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Research Article

The Effect of Social Activity Program on the Autonomy and Life Engagement of Nursing Home Residents: A One-Group Pretest-Posttest Study

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What is already known on this topic?

- *The aging process is a period of decline in terms of social participation and staying active. This negatively affects mental health.*
- *Regular social activities have positive effects on the decrease in social autonomy and engagement in the life of elderly individuals.*
- *Maintaining autonomy and engagement in life as indicators of mental health in old age is one of the most important goals of nursing care.*

What this study add on this topic?

- *There are not enough studies examining the relationship between the social dimension of autonomy, which is a subunit of quality of life in terms of mental health, and life engagement.*
- *It will help to determine the positive effects of social activity intervention on mental health and related factors.*

Abstrac

AIM: The aim of this study was to evaluate the impact of a regular social activity program on the autonomy and life participation of nursing home residents. The aim of this study was to evaluate the impact of a regular social activity program on the autonomy and life participation of nursing home residents.

METHODS: This quasi-experimental study was conducted between 04 May 2018 and 28 September 2018 in Afyonkarahisar. A single-group, pretest-posttest design to evaluate the effects of a 16-week regular social activity program on the autonomy and participation in life of 36 (15 female, 21 male) nursing home residents. Functional and Social Autonomy Measurement Scale and Life Engagement Scale were used to evaluate the effect of the program.

RESULTS: There was a significant difference between the mean scores of the three scales ($p < .005$). This difference was especially observed in the activities of daily living score ($p < .005$). Moreover, there was a moderate positive correlation between the mean scores of functional and social autonomy.

CONCLUSION: There was a significant difference between the mean scores of the three scales ($p < .005$). This difference was especially observed in the activities of daily living score ($p < .005$). Moreover, there was a moderate positive correlation between the mean scores of functional and social autonomy.

Keywords: Aging, autonomy, life engagement, nursing home, social activity program

Introduction

Many factors such as social, economic, and health systems play a role in the care of the older population. Like every stage of life, old age has a number of problems and tasks to be completed. The complex health demands of older adults must be met not only for the prevention and control of diseases but also for their greater autonomy and well-being. Services that adequately respond to these needs are needed to promote active and healthy aging (Schenker and Costa, 2019). Despite the strong family ties in the cultural structure, factors such as the gradual decrease in responsibility for previous generations, urbanization due to increasing migration, nuclear family, and women's participation in business life are making the elderly increasingly lonely. For these reasons, despite their reluctance, they are choosing institutional care (Akyıl et al., 2018; Zhu et al., 2024). Having to live in an institution makes older people feel like they are losing their independence, productivity, and autonomy. In fact, they want to make the decisions they need about their lives. Autonomy is one of the important factors that play a role in increasing the quality of life (Halit, 2014). Autonomy is linked to older people's individual capacities, including their level of independence, physical, and mental competence, personal characteristics, and whether relatives shared and supported their perceived autonomy (Moilanen et al., 2021). Lack of initiative, restrictions in one's lives, decrease in life goals, and institutionalization negatively affect autonomy. On the contrary, shaping life dynamically, supporting the decisions taken, and

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- *The evaluation of the positive effects of being active on daily life activities and its effect on making life meaningful has been revealed.*
- *The diversity in the social activity program provided options for elderly individuals to use their autonomy.*
- *Revealing the relationship between social autonomy and functional autonomy, the necessity of social activities in reducing some negative factors, especially in the institutional care environment.*
- *Planning and implementing these interventions as nursing interventions will increase the quality of life in elderly individuals as they contribute to the protection and maintenance of mental health.*
- *It will contribute to the process of identifying and evaluating support resources and draw attention to the importance of support resources.*

addressing it with basic values strengthens autonomy. Individuals who face many developmental crises throughout their lives need to participate strongly in life in order to cope with this situation (Vaz et al., 2019). Recreation plays an important role in the well-being and quality of life of older adults. For older adults, as for people of all ages, participation in recreational activities can meet a variety of needs. Important benefits of recreation for older adults include increased health and well-being, socialization, opportunities to use skills and abilities developed throughout their lives, and opportunities to learn new skills. (Singh & Kiran, 2014). Social participation and group activity programs can contribute to the reduction of death risk by positively affecting the cognitive functions of older person and to the establishment of new supportive friendships as they increase social participation (Chang et al., 2014). There is a strong connection between social integration and relationships established with life goals. Activity programs planned to improve human relations increase participation in life and provide a survival advantage, making a significant contribution to the individual's effort to continue living (El-Afandy et al., 2024, Toki, Tai, & Nojima, 2024). Regardless of the type of activity, older adults' participation facilitates the transmission of culture and traditions across generations and the development of the image of older adults as valuable sources of knowledge (Martynova, 2024). Older people should also be involved in planning the social activities intended for them and in decisions aimed at improving policy measures (Grigoryeva et al., 2020). The duties of nurses, who have an important role in home and institutional care in the completion of a harmonious and successful period, in this process are to reveal the needs of elderly individuals, present available options for solutions, and provide resources and opportunities for them to make decisions (Kawai et al., 2023). Making even small decisions about daily activities is important for the autonomy of older people. The autonomy of the older person is honored when supported by nursing interventions (Samartini & Candido, 2021). Expanding social activities, providing options for regular participation by older people, and sharing their experiences can help people become more aware of and prepared for the upcoming age-related changes (Kornadt et al., 2016). Although the difficulties that older people face in maintaining their independence have been described in the literature, there is a lack of practices to effectively combat these difficulties, especially in care settings where autonomy is reduced, such as institutions. It is known that aging is often seen as a process of physical and mental decline and that older people necessarily want to be people with their own initiative (Romaioli & Contarello, 2019). Transforming the social activity practices that can increase the decreasing sense of autonomy and life engagement of nursing home residents into a program that will include more than one activity will provide them with a range of opportunities to make choices and make their own decisions. This study was conducted to evaluate the effect of a regular social activity program on the autonomy and life participation of the elderly.

Research Hypotheses

Hypothesis 1: Regular implementation of a social activity program positively affects the functional autonomy of the elderly.

Hypothesis 2: Regular implementation of a social activity program positively affects the social autonomy of the elderly.

Hypothesis 3: Regular implementation of a social activity program positively affects the participation of the elderly in life.

Methods

Study Design

This study is a quasi-experimental study designed The CONSORT flowchart was pre-pared in compliance with the CONSORT-SPI 2018 Flowchart (Montgomery et al., 2018) (Fig.1).

Sample

The population of the research consists of 110 residents in Nursing Home Aged Care and Rehabilitation Center as an governmental institution in Afyonkarahisar City in Central Anatolia region of Turkey between 04 May 2018 and 28 September 2018. There is no regular activity type or program in this institution. Power analysis was performed by using the G Power 31.92 program to determine the sample size. The effect size and the significance level were taken as d=0.5 and

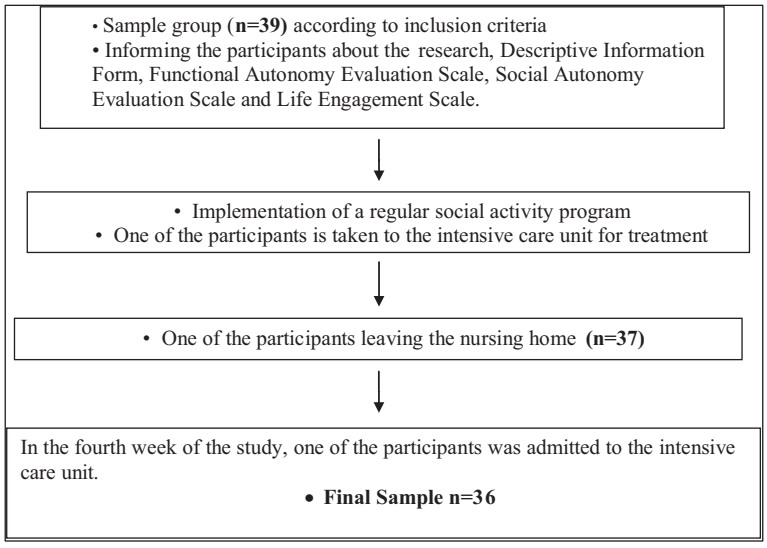

Figure 1.
A Representation of the Study Flow.

α= 0.05, respectively. The minimum sample size for a power of 1β=0.80, 27 was calculated taking into account the 20% losses as 33 individuals. The dependent variables are autonomy and life engagement and the social activity program is the independent variable. People aged 60 and over with no serious impairments in hearing, vision, speech, severe physical disability, no diagnosis of diseases such as advanced dementia (Alzheimer's) and schizophrenia (inclusion criteria). Geriatric Depression Scale (GDS-15) Form Score between 0 and 4 weren't included (exclusion criteria) in this study. Quasi-experimental studies are frequently used when it is not logistically feasible or ethical to conduct a randomized controlled trial (Szklo & Nieto, 2000). Since it would be unethical to apply it to one group within the institution and not to another, since there was only one institution in the city center, everyone who met the criteria was included in the study. This design answers not only what participants achieve at the end of intervention, but also how much they change during the participation in the intervention. After determining the nursing home residents according to the study inclusion criteria, a number suitable for randomization could not be obtained. All individuals in the universe who met the criteria were selected for sampling. About 39 people who met the criteria in the institution constituted the sample of the study and 36 people including the losses completed the research.

Data Collection Tools
Assessment form of features of elders (AFFE) was used to evaluate the characteristics of the residents. Functional Autonomy Measurement System, Social-Functional Autonomy Measurement System (SMAF) and Life Engagement Scale (LET) were used as pretest-posttest to evaluate physical and social autonomy and life engagement. The scale (SMAF) developed by Hebert et al. evaluates 29 functions related to activities of daily living (ADL), movement, communication, mental functions, and instrumental ADL. Responses ranged from 0 (to be able to function independently) to −3 (totally dependent). If the total score is less than −5, the older people is at risk of losing functional independence (Hébert et al., 1999). Validity and reliability study of the scale was conducted (Tuna & Şenol, 2012) and value of Cronbach's alpha of 0.95 was found. Social SMAF was developed by Pinsonnault et al. (1998) and consists of six headings: "Social Activities," "Social Relationships," "Social Network," "Respect for Others," "Social Roles," and "Assertiveness (Self-Confidence)". Each item in scale is scored with a score from 0 to −3. Also, it is determined whether the person currently has the human resources or support necessary to overcome the identified disability for each assessed function. The total score is calculated as −18 as the lowest and 0 as the highest (Pinsonnault et al., 2009). Validity and reliability study of the scale was conducted (Cronbach's alpha of 0.80) (Küçük & Emiroğlu; 2022). The LET, developed by Scheier et al. (2006) to evaluate life goals, is a measurement tool consisting of six items and a single dimension. The scale has a 5-point scale ("1" I strongly disagree, "5" I totally agree). The score range varies between 6 and 30. Rising scores indicate greater purpose in life (Scheier et al., 2006). Validity and reliability study of the scale was conducted (Cronbach's alpha of 0.78) (Küçük & Emiroğlu; 2020).

Intervention Program
The social activity program implemented as a nursing intervention was determined as a result of interviews with nursing home residents. After the resident's expectations were taken, a social activity program was created by taking the opinions of the nursing home management, nurses, and residents.

The activities in the program were carried out by competent educators of the Public Education Center and Evening Art School. Working together with the trainers, weekly content was determined to suit the wishes of the elderly. At the same manner, religious weekly program was carried by the official religious worker of nursing home. A regular social activity program was implemented between May 4, 2018 and September 28, 2018. Residents were reminded of the program daily and informed that they could participate whenever they wanted.

Prepared program was implemented during the 16 weeks. Physical activity 3 days a week (30 minutes), group chat 2 days a week (30 minutes), music activity 1 day a week (45 minutes), educational activity 1 day a week (45 minutes), painting activity 1 day a week (45 minutes) and religious activity 1 day in a week (45 minutes).

Ethical Considerations

Ethical committee approval was received from the Ethics Committee of University of Hacettepe (Approval no: 16969557, Date: February 13, 2018). Institution permission was given from the Ministry of Family and Social Policies, Department of Education and Publication (Approval no: 85187, Date: October 8, 2017). Also, written consents were acquired from respondents who participated in the study. The study was carried out in accordance with the ethical principles described in the Declaration of Helsinki, which was revised in Brazil in 2013.

Statistical Analysis

The statistical analysis was performed using IBM SPSS version 21.0 (IBM SPSS Corp.; Armonk, NY, USA). Descriptive statistics, mean ± standard deviation, minimum and maximum values were used. According to the Kolmogorov–Smirnov test, the data are not normally distributed. The Kolmogorov–Smirnov test, Wilcoxon, Kruskal–Wallis, and Mann–Whitney *U* test, and Spearman's rank correlation coefficient were used.

Results

About 38.9% were between the ages of 70–79, 58.3% were male, 52.8% were widowed, and 58.3% were primary school graduates of the 36 nursing home residents. About 94.4% had been staying at the institution for 0–5 years and 69.4% had come to the institution voluntarily. About 55.6% of the nursing home residents stayed in the institution free of charge. Also, 63.9% lived in a double room. About 63.9% of the individuals staying in the institution used at least one drug, and only 36.1% of them did not have a chronic disease. However, it was seen that only 38.9% of them performed all the ADL.

Considering the situation of meeting with their families and relatives, it was determined that only 33.3% of them met regularly, and 27.8% of them never met. 53.8% of the interviewees stated that they had visited and met. The reasons for not meeting with their families and relatives were found to be that 30% of them had no one, 30% of them said their relatives did not come, and 40% of them did not want to meet. The level of relations with other individuals was seen to be that 58.3% of them were at a good level, and 63.9% of them had a good level and 63.9% of them had a good level of relations with the working personnel.

"*Who made the decisions about them*?" About 83.3% said that they made their own decisions. "*Who they wanted to make these decisions*?" About 86.1% said that they only wanted to make them. About 94.4% of the nursing home residents wanted social activities in the institution. About 30.6%, 16.7%, 16.7%, 18.2%, and 17.3% stated that they wanted physical, religious, educational, music, and handicraft activities, respectively, every day. About 75% of them demanded education on diseases. About 36.1% wanted the Quran to be read more frequently.

Table 1.
Socio-Demographical Characteristics of Nursing Home Residents (N=36)

	n	%
Gender		
Female	15	41.7
Male	21	58.3
Marital status		
Married	5	13.9
Divorced/Widow	31	86.1
Educational status		
Illiterate	9	25.0
Literate	2	5.6
Primary education	21	58.3
High school/University	4	11.1
Chronic disease status *		
No	13	36.1
1	6	16.7
2	11	30.6
3 and above	6	16.7
Number of drugs used		
No	13	36.1
2	8	22.2
3	10	27.8
4 and above	5	13.9
Daily living activities		
No	14	38.9
Dressing	2	5.6
Washing	2	5.6
More than 1	18	50.0
Status of making decisions		
Only himself	30	83.3
Family	1	2.8
Institution staff	2	5.6
With the staff of the institution	3	8.3
Meeting with family members		
None	10	27.8
Sometimes	14	38.9
Always	12	33.3
Meeting with family members		
They come to visit	14	38.9
Individual goes to visit	4	11.1
Only talking on the phone	8	22.1
Reasons for not meeting with family members		
He does not want	4	40.0
Family members doesn't want	3	30.0
Has no one	3	30.0
Communication with other residents of the institution		
Middle	10	27.8
Good	21	58.3
Very good	5	13.9
Communication with the staff of the institution		
Middle	5	13.9
Good	23	63.9
Very good	8	22.2
Total	36	

GYA, Daily living activities.

About 33.3% had questions and answers about religious activities. Table 1 show the socio-demographical characteristics of nursing home residents.

Participation in activities was examined; physical activity was at least 6 and at most 30 sessions, religious activity was at least 3 and at most 12, group chat activity was at least 5 and at most 15, educational activity was at least 3 and at most 15, painting activity was at least 3 and at most 14, and music activity had atleast four participations and 16 at most were seen. The participation in physical, religious, group chat, and educational activities did not differ in terms of gender and age (p > .05). While there was not a significant difference between the number of participations in the educational activities and the social SMAF and LET scores (p > .05), a statistically significant relationship was found between the educational activity and the Functional SMAF Score (p < .05). Educational activity was effective on ADL and mental functions (p = .049, p = .008). Additionally, gender affected the number of people participating in the painting activity (p = .007). The number of women participants was higher than the men. Age did not affect the number of participants (p > .05). The number of participants had no effect on the scale scores (p > .05). The number of participants in music activity was found to be higher for women than for men (p < .05). Age did not affect the number of participants, nor did the number of participants in musical events change the scale scores (p > .05).

The general scores for all three scales before and after the activity program are shown in Table 2. Total score of the Functional SMAF was found to be −12.069 before the application. The social SMAF was found to be −3.13. The LET was found to be 18.00. The aims of individuals in life are at a medium level. After the program, the scores of the three scales increased (Table 2).

Table 2.
Distribution of Functional and Social Autonomy Assessment Scale and Life Engagement Scale General Scores Before and After the Regularly Implemented Social Activity Program

Scales	Pre-Test	Post-Test	Test Value (p)
Functional autonomy Assessment scale			p = .000
Mean ± S.D.	−12.069 ± 11.207	−9.486 ± 10.231	
Median	−10.250	−6.000	
Min.	−38.000	−37.500	
Max.	0.000	0.000	
Social autonomy Assessment scale			p = .000
Mean ± S.D.	−3.138 ± 1.742	−0.314 ± .631	
Median	−3.000	0.000	
Min.	−9.000	−2.000	
Max	0.000	0.000	
Life engagement test			p = .000
Mean ± S.D.	18.000 ± 2.937	28.361 ± 2.282	
Median	18.000	30.000	
Min.	6.000	24.000	
Max	22.000	30.000	

Wilcoxon test, p < .05.
Note: S.D. = Standard deviation.

As a result of the analysis, a significant difference was found between the before and after general scores of the three scales (p < .05).

The subscale scores of the functional SMAF before and after the program are presented in Table 3. It was observed that the lowest average scores were in areas such as using the stairs, cleaning the house, preparing meals, and laundry. The highest average scores were in areas such as eating, using the bathroom, seeing, hearing, speaking, understanding, and judgment. After the application, the lowest average score was limited to preparing meals (p = .103) and laundry (p = .004). In addition, it was determined that there was an increase in all areas except for seeing and speaking. Thus, the regular activity practices have a positive effect on ADL and instrumental daily life activities

Table 3.
Distribution of Functional Autonomy Evaluation Scale Subscale Scores Before and After Regularly Implemented Social Activity Program

Functional Autonomy Assessment Scale	Before Intervention Mean ± S.D.	After Intervention Mean ± S.D.	Test Value p
Eating	−0.055 ± 0.232	−0.041 ± 0.184	.317
Washing	−0.902 ± 0.900	−0.763 ± 0.814	.039
Dressing	−0.500 ± 0.621	−0.375 ± 0.613	.007
Grooming	−0.513 ± 0.670	−0.388 ± 0.598	.033
Urinary continence	−0.194 ± 0.401	−0.194 ± 0.576	.705
Fecal continence	−0.111 ± 0.522	−0.027 ± 0.166	.317
Using the bathroom	−0.097 ± 0.504	−0.166 ± 0.696	.317
Transfers	−0.319 ± 0.698	−0.111 ± 0.380	.012
Walking inside	−0.208 ± 0.710	−0.180 ± 0.698	.317
Using the stairs	−1.069 ± 1.321	−0.861 ± 1.224	.070
Walking outside	−0.222 ± 0.637	−0.125 ± 0.403	.180
Cleaning the house	−1.402 ± 1.382	−0.986 ± 1.174	**.000**
Preparing meals	−1.513 ± 1.431	−1.305 ± 1.390	.103
Shopping	−0.833 ± 0.941	−0.694 ± 0.888	.227
Doing the laundry	−1.638 ± 1.437	−1.222 ± 1.375	.004
Using the telephone	−0.583 ± 0.760	−0.555 ± 0.834	.666
Using public transportation	−0.666 ± 0.755	−0.500 ± 0.666	.020
Taking medications	−0.319 ± 0.755	−0.250 ± 0.439	.187
Managing the budget	−0.361 ± 0.509	−0.291 ± 0.613	.450
Seeing	−0.083 ± 0.280	−0.083 ± 0.280	1.000
Hearing	−0.083 ± 0.280	−0.111 ± 0.318	.317
Speaking	−0.027 ± 0.166	−0.027 ± 0.166	1.000
Memory	−0.222 ± 0.484	−0.194 ± 0.467	.317
Understanding	−0.055 ± 0.232	0.000 ± 0.000	.157
Judgment	−0.083 ± 0.280	−0.027 ± 0.166	.157

Wilcoxon test, p < .05.
Note: S.D. = Standard deviation.

Table 4.
Distribution of Three Main Group Scale Scores of the Social-Functional Autonomy Measurement System and Life Engagement Scale Subgroups Before and After the Regularly Implemented Social Activity Program

Test Functional SMAF	Before Intervention	After Intervention	Test Value *p*
ADL (Activities of daily living)			***p* = .000**
Mean ± S.D.	−11.5139 ± 10.728	−9.0417 ± 9.854	
Median	−9.750	−6.000	
Min.	−37.000	−36.500	
Max	0.000	0.000	
Communication			*p* = .317
Mean ± S.D.	−0.194 ± 0.467	−0.222 ± 0.484	
Median	0.000	0.000	
Min.	−2.000	−2.000	
Max	0.000	0.000	
Mental functions			*p* = .102
Mean ± S.D.	−0.361 ± 0.866	−0.222 ± 0.590	
Median	0.000	0.000	
Min.	−3.000	−3.000	
Max	0.000	0.000	
Social SMAF Social Activities			***p* = .000**
Mean ± S.D.	−1.000 ± 0.338	−0.085 ± 0.284	
Median	−1.000	0.000	
Min.	−2.000	−1.000	
Max	0.000	0.000	
Social relationships			***p* = .001**
Mean ± S.D.	−0.305 ± 0.467	0.000 ± 0.000	
Median	0.000	0.000	
Min.	−1.000	0.000	
Max	0.000	0.000	
Social network			***p* = .000**
Mean ± S.D.	−0.444 ± 0.606	−0.028 ± 0.169	
Median	0.000	0.000	
Min.	−2.000	−1.000	
Max	0.000	0.000	
Respect for others			*p* = .083
Mean ± S.D.	−0.166 ± 0.377	−0.085 ± 0.284	
Median	0.000	0.000	
Min.	−1.000	−1.000	
Max	0.000	0.000	
Social roles			***p* = .020**
Mean ± S.D.	−0.222 ± 0.484	−0.028 ± 0.169	
Median	0.000	0.000	
Min.	−2.000	−1.000	
Max	0.000	0.000	
LET Test			
There is not enough purpose in my life			***p* = .000**
Mean ± S.D.	2.111 ± 0.820	4.750 ± 0.439	
Median	2.000	5.000	
Min.	1.000	4.000	
Max	4.000	5.000	
To me, the things I do are all worthwhile			***p* = .000**
Mean ± S.D.	3.861 ± 0.866	4.666 ± 0.478	
Median	4.000	5.000	
Min.	1.000	4.000	
Max	5.000	5.000	
Most of what I do seems trivial and unimportant to me			*p* = .000
Mean ± S.D.	2.305 ± 0.980	4.833 ± 0.377	
Median	2.000	5.000	
Min.	1.000	4.000	
Max	4.000	5.000	
I value my activities a lot			*p* = .000
Mean ± S.D.	3.805 ± 0.888	4.666 ± 0.478	
Median	4.000	5.000	
Min.	1.000	4.000	
Max	5.000	5.000	
I have lots of reasons for living			*p* = .000
Mean ± S.D.	3.583 ± 1.079	4.611 ± 0.494	
Median	4.000	5.000	
Min.	1.000	4.000	
Max	5.000	5.000	

Wilcoxon test, $p < .05$.
Note: ADL = Activities of daily living; LET = Life Engagement Scale; S.D. = Standard deviation; SMAF = Social-Functional Autonomy Measurement System.

(IADLs). A significant difference was found between the pre- and post-application subgroup scores such as washing, dressing, care, transfer, house cleaning, laundry, and using public transportation ($p < .05$). No difference was detected in eating, urinary continence, preparing meals, shopping, managing the budget, using phones, understanding, and judgment ($p > .05$). The distribution of the scores of the sub-scales of the functional SMAF for ADL, communication, and mental functions are offered in Table 4. After the application score increased in the other two areas except communication but there was a significant difference only between the ADL score ($p < .05$). Nursing home residents most often have difficulty performing ADLs.

Social SMAF pre- and post-application subitem scores are presented in Table 4. Individuals need to be encouraged to choose and participate in leisure activities and to be encouraged to express their wishes and opinions. In the social relations dimension, it was determined that scores increased in areas such as establishing important relationships and acting appropriately in relations with others, being able to use the individual's environmental resources and respecting others. It was also observed that the score of the role relationship between other residents and staff was higher after the application. It has been determined that the most important sources of support for individuals to choose or participate in social or leisure activities are their families and caregivers with 69.7%. It was observed that they received support from caregivers, friends, and family at a rate of 54.5% in "Social Relations," 64.3% in using "Social Network" and 83.3% in "Respect for Others." It

was determined that 85.7% of them were supported by their families and friends in the social roles section, while 69.7% were supported by their families, nurses, friends, and caregivers in the assertiveness area. After the application, there was an increase in scores in all areas and there was a significant difference in all areas except "Respect for Others" ($p < .05$). The activity program had an impact on subgroups of social functions.

Pre- and post-LET subitem scores are presented in Table 4. The fact that they answered "I agree" to items 1, 3, and 5 before the application showed that their life goals had decreased and they found what they were doing less valuable. Especially in the 2nd, 4th, and 6th items, it was seen that they were undecided about having reasons to live, with the answer "I am undecided." After the application, it was observed that the scores of individuals increased in the parameters related to having a life purpose and finding the work they do important. A significant difference was found between all subitem scale score averages ($p < .05$). The program helped them maintain their life purpose in a positive way.

Table 5 presents the relationship three scale of scores after the program. There was a positive correlation between the functional SMAF and the social SMAF score by looking at the Spearman's rank correlation coefficient ($p < .05$). Since the two scales are interrelated due to autonomy assessment, the two scales are affected by each other. Considering the relationship level, it was seen that there was a moderate positive relationship, and as functional autonomy increased, social autonomy was positively affected (R = 0.486).

Age did not affect social autonomy and life engagement, but functional autonomy ($p < .05$). Especially, it affects the ADL ($p < .05$). There was no difference between the scores of the scales

Table 5.
The Distribution of the Relationship between the Function and Social Autonomy Assessment Scale and the General Scores of the Life Engagement Scale after the Regularly Implemented and Applied Social Activity Program

	Correlation		
Scales	Functional Autonomy Assessment Scale	Social Autonomy Assessment Scale	Life Engagement Scale
Functional Autonomy Assessment Scale			
R		0.486**	0.145
p		.003	.398
Social Autonomy Assessment Scale			
R	0.486**		0.060
p	.003		.727
Life Engagement Scale			
R	0.145	0.060	
p	.398	.727	

**Correlation is significant at the 0.01 level (2-tailed), 0.30–0.70 intermediate relationships.

and gender, education, and having a chronic disease ($p > .05$). However, the functional SMAF minimum scores of those without chronic disease were lower than those with chronic disease. Their using medication status were analyzed, a difference was found between the LET scores of those ($p < .005$). It determined that individuals who don't use medication have higher adherence to life scores than individuals who use. There is a difference was found between the ability to perform ADL and the average functional autonomy score ($p < .05$). The average score of the scale is higher in individuals who can do ADL. There was a difference between the mean score of the social autonomy scale and the decision maker ($p < .05$). As a result, post-application scores of the all scales are higher than before application

Discussion

Factors such as low disease risk, increased functional capacity, strong cognitive functions and active engagement with life are important components of a successful aging process and are associated with social activities (Shahnaz and Rezaul Karim, 2014). Individuals participating in leisure activities can establish social relationships, feel positive emotions, and gain additional skills and knowledge. Isolation at any age has unintended negative consequences, such as irrational thoughts or disruptive behavior. Therefore, it is an important necessity for individuals to share their activities with others (Gitto, 2018). Educational, social, and physical activity programs for older adults have been shown to improve mental and physical health outcomes among participants, reduce loneliness, protect against social isolation, and increase older adults' emotional well-being and quality of life (Moilanen et al., 2021; El - Afandy et al., 2024; Fang, L., Fang, C., & Fang, S., 2024). Negative scores indicate that functionally older individuals are not independent and may be at risk of losing their independence. Reduced social autonomy is also an indication that they need help and encouragement in this area.

This study, with this program that brings different activities together, positively affects both the functional and social dimensions of autonomy, offers adults socialization opportunities, and provides them with a purpose in life. With its positive effects such as participation in social activities, providing important social roles that can protect them against reducing the response to stress and increasing self-esteem similarly in this study. Social activities provides important social roles that can protect older individuals by reducing the response to stress and increasing self-esteem (Kelly et al., 2017). It has been observed that individuals who actively participate in artistic or other activities and use their social relationships and support resources effectively have increased health protection and management skills, especially ADLs, and increased autonomy. In addition, it has been concluded that the different effects of each of the combined intervention programs may be beneficial for different problems of old age (Deokju, 2017). The combination of visual arts activities and physical exercise has a significant impact on older individuals' ability to use their autonomy and maintain their life goals. Preserving and increasing cognitive capacity can have a positive effect on individuals in terms of psychological, cognitive and physical health benefits (Roswiyani et al., 2019). Psycho-education programs have positive effects

on reducing depression, which seriously affects participation in life, and increasing individuals' participation in life, autonomy, and ADL. Programs protect people's physical and psychological characteristics from aging, allow them to share their experiences with other people and see the world from a different perspective (Esentaş et al., 2021). High levels of satisfaction with the activities pursued, social communication and fulfilling social roles necessary for social autonomy had similarly positive effects on the factors "Enjoying Life" and "Meaning of Life". (El - Afandy et al., 2024). Increasing ADL and IADL scores create a positive effect on the functional area, enabling individuals to be provided with the necessary opportunities and continuity to become autonomous (Grigoryeva & Bogdanova, 2020).

The fact that the SMAF score is low, similar to other studies, shows that the elderly are at risk of losing functional independence (Bozkurt & Yılmaz, 2016; Kalkan & Karadağ, 2017). Unlike this study, no relationship was found between SMAF and social functions and mental health dimensions (Bozkurt & Yılmaz, 2016). However, the finding of a positive relationship between the social and functional dimensions of autonomy in this study revealed that the social dimension significantly affects the functional structure and increases the level of independence. The most important factor associated with functional decline is the number of days of regular activity (Hébert et al. 1999). It is known that light physical exercise in older women promotes greater autonomy and functional ability for ADL. This promotion strengthens social ties, leading to increased independence in daily life and greater satisfaction with their own health. Similarly, it was concluded that participation in recreational activities not only helps reduce the negative effects of loneliness, but also improves life skills and mental and social well-being (Parra-Rizo & Sanchís-Soler, 2021). Since the physical exercise/adapted sports program implemented in this study had a large socialization component, it can be assumed that a positive effect on relatedness needs could lead to positive effects on all three basic psychological needs (Tomé et al., 2024). Participating in musical activities with older adults helps them maintain their interaction, control over their own lives, and psychosocial autonomy, thus developing positive attitudes toward creative activities (Batt-Rawden & Stedje, 2020). Artistic participation has positive effects on successful aging, such as building relationships with people, a sense of purpose, autonomy, personal growth, and self-acceptance. It has been observed that educational activities provide a significant increase in quality of life values (Khalili et al., 2014). Similarly, this study found that it provided opportunities for nursing home residents to establish valuable relationships with other nursing home residents. Considering the implemented program from a broad perspective, with its different effects, it contributed greatly to the elderly's use of their autonomy and their participation in life. It has been determined that the program is effective on social functions such as being able to use and complete roles.

Study Limitations

The difficulty of controlling the interaction between the intervention and control groups in a single institution was effective in determining the method of the study. This design answers not only what participants achieve at the end of intervention, but also how much they change during the participation in the intervention. Although quasi-experimental studies are useful for evaluating the impact of an intervention on outcomes, they have limitations such as selection bias and lack of control over variables due to lack of randomization and/or control groups.Despite these limitations, this study found that it provided opportunities for nursing home residents to establish valuable relationships with other nursing home residents. It has been determined that the program is effective on social functions such as being able to use and complete roles. However, the experimental design of the study would be more effective in evaluating differences between groups and the long-term results of the activities. In addition, planning these studies as a nursing intervention not only for the elderly in institutional care but also for elderly individuals living at home and comparing their effects would make a significant contribution to the successful aging process.

Conclusion and Recommendations

The variety and regular implementation of program activities have played an important role in individuals' ability to belong, make choices, and achieve their life goals. The programs, which help individuals express themselves, establish good relationships, use environmental resources effectively, and fulfill their roles, should be used as an important nursing initiative in protecting and improving health due to their positive effects. Preparing decisions regarding the development of social activities based on the idea of "doing something together" by taking into account the views of the elderly will increase the effectiveness of the program. Experts involved in organizing and developing social activities should also consider factors such as changes in the lifestyles of older adults, opportunities to fulfill new social roles and communication between family members. The presence of the same personnel in the organization of activities in the institution increases the motivation of participation by providing trust in the elderly. Expanding the scope of the program content and increasing the variety will complement each other's deficiencies and increase their strengths. Services that can combine these different types of activities may be more beneficial. Since social activities have an intergenerational component, planning and implementing activities as an important nursing initiative in areas such as institutional and home care will contribute significantly to the successful aging process.

Data Availability Statement: The data presented in this study are not available from the corresponding author. The data used for this work were collected from volunteer participants who consented to the data collection and the corresponding data protection concept.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of the University of Hacettepe (Approval no: 85187; Date: February 13, 2018). Institution permission was given from the Ministry of Family and Social Policies, Department of Education and Publication (Approval no: 85187; Date: October 8, 2017).

Informed Consent: Written informed consent was obtained from all respondents involved in the study.

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