

The Effect of the Senior Citizens' Health Perception and Awareness of Death on the Awareness of Well Dying

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Abstract

This study has been conducted to present the basic data which can mediate the awareness of well dying of the senior citizens by identifying and understanding the effect of the senior citizens' health perception and awareness of death on the awareness of well dying. The subjects of this study were 163 senior citizens, and this study was conducted from January 1, 2020 until January 30, 2020, while the SPSS 23.0 program was used for the data analysis. As a result of the study, the awareness of well dying turned out to be correlated with the health perception and awareness of death, and the variables that has had the greatest influence on the awareness of well dying were the presence and absence of disease, awareness of death, and the health perception, with the explanatory power by variables being 28.1%, respectively. Therefore, it is necessary to develop a mediation program for the subjects of senior citizens, by taking into account various factors for the senior citizens' awareness of well dying. Currently, in the local communities, various projects are underway to enhance the awareness of well dying for the senior citizens, yet the specialized nursing intervention projects appropriate for each age group and each subject's awareness of well dying ought to be facilitated.

Keywords: Senior, Health Perception, Awareness of Death, Awareness of Well Dying

1. INTRODUCTION

Since entering the aging society of the senior citizens aged 65 and older in 2000, Korea has entered the aging society in 2017, and the number of senior citizens is expected to enter the super aged society in 2026 [1]. As the population of senior citizens increases, Korea will become an aging society without preparations for the later years in life, and as a result, the senior citizens who are socially vulnerable are inevitably faced with various issues [1]. According to the OECD's health data [2], the number of deaths due to suicide by the senior citizens aged 65 or older in Korea was 58.6 out of 100,000 people, which is 3.1 times greater than the average rate of suicide of 18.8 people in the OECD countries. Furthermore, according to the "2017 Status Survey of Senior Citizens" announced by the Ministry of Health and Welfare, issues such as 1 out of 5 senior citizens experiencing the symptoms of depression are discovered.

The developmental task of the time of old age is the "Integration of Self vs. Despair," and the successful developmental task of this time means the state of having an opinion harmonizing the past, present, and future of oneself by reviewing and reorganizing one's life by addressing conflicts of the past and the sense of guilty while accepting one's life of the past and the present as satisfactory and meaningful as it has been a life so intended for the achievement of the integration of self. Therefore, the sense of the integration of self in the time of old age should allow for the psychological well-being of the time of old age to be established and also allow the healthy old age to be faced. Otherwise, as the health would be threatened due to despair, preparations should be made to face the healthy old age [3][17].

Health perception is a personal meaning which governs the behaviors for health, and is explained as a self-assessment of the individuals' physical and mental health. The research results that the better the individual's health perception, subjective health status, and functional health status, the higher the quality of life and self-actualization through the health promoting behaviors [4][18]. The higher one's perception of one's health, the more positive health promoting behavior will be demonstrated, and such behavior may be deemed as a crucial factor having influence on the quality of life even for the senior citizens.

While death is a universal phenomenon given to the mankind, the attitude towards death varies according to people, times, society, and cultural characteristics, and also varies to a large extent depending on the individual values, philosophies, and the attitude towards life [1]. The reaction to death varies from an individual to an individual, yet for many people, the topic of death is one which they consciously and unconsciously avoid or reject, and even the senior citizens are afraid of death, are negative towards it, and have a very low awareness of the need for preparing for it [5]. In the studies of [6], it has been confirmed that the anxiety of death increases with age, and hence, it is important for the senior citizens to positively perceive death.

It has been confirmed that the subjects who positively perceive death will think about their own death while watching the last death and realize the true meaning and value of life as they mature, free and away from anxiety and fear, and give the dying patients the true meaning of death, while helping them positively accept it[7].

Well dying is a comfortable death, a good death, a happy death, and a death of integrity, and recently in Korea, it has been demonstrated that the interest in well dying has increased. Recently, as the interest in well dying has increased as the negative view of death has shifted to the positive, the social interest in when, how, and in what form it is best to die has also increased [9]. Such well dying can be explained to mean a happy death, and as medical development and living standards have turned higher than those in the past, the expectations to face a beautiful death requires education on well dying as well [8].

Death is no exception for everyone, and of which, the senior citizens should be prepared for well dying, and it is necessary to reflect the needs and characteristics of the senior citizens' health perception and awareness of death. In particular, as the senior citizens' awareness of well dying is important, research is essential. Therefore, this study seeks to identify and understand the effect of health perception and awareness of death on the awareness of well dying for the senior citizens aged 65 and older. The purpose of this study is to contribute to the devising of a nursing intervention strategy for enhancing the senior citizens' awareness of well dying by identifying and understanding the effect on the senior citizens' health perception, awareness of death, and awareness of well dying.

2. METHODOLOGY

2.1 Method of Research

This study is a descriptive research study conducted to verify the relationship between the senior citizens' health perception, awareness of death, and awareness of well dying, and to identify and understand the factors influencing the perception of well dying.

2.2 Method of Research

Health perception

The tool of health perception measurement (health perception questionnaire) was used by Lee [10] as a tool of measurement for the perception of health with 20 questions excluding those having influence on the level of confidence. It is consisted of a 4-point scale ranging from 1 point of "Not at all" to "Always," and the negative questions were inversely converted. The score ranged from a minimum of 20 points to a maximum of 80 points, with higher scores indicating a better health perceived. The reliability in this study was Cronbach's $\alpha=.91$, respectively.

Awareness of death

As for the tool for measuring the perception of death, the trajectory scale developed by [11] for college students was used. At the time of its development, this tool was consisted of a total of 95 questions for 6 sub-areas, yet in this study, a total of 67 questions for 5 sub-areas excluding the after life view were used. Specifically, it was consisted of 19 questions of the positive meaning of death, 16 questions of the negative meaning of death, 10 questions of the anxiety of death, 10 questions of the involvement of death, and 12 questions of the will to respect life. For each question, and based on the 7-point Likert scale, 7 points of "Strongly agree" to 1 point of "Not at all" were given, and the negative questions were inversely converted. As

for the positive meaning of death, negative meaning of death, anxiety of death, involvement of death, and the will to respect life, it means the higher the score, the higher the awareness of each area. Reliability in this study was Cronbach's $\alpha = .89$.

Awareness of well dying

As the tool used to measure the perception of well dying in this study, 17 questions adapted from the measurement tool of the "perception of a good death" developed by Schwartz et al. [12] were used. It consisted of 1 point for "It is not important at all and 4 points for "Very important" on the 4-point Likert scale, and it means that the higher the score, the higher the extent of the awareness of well dying. The reliability in this study was Cronbach's $\alpha = .93$, respectively.

2.3 Data collection

Data collection was conducted from January 1, 2020 until January 30, 2020. Before the data collection, the researcher and 3 research assistants interviewed with those in charge of the senior citizens center of the city of Seoul and 1 city of Gyeonggi-do, senior club, welfare center, and an institution of the senior citizens university, explained the purpose of study, and secured an approval of the study. As for the number of the subjects of the study, the number of subjects was selected by using the G Power 3.1 program [10], and when the size of effect is .15, power is .95, and the number of predictor variables is 3, the minimum number of samples is 119 people, and hence, 164 people of the subjects of this study satisfied the analytical conditions.

As for the subjects of this study, the senior citizens aged 65 years or older were selected. The questionnaire was self-entry, and approximately 15 to 20 minutes for a person to answer the questionnaire. After explaining the purpose and background of the study to the subjects of the study in consideration of the subjects' ethical aspects, the consent forms for the participation in the study were signed. The details of the consent form articulated and specified that the participation in the study could be ceased and halted at any point time during the time required for completing the survey and the participation in the survey if so desired. Furthermore, it was explained in advance to the research participants that any and all the information acquired through the study will not be used for any purpose other than that of the research, and that anonymity of the research participants will be guaranteed. It was also explained in advance that the completed questionnaires will be kept and maintained in a place where the researcher can review them, and that they will be discarded in their entirety after the study is completed. Finally, the contact information was provided so that they can reach out if they have any questions at a later point in time.

2.3 Data analysis

The data collected were analyzed by using the SPSS 23.0 Program, and the analytical method is as follows.

The frequency, mean, and percentage were calculated for the general characteristics, health perception, awareness of death, and the awareness of well dying of the subjects of this study. As for the differences in the awareness of well dying according to the general characteristics, independent sample t-test, univariate analysis of variance (one-way ANOVA), and Scheffe test ex post test were conducted, and all analyzes were validated at the level of significance of 5%, respectively. As for the correlation between the health perception, awareness of death, and the awareness of well dying, the Pearson correlation coefficient was obtained, and the stepwise multiple regression analysis was performed to identify and understand the factors influencing the awareness of well dying.

3. RESULT

3.1 General characteristics

Among the general characteristics of the senior citizens who were the subjects of this study, the average age was 66.12 ± 5.43 and they were aged 55 to 72 years. As for their health conditions, 127 people (77.4%) perceived as "bad," and as for the presence or absence of disease, 94 people (57.3%) turned out to "have" a disease, while 70 people (42.7%) turned out to have "none." As for the extent of interest in well dying, it was

verified that 90 people (54.9%) responded “Not need,” while 38 people (23.2%) replied “Slightly needed,” 30 people (18.3%) replied “Almost not needed,” and 6 people (3.7%) replied “Very needed,” respectively Table 1.

Table 1. General Characteristics in Subjects.

(N = 164)

Variables		N	%	M±SD (Max~Min)
Age				66.12±5.43 (55~72)
Gender	Male	47	28.7	
	Female	117	71.3	
Number of cohabitants	1 person	15	9.1	
	2 persons	34	20.7	
	3 persons	64	39.0	
	4 persons	48	29.3	
	None (Living alone)	3	1.8	
Religion	Christianity	101	61.6	
	Catholicism	39	23.8	
	Buddhism	22	13.4	
	No religion	2	1.2	
Level of education	Middle school or less	8	4.9	
	High school diploma	55	33.5	
	College diploma or higher	101	61.6	
Monthly living expenses	Below KRW 500,000	71	43.3	
	KRW 500,000 to below KRW 1 million	64	39.0	
	KRW 1 million to below KRW 2 million	18	11.0	
	KRW 2 million to below KRW 3 million	5	3.0	
	KRW 3 million or more	6	3.7	
One's health conditions	Very bad	2	1.2	
	Bad	127	77.4	
	Good	24	14.6	
	Very good	11	6.7	
Presence or absence of disease	Present	94	57.3	
	Absent	70	42.7	
Extent of interest in well dying	Almost not needed	30	18.3	
	Not needed	90	54.9	
	Slightly needed	38	23.2	
	Very needed	6	3.7	

3.2 Level of Health Perception, Awareness of Death, and Awareness of Well Dying

It also turned out that the senior citizens' knowledge of health perception scored an average of 50.98 out of 70, 105.68 out of 335 for the awareness of death, and an average of 51.08 out of 68 for the awareness of well dying, respectively in Table 2.

Table 2. Level of Health Perception, Awareness of Death, and Awareness of Well Dying.

(N = 164)

Variables	Mean	SD	Min~Max
Health perception	50.98	3.93	41~61
Awareness of death	105.68	7.79	57~330
Awareness of well dying	51.08	4.41	39~61

3.3 Health Perception, Awareness of Death, and Awareness of Well Dying According to the General Characteristics of Participants.

The results of the health perception, awareness of death, and the awareness of well dying according to the general characteristics of the senior citizens are as illustrated in Table 3. According to the gender, number of cohabitants, level of education, monthly living expenses, one's health conditions, and the extent of interest in well dying, the results of the health perception, awareness of death, and the awareness of well dying were all verified to be insignificant. Religion was not significant for the health perception and the awareness of well dying, yet was verified to be significant for the awareness of death ($F=4.25$, $p=.001$). As for the health perception according to religion, Buddhism was verified to be higher than that for Christianity, Catholicism, and no religion. As for the presence or absence of disease, the health perception was not significant, yet the awareness of death ($t=12.10$, $p=.001$) and the awareness of well dying ($t=5.07$, $p=.002$) turned out to be all significant.

Table 3. Health Perception, Awareness of Death, and Awareness of Well Dying According to the General Characteristics of Participants.

(N = 164)

Variables		Health perception			Awareness of death			Awareness of well dying		
		M±SD	t/F	p	M±SD	t/F	p	M±SD	t/F	p
Gender	Male	50.96±3.89	.52	.819	75.19±7.80	.14	.90	50.02±4.66	.07	.78
	Female	51.03±3.96			75.84±7.83			50.72±4.28		
Number of cohabitants	1 person	51.67±4.54	1.38	.24	79.33±4.74	1.80	.13	52.20±4.05	.31	.87
	2 persons	49.62±3.59			77.21±7.36			51.18±3.92		
	3 persons	51.22±3.48			75.14±8.42			51.02±4.48		
	4 persons	51.33±4.24			74.08±7.67			50.75±4.87		
	None (Living alone)	52.33±7.50			77.33±7.63			51.00±3.60		
Religion	Christianity(a)	51.44±4.00	2.25	.08	75.01±7.53	4.25 (c>d)	<.001	51.16±4.36	1.58	.19
	Catholicism(b)	50.28±4.00			75.33±7.96			51.72±4.09		
	Buddhism(c)	50.64±2.85			80.32±7.16			50.05±5.06		
	No religion(d)	45.50±6.36			65.50±.70			46.00±1.41		
Level of education	Middle school or less	48.00±3.42	3.17	.04	75.63±8.17	.04	.95	49.25±6.08	2.39	.09
	High school diploma	50.64±3.34			75.95±8.50			50.31±3.97		
	College diploma or higher	51.41±4.17			75.54±7.42			51.64±4.44		
Monthly living expenses	Below KRW 500,000	50.82±4.29	1.40	.23	74.68±8.31	.64	.74	51.08±4.68	.42	.79
	KRW 500,000 to below KRW 1 million	51.05±3.48			76.22±8.29			51.13±4.15		
	KRW 1 million to below KRW 2 million	50.78±4.19			77.39±4.779			51.17±4.47		
	KRW 2 million to below KRW 3 million	49.20±2.16			77.40±5.68			48.80±6.14		

	KRW 3 million or more	54.33±3.67			75.33 ±2.80			52.17 ±2.31		
One's health conditions	Very bad	51.00±7.07	.56	.63	78.50 ±2.12	1.27	.28	49.00 ±.00	.82	.48
	Bad	50.54±3.52			74.50 ±7.48			51.17 ±3.97		
	Good	51.17±3.88			76.18 ±7.86			50.94 ±4.53		
	Very good	49.73±5.14			72.00 ±7.62			52.91 ±4.18		
Presence or absence of disease	Present	77.97±7.78	.74	.38	49.87 ±3.03	12.10	<.001	50.36 ±4.94	5.07	.02
	Absent	73.98±7.38			51.81 ±4.32			51.62 ±3.90		
Extent of interest in well dying	Almost not needed	3.81 ±.69	.92	.43	7.65 ±1.39	1.08	.35	4.27 ±.78	.66	.57
	Not needed	3.88 ±.40			7.38 ±.77			4.66 ±.49		
	Slightly needed	4.22 ±.68			9.03 ±1.46			3.90 ±.633		
	Very needed	3.38 ±1.38			5.16 ±2.10			4.53 ±1.85		

3.4 Correlation Between Health Perception, Awareness of Death, and Awareness of Well Dying.

It turned out that there was a significant correlation between the subjects' health perception ($r=.14$, $p<.005$), awareness of death ($r=.43$, $p<.001$) and awareness of well dying. Furthermore, it was verified that the health perception has a significant correlation with the awareness of death ($r=.16$, $p<.005$) in Table 4.

Table 4. Correlation Between Health Perception, Awareness of Death, and Awareness of Well Dying.

(N = 164)

Variables	Health perception	Awareness of death	Awareness of well dying
Health perception	1	-.16 ($<.005$)	.14 ($<.005$)
Awareness of death		1	.43 ($<.001$)
Awareness of well dying			1

3.5 Factors Influencing the Time of Old Age of the Awareness of Well Dying.

The results of the stepwise multiple regression analysis performed with the awareness of well dying as a dependent variable are as illustrated in Table 5. As a result of analyzing the multicollinearity of the independent variables prior to the stepwise multiple regression analysis by using the subjects' health perception and awareness of death as predictor variables, the tolerance limit turned out to be 0.33 to 0.93, which was 0.1 or more, and as a result of obtaining the VIF, it turned out that there was no issue of multicollinearity between the independent variables since the values between 1.08 and 1.13 were taken, which did not exceed 10. Since the Durbin-Watson correlation coefficient was 1.82, which is close to the reference value of 2, and is not close to 0 or 4, it was determined that there was no correlation between the residuals. The largest factor of influence on the awareness of well dying was the presence or absence of disease ($\beta=3.27$, $p<.001$), followed by the awareness of death ($\beta=3.08$, $p<.001$), and the health perception ($\beta=6.67$, $p<.002$), respectively. As a result of performing the multiple regression analysis, the regression model was significant ($F=20.80$, $p<.001$). Furthermore, it turned out to explain 28.1% for the awareness of well dying, respectively.

Table 5. Factors Influencing the Time of Old Age of the Awareness of Well Dying.

Independent variables	Dependentvariable	β	t	p	Tolerance	VIF
Awareness of well dying	Presence or absence of disease	0.23	3.27	.001	0.89	1.13
	Health perception	0.22	6.67	.002	0.97	1.08
	Awareness of death	0.47	3.08	.001	0.97	1.08
adj R ² =.281, F=20.80 (p<.001)						
Durbin-Watson's d=1.825						

4. DISCUSSION

This study was attempted as the basic data to help identify and understand the extent of influence of the health perception and death readiness on the senior citizens' awareness of well dying, and also help the senior citizens' awareness of well dying in the future.

According to the results of this study, 127 senior citizens (77.4%) perceived poor health. Regarding the presence or absence of disease, 94 people (57.3%) replied that they “have” a disease. That is, it is important to accurately identify and understand the health perception of the senior citizens since the health conditions of the time of old age are not good, and there are many diseases. If the general health perception of the senior citizens is not properly made, they would perceive their own health as an issue. Therefore, it is important to identify and understand the factor which has an influence on the health perception of the senior citizens as an individual, family, and society as well.

In this study, the extent of health perception of the senior citizens averaged 50.98 out of 80, which is well above the average. This turned out to be similar to the average of 51.97 point in the study of Oh[13] of the senior citizens aged 65 years or older living in the city of Seoul by using the identical tool. In this study, the extent of health perception is similar for the age group of 60 or older, ye it is difficult to generalize, and hence, it is necessary to verify it through the various regional and repeated studies. Furthermore, as the current population of senior citizens is growing incrementally, a continuous education on the perception of health management for the senior citizens is necessary by providing a systematic educational program for the health perception of the senior citizens.

In this study, the extent of death perception averaged 105.68 out of 335 points, which turned out to be below the average. While it is not consistent with the subjects of this study, it was verified that it scored below 224 points of Noh[14] for the cancer ward nurses and 274 points of Cho[15] for the emergency room nurses. It is considered to be so since the average age of the subjects of this study was 66 years, and they did not feel the need for any preparation for death yet. When planning an education for the preparation of death for the senior citizens, it is necessary to verify the perception of their preparation for death by the age group, and it is also necessary to verify the priority of education for the preparation for death.

The score of the senior citizens' awareness of well dying was an average of 51.08 out of 68 points, which was well above the average. In the study of Gong, Hong, and Jeong[16], who studied the chronically ill senior citizens by using the same tool, it was verified that the average score was 57.97 points, which was higher than the result of this study.

After verifying the extent of satisfaction with the current daily life of the senior citizens, it is necessary to develop various programs to increase the satisfaction with their current daily life and the programs to increase their awareness of well dying. It is considered that it is necessary to first learn about the factors of influence capable of improving the awareness of well dying for the senior citizens, and develop programs appropriate theretofore.

As a result of analyzing the correlation between the variables in this study, it was verified that the awareness of well dying has a correlation with the health perception and he death readiness. While a direct comparison would be difficult given the lack of the previous studies for which the same tool was used as in and

for this study, efforts to improve the awareness of well dying through the repeated studies are needed. Based on the results of this study, and in order to enhance the awareness of well dying of the senior citizens, it is necessary to instill in them a proper perception for their health perception and their future death. That is, the awareness of well dying of the senior citizens requires the development and execution of a systematic program which can broadly manage not only the present issues faced, but also the deaths which will be faced in the future.

In this study, as a result of performing the multiple regression analysis to explore the factor influencing the senior citizens' awareness of well dying, the variable having the largest influence on the awareness of well dying is the presence or absence of disease ($\beta=3.27, p<.001$), followed by the awareness of death ($\beta=3.08, p<.001$) and the health perception ($\beta=6.67, p<.002$), respectively. That is, it is apparent that, the lesser the disease, the better the health perception, and the more positive the awareness of death, the better the awareness of well dying. The explanatory power of such variables was 28.1%, respectively. Through such research results, it is apparent that, for the senior citizens' awareness of well being, the presence or absence of disease is also an important factor. Furthermore, as for the senior citizens' awareness of well dying, their health perception and awareness of death affect their awareness of well dying, it may become even more negative as the anxiety of death increases, since death might be felt more realistically when the awareness of death is negative, and when the perception of one's own health is low, since one's own health perception and awareness of death influences the awareness of well dying. To help address such issues, it is necessary to provide the education on the health perception and the awareness of death, which can always prepare for and accept well dying as well as on the presence or absence of the current disease.

Therefore, the education related to the senior citizens' awareness of well dying may be even more effective if approaches are made not only individual education but also self-help groups or small groups of similar age, while connection is made continuously among them. As the population of senior citizens is increasing in the Korean society, it is necessary to recognize that an active policy intervention is needed to increase the positive efficiency for their lives. Currently, in the local communities, various projects are underway to enhance the awareness of well dying for the senior citizens, yet the specialized nursing intervention projects appropriate for each age group and each subject's awareness of well dying ought to be facilitated.

5. CONCLUSION

This study was attempted as the basic data to identify and understand the extent of the influence of health perception and death readiness on the senior citizens' awareness of well dying, and also help devise the nursing intervention strategy which can enhance the senior citizens' awareness of well dying in the future.

As a result of the study, the health perception and the awareness of well dying of the senior citizens were identified and understood to be well above average, and the death readiness score was low. It was verified that the senior citizens' awareness of well dying is correlated with the health perception and death readiness. Furthermore, as for the factor having influence on the awareness of well dying, the presence or absence of disease, health perception, and death readiness were found in their order, respectively. Examining based on the research results above, it is apparent that, the lesser the disease, the better the health perception, and the more positive the awareness of death, the better the awareness of well dying.

Therefore, it is considered that it is necessary to develop a differentiated program which takes into consideration not only the individual education, but also the individual self-help groups or small groups of similar age groups. Among the limitations of this study is the difficulty with which to generalize the results of the study since the convenient sampling was conducted for the senior citizens residing in 2 cities. Therefore, it is recommended that repeated and continuous studies be conducted for various subjects in the future studies.

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