

# Self-Care Ability and Self-Compassion : The Implication toward Life Satisfaction of the Elderly

Diah Karmiyati  
University of Muhammadiyah Malang  
dkarmiyati@yahoo.com

Yanuarty Paresma Wahyuningsih  
University of Muhammadiyah Malang  
emmakim28@gmail.com

**Abstract.** *The alteration and deterioration of physical and psychological function causes high levels in dependency of elderly age for asking help from others. Therefore, they need to optimize their self-care ability because it is expected to increase life satisfaction in elderly age. This study used self-compassion as a moderating variable that strengthens the influence of self-care ability to life satisfaction. The purpose of this study is to analyze the effect of self-care ability toward life satisfaction in elderly moderated by self-compassion. Researchers used quantitative correlation as a method in this current study. The study involved 215 elderly-age people who are members of Karang Wredha. So as to collect the data, Life Satisfaction Index-A, Exercises Self-Care Agency Scale and Self-Compassion Scale were employed as the instruments. Moderated Regression Analysis was used in order to analyze the taken data. The results have indicated that there are positive and significant impacts of self-care ability toward life satisfaction moderated by self-compassion.*

**Keywords:** *Self-care ability, self-compassion, life satisfaction, elderly age.*

## Introduction

Life satisfaction is an important thing for elderly to balance their life. Life satisfaction is also one of the important elements to know the quality of achieving aging, especially through psychological aspects, such as well-being, happiness, motivation and health management and relations with the social environment (Neugarten, Havighurst, & Tobin, 1961). Life satisfaction can also be defined as a cognitive component of subjective well-being concept that reflects a good living condition and an assessment that is based on individual beliefs and attitudes in comparing current conditions with conditions that are considered ideal standards (Diener, 2000; Diener, Emmons, Larsen, & Griffen, 1985).

Hurlock (2011) suggests that elderly-aged people are those whose ages range in between 60 to 80 years. Life satisfaction of elderly is influenced by the assessment of important domains in their lives. Changes that occur in these domains tend to result in changes in life satisfaction (Eid & Larsen, 2008). According to the theory of Activity and Continuity of Aging proposed by Neugarten, et al (1961), life satisfaction can be influenced by activities or behaviors related to health care, especially in elderly. This statement is supported by the results of a study conducted by Inal, Subasi, Ay, & Hayran (2007) that elderly who are able to achieve satisfaction in their lives are those who carry out

various health care activities that can minimize or inhibit vulnerability to physical and psychological illnesses.

One of the research findings of Indonesia reveal that physical and psychological problems in elderly - cases of malnutrition with a prevalence of 9.9%, chronic cognitive disease with a prevalence of 7.6% and cases of depression with a prevalence of 25.5%. These conditions can adversely affect the happiness of elderly in Indonesia (Setiati et Al., 2011). Therefore, in order to minimize vulnerability to a variety of physical and psychological problems, it cannot be separated from various self-care and maintenance activities. Activeness in caring for and maintaining personal health can affect one's happiness and satisfaction (Eddington & Shuman, 2005). The activeness and ability to care for oneself to maintain health can affect the well-being of individuals so that they extend their lives (Diener & Chan, 2011; Backman & Hentinen, 2001).

Upon entering the age of aging, elderly begin to experience changes and setbacks both physically and psychologically which cause them to be unable to take care of themselves so they must depend on others to rush to health care centers (Cramm, et al, 2012). In another study, it is mentioned that elderly people who are able to manage their daily activities and their health independently tend to be satisfied with their lives (Choudhary, 2013). Therefore, the government intensively formulates various policies and institutions that can empower the welfare of

elderly (Indonesian health ministry, 2003). There are a number of forums that provide a welfare service system for elderly, such as integrated service post (posyandu), social care institutions and community health centers. Elderly-aged people who determine to stay in the family, live alone and stay away from family can still get adequate services without having to live in a nursing home. At present, every province in Indonesia has built a non-orphanage organization precisely intended to provide welfare services to elderly individuals, one of the instances is Karang Wredha. Karang Wredha is an elderly social welfare service that conveyed by government and community to provide prevention programs for elderly through efforts to empower families, group unity in the community and institutions concerned with improving the welfare of elderly individuals (Major of Malang, 2015). Elderlies are expected to be able to remain active in participating various personal and social activities which can monitor the problems of elderly.

In reality, Karang Wredha can only monitor the elderly if they are holding gatherings such as sport activity, social gathering, etc. During their stay at home, the entire responsibility is on their hands. Therefore, they need to carry out various physical and psychological activities by their own. Active contribution of elderly and independence in carrying out various activities that can minimize the occurrence of disorders or diseases due to deterioration of physical and psychological functions (Scorsolini-Comin & dos Santos, 2010). Independence in maintaining health can be successful because elderly people have the ability to care for themselves well.

Self-care ability is defined as efforts in the form of cognitive, psychomotor and emotional to manage physical and psychological health by relying on the functioning of themselves (Orem, 2001; Kearney & Fleischer, 1979). Self-care ability is a very important resource and a determining factor for elderly to manage their daily lives at home (Hoy, Wagner & Hall, 2007). Self-care ability is one of dimension related to functional ability. Functional ability in elderly is one of the things that is of concern in gerontological research related to welfare and life satisfaction (Blace, 2012). According to the theory of Activity and Continuity of Aging, elderly with poor health conditions tend to move away from activities related to their social environment. In fact, elderly individuals do not want to really withdraw because they also have the same biological, psychological and social needs as others. Moreover, the theory holds that the elderly individuals who successfully undergo their aging period are those who remain active (Neugarten, et al, 1961; Atchley, 1994; Macionis,

2007). One of the research results that combines the concepts of health psychology with social psychology suggests that personal activities in order to maintain physical and psychological health and fitness can give them the opportunity to interact and share with others so as to build their social identity in society (Lemon, Bengtson, & Petersen, 1972).

In previous studies, many experts have found several variables that can strengthen and weaken the influence of health care behaviors on elderly and the most variable examined as moderators are age and big five personality dimensions (Cheng, 2004; George, 2006).

Emmons and Diener (1985) suggest that internal factors that exist in individuals can also be moderators of life satisfaction. According to the theory of Activity and Continuity of Aging, the reaction in response to various problems in aging is moderator can increase or decrease the factors that influence individual life satisfaction (Neugarten, et al, 1961; McGarry, et al, 2013). External or environmental factors have a long-term moderating effect on one's life satisfaction, but some experts agree that someone who has certain personal abilities tends to be able to achieve well-being and satisfaction in life. (Mastoff, et al, 2006; Soons & Loiefbroer, 2009). Moreover, many studies have revealed that some personality types in big five personality groups such as extraversion and honesty, conscientious and agreeableness have strong moderating roles in improving well-being and life satisfaction (Gutierrez, Jimenez, Hernandez, & Puente, 2005; Hosseinkhanzadeh & Taher, 2013; McCrae & Costa, 1991).

There is a personal power that is expected to be able to contribute to further strengthen in internal factors of the individual so as to achieve prosperity in life, namely self-compassion. Self-compassion is a condition where a person is able to accept the suffering and limitations experienced, the opening of self-awareness or suffering of life and the feeling of kindness towards oneself and others (Neff, 2003a; Gilbert, 2009).

In previous studies, self-compassion is assumed to be able to make an important contribution in understanding the influence of various factors on the well-being or life satisfaction of elderly. It is because each individual has a different way of reacting to changes and stresses that occur in his old age both in terms of physical and mental health, self regulation and social environment (Samaie & Farahani, 2011; Terry & Leary, 2011; Teary, Leary, & Mehta, 2012).

Based on the explanation discussed in the previous paragraph, it can be said that self-care ability is a health care effort that lead to a positive impact on the life satisfaction of elderly. However,

studies that explain the role of self-compassion in increasing the influence of self-care ability on life satisfaction in elderly individuals have not been yet conducted. If self-care ability has a strong influence or relation to life satisfaction supported by self-compassion, namely professionals in the fields of psychology, social, health of the elderly and their families and those in Karang Wredha need to consider the benefits of self-compassion so that elderly can be more independent in caring for themselves and their health so that they can achieve success in the age of (successful aging).

Based on these statements, the researchers consider it is important to conduct a study that aims to determine the effect of self-care ability on life satisfaction of elderly individuals moderated by self-compassion.

### **Method**

The research subjects in this study were elderly individuals (60-80 years) who were the member of Karang Wredha Permadi Tlogomas, Malang. The subjects in this study were gathered by using population study methods.

Life satisfaction in elderly was measured by using Life Satisfaction Index-A (LSIA) that consists of 9 items developed by Neugarten, Havighurst, and Tobin (1961). One example of the items: "By increasing age, it turns out there are a lot of fun things happening in my life". Each item was divided into positive items and negative items. Each scale of items had four choices of answers and for positive items given 4 for strongly agree (SS), 3 for agree (S), 2 for disagree (TS) and 1 for strongly disagree (STS). Meanwhile, negative items were given 4 for strongly disagree (STS), 3 for disagree answers (TS), 2 for agree (S), and 1 for strongly agree (SS). The highest score obtained from LSIA was 36 and the lowest score was 9. The reliability coefficient of LSIA  $\alpha = 0.92$  (Neugarten, et al, 1961; Lobello, et al, 2004). The results obtained after the scale trial showed 20 items, there were 11 invalid items and 9 valid items. LSIA reliability value obtained from the results of a scale trial was equal to  $\alpha = 0.898$ .

The instrument for measuring independent variables of self-care for elderly was the Exercises Self-Care Agency (ESCA) compiled by Kearney and Fleischer (1979). ESCA consisted of 25 items arranged by using a Likert scale. An example of ESCA item was "I take good care of myself". Each scale item had four choices of answers in which 4 indicated very appropriate (SS) and 0 showed very inappropriate (STS). The highest score obtained from the ESCA was 100 and the lowest one was 0. ESCA had a reliability coefficient of  $\alpha = 0.77$  (Kearney, et

al, 1979). After conducting a scale trial, it was found that from 43 items, there were 18 invalid items (fall) and 25 valid items. The value of ESCA reliability obtained from the results of a scale trial  $\alpha = 0.904$ . Self-compassion as a moderator variable was measured by using Self-Compassion Scale (SCS) compiled by Neff (2003). This SCS consisted of 18 items approved by using a Likert scale. An instance of SCS items was "I try to love myself when I feel emotionally hurt". Each scale item had five answer choices, which positive items were given 1 for almost never s to 5 for almost always whereas negative items were given 5 for almost never 1 for almost always. The highest score c obtained from SCS was 90 while the lowest score was 18. The reliability coefficient of SCS  $\alpha = 0.93$  (Neff, 2003). After conducting a scale trial, it was discovered that from 26 items, there were 8 invalid items (fall) and 18 valid items. The SCS reliability value obtained from the results of a scale trial  $\alpha = 0.917$ .

For analysing the data, researchers employed moderated regression analysis. Moderated regression analysis was an inferential procedure that aimed to measure the function of the moderator variable between independent and bound variables (Champoux & Peter, 1987). This Interaction test or moderated regression analysis was also a linear multiple regression application in which the regression equation contained an element of interaction. This interaction was aimed to discover whether or not the moderator variable could strengthen or weaken the relationship between independent and bound variables or vice versa (Cohen & Cohen, 1975).

Moderator variable was a predictor variable that could influence (weaken or strengthen) the correlation between independent variables and dependent variables (Baron & Kenny, 1986; Lindley & Walker, 1993). Moderator variable used in this study was self-compassion. The use of Moderated Regression Analysis aimed to see whether the variable self-compassion could strengthen or weaken the relationship between self-care ability and life satisfaction. The analysis was executed by using SPSS version 21.

### **Result**

Data analysis results have showed that for life satisfaction variable,  $M = 3.38$  with  $SD = 0.25$ . Meanwhile, variable of self-care ability,  $M = 3.39$  with  $SD = 0.23$  and self-compassion variable,  $M = 4,34$  with  $SD = 0.39$ . Based on the obtained results of moderation regression analysis test, the results of negative effects and significant self-care ability shows life satisfaction ( $\beta = -1,489$ ,  $p = 0.028$ ).In

short, the first hypothesis in this study is not accepted. It indicates that the higher self-care ability of elderly individuals, the lower their life satisfaction is. On the contrary, the lower the self-care ability of elderly individuals, the greater their life satisfaction is.

The results of this regression analysis also shows that the effect of self-care ability on life satisfaction moderated by self-compassion elucidates positive and significant results ( $\beta = 3.014$ ,  $p = 0.004$ ). Then, the second hypothesis in this study is accepted. These results indicate that the role of self-compassion strengthens the influence of self-care ability to improve the life satisfaction of elderly individuals, which means that the higher the self-care ability of elderly individuals, their life satisfaction tends to increase if they have high self-compassion.

**Table 1.** Effect of Ability to Take Care of Yourself for Life Satisfaction with Self-Compassion as a Moderator

Variabel	Beta	t	P
(Constant)	15,85	3,78	0,00
Kemampuan Rawat Diri	-1,48	-2,20	0,02
<i>Sel-Compassion</i>	-1,63	-2,51	0,01
Kemampuan Rawat Diri* <i>Sel-Compassion</i>	3,01	2,88	0,00

y : life satisfaction

### Discussion

The results have shown that self-care ability negatively and significantly affect the life satisfaction of elderly individuals. This shows that self-care ability is not always a positive impact on life satisfaction. The results of this study are in line with previous studies state that in some cases, the variables of health conditions, health-maintaining behavior and the ability of elderly to treat themselves are inversely proportional to the life satisfaction they achieve (Berg, Hassing, McClearn, & Johansson, 2006; Smith, Borchelt, Maier, & Jopp, 2002). This finding is aligned with the research conducted by Enkvist, Ekstrom, and Elmstahl (2012a). They mention that good functional abilities are negatively related and significant with life satisfaction. The results of these studies are quite contradictory, but the negative correlation occurs because they mean that caring for their health and efforts to be healthy in a different view of life satisfaction. They independently carry out daily activities and diligently control their health yet do not make these activities meaningful. In their perspectives, caring for health in old age is only

a formality done by elderly people in general. This is in line with the statement of Neugarten, et al. (1961) explain that there is no continuity in maintaining health from young to old age and lack of appreciation of the meaning of each daily activity (daily living activity). Later, these individuals tend to be less satisfied with their lives.

In the following finding conducted by Enkvist, et al (2012 b), elderly who have good functional abilities are dependent on family assistance or public services may have the potential to reduce their life satisfaction. This is due to elderly individuals interpretation that receiving assistance from others, even though they are still able to take care of themselves is eliminate the freedom of others and themselves in adapting to change. This is in line with the findings of Janlov, Hallberg, and Petersson (2006) that elderly people certainly feel comfortable with the presence of the closest people who can help them in their daily lives. Yet, the feelings of guilt often arise because they consider themselves to be a family burden. Families tend to control and dominate, but elderly sometimes feel guilty and uncomfortable because of this reason. This feeling of guilt and control of the dominating environment tends to reduce the level of life satisfaction of elderly individuals.

Kunzmann, Little, and Smith (2000) also suggest that health and abilities of elderly in caring for themselves and their health can be inversely proportional to their life satisfaction due to the desire to compare themselves with others. So that, even though they are healthy but see other people have far more conditions better than them. Their life satisfaction may decrease even though they are in an unwell condition but there are other people whose conditions are worse than them. Yet, they can still feel satisfied with his life. The moderation regression results indicate that self-compassion has a positive and significant influence or strengthens the relationship between self-care ability and life satisfaction of elderly. It means that their high self-care abilities are accompanied by high self-compassion, their life satisfaction tends to increase.

Elderly who have high self-compassion tend to direct them to be more open in accepting their own conditions with all their limitations without complaining (Neff, Kirkpatrick, & Rude, 2007). They are able to accept their strengths and weaknesses, think more open in facing various pressures, losses and failures. Elderly who have high self-compassion are also has a sense of connectedness with others. When they feel depressed with all their limitations, they try to keep a positive outlook that everyone must experience setbacks or pressures which are natural

processes in human life (Leary, Tate, Adams, Allen, & Hancock, 2007).

Terry and Leary (2011) suggest that a good understanding of oneself, a sense of connectedness with others and a positive view of the situation or condition can direct elderly to increase awareness in maintaining multiple domains that can improve their life satisfaction. These domains include maintaining health, and a positive mindset and taking full initiative to be responsible for changes that occur to them during the aging process. The role of self-compassion is so important because the aging period is susceptible to various physical and psychological problems. This self-compassion can be a source of internal strength in elderly individuals so that even in difficult and full of conditions, they are able to survive to achieve comfort and satisfaction in life so they tend to be more prepared to accept the various changes that occur during aging (Allen, et al, 2011).

### Conclusion

The results have shown that self-care ability have a negative and significant effect on life satisfaction, which means that self-care ability can affect the life satisfaction of elderly individuals. The results also show that the role of self-compassion between self-care ability to life satisfaction has a positive influence significant which means that self-compassion plays a role in strengthening the influence of self-care ability to improve the life satisfaction of elderly individuals.

There are several ways that can be done by elderly individuals so as to improve their self-compassion, namely always saying good or positive words and reducing self-complaints. Self-compassion can also be cultivated by reducing negative activities such as gossiping about other people's disgrace with neighbors and multiplying following positive activities such as joining citizen recitation, being a member of arts community to make handicrafts together and multiplying worship. These steps are as a means of meditation and self-introspection so that the heart can be calmer.

For further researchers, it recommends that they are able to conduct a comparative study between the effect of self-care ability and self-compassion on life satisfaction for elderly live in Karang Wredha and nursing homes. Farther, it is also likely to conduct a study in gender differences.

### References

- Allen, A.B., Goldwasser, E.R., & Leary, M.R. (2011). Self-compassion and well-being among older adults. *Self and Identity*, 1-26. doi: 10.1080/15298868.2011.595082.
- Atchley, R.C. (1994). *Social forces and aging: An introduction to social gerontology*, 7<sup>th</sup> Edition. Belmont, California: Wadsworth Publishing Company.
- Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Berg, A.I., Hassing, L.B., McClearn, G.E., & Johansson, B (2006). What matters for life satisfaction in the oldest old? *Aging and Mental Health*, 10 (3), 257-264.
- Blace, N.P. (2012). Functional ability, participation in activities and life satisfaction of older people. *Asian Social Science*, 8 (3), 75-87.
- Champoux, J.E., & Peter, W.S. (1987). Form, effect size and power in moderated regression analysis. *Journal of Occupational and Organizational Psychology*, 60 (3), 243-255.
- Cheng, S.T. (2004). Age and subjective well-being revisited: A discrepancy perspective. *Psychology and Aging*, 19, 409-415.
- Choudhary, A. (2013). Study of life satisfaction and health in old age. *International Journal of Science and Research*, 4 (9),1276-1281.
- Cohen, J., & Cohen, P. (1975). *Applied multiple regression: Correlation analysis for behavioral sciences*. Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Cramm, J.M., Hartgerink, J.M., Steyerberg, E.W., Bakker, T.J., Mackenbach, J.P., & Nieboer, A.P. (2012). Understanding older patient's self-management abilities: Functional loss, self-management, and well-being. *Journal Quality of Life*, 22 (1), 85-92. doi: 10.1007/s11136-012-0131-9.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *Journal of American Psychologist*, 55 (1), 34-43.
- Diener, E., & Chan, M.Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, 3 (1),1-43. doi:10.1111/j.1758-0854.2010.01045.x
- Diener, E., Emmons, R., Larsen, J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49 (1), 71-75.
- Eddington, N., & Shuman, R. (2005). *Subjective well-being (happiness)*. San Diego: Continuing Psychology Education.

- Eid, M., & Larsen, J.R. (2008). *The sciences of subjective well-being*. New York: The Guilford Press.
- Emmons, R.A., & Diener, E. (1985). Personality correlate of subjective well-being. *Personality and Social Psychology Bulletin*, *11*, 89-97.
- Enkvist, A., Ekstrom, H., & Elmstahl, S. (2012a). What factors affect life satisfaction among the oldest-old. *Journal of Gerontology and Geriatrics*, *54* (1), 140-145.
- Enkvist, A., Ekstrom, H., & Elmstahl, S. (2012b). associations between functional ability and life satisfaction in the oldest old: Result from the longitudinal population study good aging in Skane. *Journal of Clinical Intervention Aging*, *7*, 313-320.
- George, L.K. (2006). Perceived quality of life. In R.H. Binstock & L.K. George (Eds.) *Handbook of aging and the social science* (6<sup>th</sup> ed., pp. 320-336). Amsterdam, The Netherlands: Elsevier.
- Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. Oakland, CA: New Harbinger.
- Gutierrez, J.L.G., Jimenez, B.M., Hernandez, E.G., & Puente, C.P. (2005). Personality and subjective well-being: Big five correlates and demographic variable. *Personality and Individual Differences*, *38*, 1561-1569.
- Hurlock, E.B. (2011). *Psikologi perkembangan: Suatu pendekatan sepanjang rentang kehidupan*. Jakarta: Erlangga.
- Hosseinkhanzadeh, A.A., & Taher, M. (2013). The relationship between personality traits with life satisfaction. *Scientific Research Journal of Sociology Mind*, *3* (1), 99-105.
- Hoy, B., Wagner, L., & Hall, EOC. (2007). Self-care as a health resource of elders: An integrative review of the concept. *Scandinavian Journal of Caring Science*, *21*, 456-466.
- Inal, S., Subasi, F., Ay, S.M., & Hayran, O. (2007). The link between health-related behaviors and life satisfaction in elderly individuals who prefer institutional living. *Journal of BMC Health Services Research*, *7*, 30-37.
- Janlo, A.C., Hallberg, I.R., & Petersson, K. (2006). Older person's experience of being assessed for and receiving public home help: Do they have any influence over it. *Journal of Health Social Care Community*, *14* (1), 26-36.
- Kementerian Kesehatan RI. (2003). *Gambaran kesehatan lanjut usia di Indonesia. Buletin Jendela: Data dan Informasi Kesehatan*. Jakarta: Kementerian Kesehatan.
- Kunzmann, U., Little, T.D., & Smith, J. (2000). Is age-related stability of subjective well-being a paradox? Cross-sectional and longitudinal evidence from the Berlin Aging Study. *Psychology and Aging*, *15* (3), 511-526.
- Leary, M.R., Tate, E.B., Adams, C.E., Allen, A.B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*, 887-904.
- Lemon, B., Bengtson, V., & Petersen, J. (1972). An exploration of the activity theory of aging: Activity types and life satisfaction among in-movers to a retirement community. *Journal of Gerontology*, *27* (4), 511-523.
- Lindley, P., & Walker, S.N. (1993). Theoretical and methodological differentiation of moderation and mediation. *Nursing Research*, *42*, 176-179.
- Macionis, J. (2007). *Sociology*. 11<sup>th</sup> Edition. Singapore: Pearson Education.
- Mastoff, E., Trompenaar, F., Van Heck, G., Hodiament, P., & Vries, J. (2006). The relationship between dimensional personality models and quality of life in psychiatric outpatients. *Psychiatry Research*, *149*, 81-88. doi: 10.1016/j.psychres.2006.01.004.
- McCrae, R., & Costa, P.T. (1991). Adding liebe und arbeit: The full five-factor model and well-being. *Personality and Social Psychology Bulletin*, *17* (2), 227-232.
- McGarry, J., Clisseett, P., Porock, D., & Walker, W.L. (2013). *Placement learning in older nursing: A guide for students in practice*. London: Bailliere Tindall.
- Neff, K.D. (2003a). Self-compassion: An alternative conceptualization of healthy attitude toward oneself. *Self and Identity*, *2*, 85-101. doi: 10.1080/15298860390129863.
- Neff, K.D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*, 223-250. doi: 10.1080/15298860309027.
- Neff, K.D., Kirkpatrick, K., & Rude, S.S. (2007). Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality*, *41*, 139-154.
- Neugarten, B.L., Havighurst, R.J., & Tobin, S.N.S. (1961). The measurement of life satisfaction. *Journal of Gerontology*, *16*, 134-143.
- Orem, D.E. (2001). *Concepts of practice*. Sixth Edition. St. Louis: Mosby Inc.
- Scorsolini-Comin, F., & dos Santos, M.A. (2010). The scientific study of happiness and health-promotion: An integrative literature review. *Rev Lation-Am Enfermagem*, *18* (3), 472-479.

- Setiati, S., Harimurti, K., Dewiasty, E., & Istanti, R. (2011). Predictors and scoring system for health-related quality of life in an Indonesian community-dwelling elderly population. *Acta Med Indonesia*, 43 (4), 237-242.
- Smith, J., Borchelt, M., Maier, H., & Jopp, D. (2002). Health and well-being in the young old and oldest old. *Journal of Social Issues*, 58 (4), 715-732.
- Soons, P.M., & Liefbroer, C. (2009). Patterns of life satisfaction, personality and family transitions in young adulthood. *Advances in Life Course Research*, 14, 87-100. Doi.
- Terry, M.L., & Leary, M.R. (2011). Self-compassion, self-regulation and health. *Self and Identity*, 10 (3), 352-362. doi: 10.1080/15298868.2011.558404.
- Terry, M.L., Leary, M.R., & Mehta, S. (2012). Self-compassion as a buffer against homesickness, depression and dissatisfaction in the transition to college. *Journal of Self and Identity*, 12 (3), 278-290.
- Walikota Malang. (2015). Peraturan daerah kota Malang nomor 13 tahun 2015 tentang kesejahteraan lanjut usia. Salinan nomor 4/2016. Diakses pada 30 september 2016 dari [http://hukum.malangkota.go.id/download/perda/peraturan\\_daerah\\_tahun\\_2015/SALINAN-PERDA-NOMOR-13-TAHUN-2015-TENTANG-KESEJAHTERAAN-LANJUT-USIA.pdf](http://hukum.malangkota.go.id/download/perda/peraturan_daerah_tahun_2015/SALINAN-PERDA-NOMOR-13-TAHUN-2015-TENTANG-KESEJAHTERAAN-LANJUT-USIA.pdf).