application of intervention programs needed to improve the hope of life for the elderly.

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