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## Views on happiness and mental health: A comparison between residents and staff at a senior care facility

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### Abstract

Residents and staff members at a senior care facility were questioned about their views on topics related to mental health. The two groups scored similarly on a happiness questionnaire. Differences as well as similarities between residents and staff were revealed through a questionnaire addressing views on mental health, counseling, and medications. The results are discussed in terms of the relationship that develops between older adults and their care givers. We argue that the health and well-being of the residents of a senior care facility may be linked to the health and well-being of the staff. The extent to which the two groups have similar views on issues of health and happiness is probably both a result of, and a basis for, strong relationships between the two.

### Keywords

Happiness, mental health, residents and staff, comparison of views, senior care facility

### Introduction

An important aspect of the patient experience is the relationship between the patient and the caregiver. Nowhere is that relationship more critical than in a senior care facility, where residents are cared for around the clock for months or years, and where staff members are seen more often than family and friends. Because strong relationships between residents and staff members are beneficial to both groups, and because two people with similar views are more likely to develop a relationship,<sup>1</sup> it is valuable to understand the extent to which residents and staff members have shared perspectives. The present study, which included residents and staff of a senior care facility, was designed to compare the seniors' and their caregivers' views on happiness and mental health.

One question explored in studies of happiness is whether happiness is contagious. The data on the contagion of happiness is mixed. According to Tumen and Zeydanli,<sup>2</sup> happiness is not easily spread to others. Reporting similar findings, Blackman<sup>3</sup> concluded that "happiness is never therefore singular (a property of the individual), or a contagious force which you might catch in a particular spatial and temporal location" (p. 29). Simply stated, being happy around someone or a group may not cause them to be happy as well. More encouraging results come from a 20-year longitudinal analysis of data collected as part of the Framingham Heart Study.<sup>4</sup> The study provided evidence that happiness can be spread to others in one's social network, though the effect was not seen among

coworkers. The implication for seniors and their caregivers is that the contagion of happiness may depend on the type of relationship they develop.

Mental health is an issue related to happiness. Based on their research, Layard and Clark<sup>5</sup> and a team of economists determined that when it comes to increasing happiness, treating mental health problems is four times more effective than reducing poverty. In other words, though financial security is associated with happiness, the association between mental health and happiness is much stronger. It makes sense that improving mental health would increase happiness, yet because there is a stigma associated with mental health problems and mental health treatment, many who would benefit from treatment do not seek it. Individuals may be particularly hesitant to seek treatment if they fear those closest to them may think less of them for it.

Some evidence suggests that older adults tend to have decreased stigma surrounding mental health,<sup>6</sup> and other research indicates that younger and older adults have similar views about seeking mental health treatment and mental health care.<sup>7</sup> This would suggest that seniors and their caregivers would be open about mental health issues and supportive of each other seeking treatment. Unfortunately, though there has been research examining administrators and staff feedback about mental health concerns of residents in adult care facilities,<sup>8</sup> there is a scarcity of research directly comparing the views of residents and adult care facility staff members on mental

health and related issues. Data on residents and staff members would contribute to our understanding of similarities and differences in their attitudes about mental health and mental health treatment.

Another issue relevant to the present study is the problem our society faces with caregiver stress and burnout. A caregiver can be a family member or any significant person who assists an older adult with daily care needs. The burden that caregivers carry can have a negative impact on their social, physical, and psychological health; and yet, caregivers rarely immediately realize or acknowledge the negative effects of caregiving.<sup>9</sup> Pearlin, Mullan, Semple and Skaff<sup>10</sup> found that caregiver stress is complex because it varies by individual and has different components. They suggest that we not think of caregiver stress “as an event or as a unitary phenomenon. It is, instead, a mix of circumstances, experiences, responses, and resources that vary considerably among caregivers and that, consequently, vary in their impact on caregivers’ health and behavior” (p. 591). Pearlin and associates make a distinction between primary stressors and secondary stressors. Primary stressors include evaluating the cognitive status of the older adult; evaluating the safety of the patient, caregiver, and others; evaluating the patient’s dependency; and evaluating the health of the patient. Secondary stressors, which can be as potent as primary stressors, tend to be role-related and include relationship strains, occupation strains, economic strains, and family strains. The act of caring for an older adult can affect all aspects of a caregiver’s life. Similarly, the quality of care provided will depend, in part, on the primary and secondary stressors experienced by the caregiver.

In a 2008 study, Warren and Williams<sup>11</sup> interviewed older adults residing in an assisted living facility. They found that residents reported a great deal of loneliness and institutional fear, or fear of being transferred to a nursing home. Interviewees were reluctant to criticize staff, complain about the assisted living facility, or complain about their present situation. The hesitancy to voice any concerns was assumed to be related to their fear of being moved to another facility. If residents are afraid to speak up, then their needs cannot be met. It follows that trust and communication are critical to the development of a good relationship between residents and staff. Good relationships take time, though, and staff turnover can impede the development of those relationships.

Unfortunately, in-home care, long-term care homes and assisted living facilities have a relatively high turnover rate for employees. Barbarotta<sup>12</sup> reported that in 2007, the turnover rate was 42 percent for assisted living facilities and 66 percent for certified nursing assistants in nursing homes. Furthermore, Barbarotta reported that many home health aides leave before they finish their first year of work. These are alarmingly high percentages that can be

detrimental to older adults and the relationships they build with caregivers. Though caregivers find the work rewarding, there are many challenges that contribute to their high turnover. Often workers “face such challenges as low pay, a lack of health insurance, poor or inadequate training, little or no advancement opportunities, poor relationships with their supervisors, physical and emotional demands, and lack of respect by management, residents’ families and society” (p. 4). Addressing some of these problems could have a dramatic effect on staff retention.

The connection between salary and job satisfaction is a complicated one. Some researchers have described a linear relationship between the two measures,<sup>13</sup> while others suggest that that workers’ satisfaction levels and income are better described by a curvilinear model.<sup>14</sup> In a meta-analysis of 115 correlations from 92 independent samples, Judge, Piccolo, Podsakoff, Shaw, and Rich<sup>15</sup> found that income and satisfaction are only marginally correlated. This indicates that though pay is a factor in job satisfaction, pay increases alone may not be sufficient to improve worker retention rates.

Stone and Harahan<sup>6</sup> propose some solutions to the issue of caregiving recruitment and retention that might improve the long-term care workforce. They describe the issue as “a worsening shortage of competent, committed, paid long-term care workers who are able to meet the needs of older adults” (p. 109). One important goal, to increase the numbers of high-quality professional staff, licensed and unlicensed, would require an investment in education. Training of new personnel, as well as continuing education for existing personnel, should be a priority. A second major goal, to make long-term care and direct care jobs more competitive, could be facilitated through policy decisions at the federal, state, and local level.

Another approach to improving job satisfaction and reducing turnover for caregivers is to focus on organizational culture. Sikorska-Simmons<sup>17</sup> found that employees are more committed to their jobs when the organization institutes policies and procedures that strengthen staff interpersonal skills and that provide opportunities for staff and resident input in decision-making. Worker appreciation events, support groups, and mentoring programs are additional interventions that have been found to improve employee retention rates. A supportive, engaging environment has direct benefits to residents as well. Older adults residing in a supportive long-term care facility with a strong activities program exhibit better mental health than those lacking such programs.<sup>18</sup>

Residents in an adult care facility often experience increased happiness and a sense of belonging when they

join adult care facilities because there is a sense of community established with other residents and staff.<sup>19</sup> Staff turnover makes it difficult to maintain that sense of community; but when there is a strong sense of community, the work environment is conducive to higher rates of staff retention. Clearly, creating an organizational culture that focuses on community relationships is beneficial to staff and residents alike.

It is clear from the literature that the relationship between an older patient and a caregiver is a critical relationship that develops over time; and when that relationship is long-lasting and positive, it may provide significant mental and physical health benefits. Though it is known that strong relationships are more likely to develop between individuals with similar views, little is known about the extent to which older adults and their caregivers share perspectives.

The present study was designed as an exploratory study to compare the views of residents and staff members in a senior care facility. Participants were administered a two-part questionnaire assessing happiness, as well as views on mental health and mental health treatment. Based on the current literature, it was hypothesized that residents and staff would report similar levels of happiness. It was also expected that the two groups would have similar, and generally favorable, attitudes about mental health treatment, medication, and counseling. Individual questionnaire items were expected to reveal some specific differences in viewpoint.

## Method

### *Participants*

Residents and staff members from a 52-room senior care facility in Western New York were invited to participate as volunteers in the study. The facility serves a community with a median household income of \$44,000, where 83% of the 20,580 residents are non-Hispanic whites and 8% are non-Hispanic blacks. In all, 10 residents (mean age 87.5) and 13 staff members (mean age 39.4) participated. Approximately two-thirds of the individuals in each group were women. Staff members were eligible to participate if they worked in either the activity department or the resident care aid department. The two departments were selected because the members of those departments have the most direct and most frequent interaction with residents.

### *Materials and Procedure*

A two-part questionnaire in booklet form was administered to participants individually. Though patients and staff members all completed the questionnaire independently, a researcher was present to answer general questions for the patients but was not present when the staff members completed the questionnaire. Part I of the

questionnaire consisted of a 29-item self-report measure of happiness, the Oxford Happiness Questionnaire (OHQ)<sup>20</sup>. The OHQ has been administered to adults over a wide age range and is reported to have high scale reliability and construct validity. For consistency with the format of Part II of the questionnaire, Part I response options were on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). Sample Part I items include, “I do not think that the world is a good place,” and “I laugh a lot.”

Part II of the questionnaire consisted of a 28-item scale developed by the authors to assess participants’ views on mental health, medication, and counseling. As in Part I, Part II response options ranged from 1 (strongly disagree) to 5 (strongly agree). Sample Part II items include, “I would rather take medication than talk about my mental health.” and “I find comfort in talking through my problems.” The items in Part II were numbered 30 to 57 and are included in Table 1.

## Results

Oxford Happiness Questionnaire items numbered 1, 5, 6, 10, 13, 14, 19, 23, 24, 27, 28 and 29 were reverse scored. With 29 questions, each having five response options, scores could range from a low of 29 to a high of 145. If a participant were to select the neutral response option for every item, that individual’s score would be 87. Higher scores represent greater happiness.

The happiness scores for residents ( $M = 110.2$ ,  $SD = 13.5$ ) did not differ significantly ( $t(21) = .628$ ,  $p = .537$ ,  $95\% CI = -8.101, 15.116$ ) from the happiness scores for staff ( $M = 96.7$ ,  $SD = 13.1$ ). The effect size, Cohen’s  $d$ , was 0.264. Both groups tended toward happiness, with resident scores ranging from 83 to 126 and staff scores ranging from 75 to 115.

Mean responses to items in Part II of the questionnaire are shown in Table 1. Although the questions were presented to participants in numerical order, for discussion purposes they are now arranged in three categories: questions related to counseling, questions related to mental health, and questions related to medications. Three values are reported for each item: the mean response given by residents, the mean response given by staff members, and the absolute value of the difference between those two means. Due to the lack of power with a small sample size and a large number of items, and the fact that Part II of the questionnaire was exploratory, null hypothesis tests were not conducted on individual items. The goal was to identify trends that could be tested in future research.

Of the 28 statements in Part II of the questionnaire, residents disagreed most strongly with the statement that there is no such thing as mental illness (item 31) and agreed most strongly that they wished they did not have to

take medications (item 50). Staff members disagreed most strongly with the statement that people who struggle with mental illness are weak (item 57) and agreed most strongly that medications are overprescribed (item 30).

There were five items on which residents and staff member differed by more than a point on the five-point scale, and four of the five items related to counseling. The fifth item dealt with mental health. Staff members were more likely than residents to disagree with the statement that those who go to counseling should learn to deal with their own problem (item 52). Staff members were more likely than residents to agree that seeing a counselor would benefit their mental health (item 41), seeing a counselor would help them work through their problems (item 46), they wish there were services available to them to take care of their mental health (item 53), and they have struggled with their mental health presently and/or in the past (item 51).

Regarding the three categories of questions, the two participant groups differed most on the counseling questions (mean difference = .88), with staff members reporting more favorable views of counseling. While the staff members were more likely to report that they had struggled with their mental health presently and/or in the past, residents and staff members were united in their disagreement with the statement that physical health is more important than mental health (mean difference = 0.10). Questions related to medications elicited the most similar responses from residents and staff. The two groups were united in their strong disagreement with the statement that they take too many medications and the statement that medications are the only way to treat mental illness.

## Discussion

As expected, the residents and staff of the senior care facility reported similar levels of happiness on the Oxford Happiness Questionnaire. The level for the residents was slightly higher than the level for the staff, but that difference was not statistically significant. It is interesting to note that the mean scores for both groups were above the level that was considered a neutral response, indicating that residents and staff tended more toward happiness than unhappiness.

Though the residents and staff reported similar levels of happiness, it cannot be determined from the data collected in this study whether the staff's happiness had any direct effect on the residents' happiness. Other factors likely to influence residents' happiness include physical and mental health, family issues, and other stressors related to aging. To determine the effect of staff happiness on resident happiness, future studies should include in-depth interviews about the relationship between residents and

staff. It would also be valuable to identify the specific staff members who have the most direct contact with individual residents and compare their happiness scores.

Questionnaire items dealing with counseling, mental health, and medications revealed similarities and differences in the views of residents and staff. The greatest differences were on questions related to counseling, with staff members expressing greater confidence in the benefits of counseling. Staff members were more likely than residents to report they had struggled with their own mental health, which may help explain why the staff members tended to see value in counseling. Of course, the fact that older adults reported less experience with mental health problems does not mean they did not have mental health issues of their own. The greatest similarities between the responses of residents and staff members were on questions related to medications. There was consensus, for example, that participants did not overuse medications and that mental illness can be treated using non-drug therapies.

Where there were similarities in participants' responses, the frequency of contact between residents and staff may be a factor. When individuals spend significant amounts of time together, they are more likely to develop a relationship and share thoughts and opinions. To further explore whether frequent contact is a factor leading to similar response patterns, future research should employ a longitudinal design. Baseline response levels could be established on an employee's start date and as a resident is admitted to the facility. Frequency of contact could be recorded and changes in responses documented by re-administering questionnaires at least once after a specified interval.

The results of the present study have limited generalizability, because the results are based on questionnaire data from a small sample of participants associated with the same adult care facility. Replication studies should be done using interviews and other methodologies, with larger samples from other facilities, before drawing general conclusions that residents and staff share similar opinions regarding mental health and mental health treatment. In addition, it would be of interest to compare older adults and caregivers in other settings, such as home care, to determine whether the same pattern of result emerges.

**Table 1. Mean responses and response differences for residents and staff members on questionnaire items related to counseling, mental health, and medications**

<b>Questions Related to Counseling</b>	<b>Residents</b>	<b>Staff</b>	<b>Difference</b>
32. I would rather see a doctor than a counselor	3.60	2.77	<b>0.83</b>
35. I find comfort in talking through my problems	3.20	3.85	<b>0.65</b>
38. Counseling can be beneficial to my mental health	2.80	3.38	<b>0.58</b>
41. I think seeing a counselor will benefit my mental health	2.00	3.17	<b>1.17</b>
43. I view counseling as a resource individuals should utilize	3.90	3.90	<b>0.00</b>
46. I think seeing a counselor can help me work through my problems	1.90	3.54	<b>1.64</b>
49. I would never go to a counselor	2.60	1.78	<b>0.82</b>
52. Those who go to counseling should learn to deal with their own problem	2.50	1.30	<b>1.20</b>
53. I wish there were services available to me to take care of my mental health	2.20	3.23	<b>1.03</b>
54. I would go to a counselor if one was provided for me	2.30	3.20	<b>0.90</b>
56. Counseling does not help people	2.40	1.50	<b>0.90</b>
<b>Questions Related to Mental Health</b>	<b>Residents</b>	<b>Staff</b>	<b>Difference</b>
31. There is no such thing as mental illness	1.78	1.38	<b>0.40</b>
34. Physical health is more important than mental health	2.00	1.90	<b>0.10</b>
37. I often think about the quality of my mental health	2.60	3.31	<b>0.71</b>
40. I feel comfortable talking to others regarding my mental health	3.30	2.80	<b>0.50</b>
42. A mix of medications and counseling is the best approach for mental health	2.70	3.15	<b>0.45</b>
45. There is a stigma surrounding individuals who struggle with mental health	3.60	3.90	<b>0.30</b>
48. People should be able to talk about mental health freely	3.40	4.20	<b>0.80</b>
51. I have struggled with my mental health presently and/or in the past	2.00	3.15	<b>1.15</b>
55. If I were struggling with my mental health, I would feel comfortable talking about it with the people closest to me	3.10	3.69	<b>0.59</b>
57. People who struggle with mental illness are weak	2.10	1.15	<b>0.95</b>
<b>Questions Related to Medications</b>	<b>Residents</b>	<b>Staff</b>	<b>Difference</b>
30. I think medications are overprescribed	3.89	4.38	<b>0.49</b>
33. I would rather take medication than talk about my mental health	2.10	1.69	<b>0.41</b>
36. Medications are the only way to treat mental illness	1.80	1.54	<b>0.26</b>
39. I take too many medications	1.89	2.08	<b>0.19</b>
44. Medications are too expensive	3.90	4.30	<b>0.40</b>
47. My life is better with medications	3.20	2.38	<b>0.82</b>
50. I wish I did not have to take medications	4.30	3.92	<b>0.38</b>

Finally, it should be noted that data collection for this research took place in Western New York State in March and April of 2020, as COVID-19 cases were on the rise. It is not clear how unease about the pandemic might have influenced responses or even relationships between residents and staff. Future research under other conditions could shed light on how views of happiness and mental health are affected by broader community concerns.

In conclusion, we argue that the health and well-being of the residents of a senior care facility may be linked to the health and well-being of the staff. The extent to which the two groups have similar views on issues of health and happiness is probably both a result of, and a basis for, strong relationships between the two. The data from this exploratory study add to our understanding of the views held by residents and staff at the same institution. If there is a causal relationship, with staff members' views

regarding happiness and mental health affecting the attitudes of residents, then the implications for facility administrators are clear. Improved training programs and strong support for staff members may have both direct and indirect benefits for the older adults they serve.

## References

1. Bahns, A. J., Crandall, C. S., Gillath, O., & Preacher, K. J. Similarity in Relationships as Niche Construction: Choice, Stability, and Influence Within Dyads in a Free Choice Environment. *Journal of Personality and Social Psychology*. 2017; 112(2), 329–355. <https://doi.org/10.1037/pspp0000088>
2. Tumen, S., & Zeydani, T. HIs Happiness Contagious? Separating Spillover Externalities from the Group-Level Social Context. *Journal of Happiness Studies*. 2015;

- 16(3), 719–744. <http://doi.org/10.1007/s10902-014-9531-6>
3. Blackman, L. Is Happiness Contagious? *New Formations*. 2008; (63), 15-32. Retrieved from <https://ezproxy.niagara.edu/login?url=https://search-proquest-com.ezproxy.niagara.edu/docview/211571030?accountid=28213>
  4. Fowler, J. & Christakis, N. Dynamic Spread of Happiness in a Large Social Network: Longitudinal Analysis over 20 Years in the Framingham Heart Study. *BMJ* (Clinical research ed.). 2008; 337. a2338. [10.1136/bmj.a2338](https://doi.org/10.1136/bmj.a2338).
  5. Layard, R. & Clark, D. M. *Thrive: The Power of Psychological Therapy*. London, England: Penguin Books; 2014.
  6. Mackenzie, C. S., Heath, P. J., Vogel, D. L., & Chekay, R. Age Differences in Public Stigma, Self-Stigma, and Attitudes toward Seeking Help: A Moderated Mediation Model. *Journal of Clinical Psychology*. 2019; 75(12), 2259–2272. <https://doi.org/10.1002/jclp.22845>
  7. Robb, C., Haley, W. E., Becker, M. A., Polivka, L. A., & Chwa, H.-J. Attitudes towards Mental Health Care in Younger and Older Adults: Similarities and Differences. *Aging & Mental Health*. 2003; 7(2), 142–152. <https://doi.org/10.1080/1360786031000072321>
  8. Dakin, E., Quijano, L. M., & McAlister, C. Assisted Living Facility Administrator and Direct Care Staff Views of Resident Mental Health Concerns and Staff Training Needs. *Journal of Gerontological Social Work*. 2011; 54(1), 53–72. <https://doi.org/10.1080/01634372.2010.530534>
  9. Faronbi, J.O., Faronbi, G.O., Ayamolowo, S.J. & Olaogun, A. A. Caring for the Seniors with Chronic Illness: The Lived Experience of Caregivers of Older Adults. *Archives of Gerontology and Geriatrics*. 2019; 82, 8-14. <https://doi.org/10.1016/j.archger.2019.01.013>
  10. Pearlin, L.I., Mullan, J.T., Semple, S.J., & Skaff, M. M. Caregiving and the Stress Process: An Overview of Concepts and Their Measures. *The Gerontologist*. 1990; 30, 583-594. <https://doi.org/10.1093/geront/30.5.583>
  11. Warren, C. A. B., & Williams, K. N. Interviewing Elderly Residents in Assisted Living. *Qual Sociol*. 2008; 31, 407-424. DOI: [10.1007/s11133-008-9116-y](https://doi.org/10.1007/s11133-008-9116-y)
  12. Barbarotta, L. Direct Care Worker Retention: Strategies for Success. *Institute for the Future of Aging Services and the American Association of Homes and Services for the Aging (AAHSA)*. 2010; Retrieved May 2, 2020, from <https://www.leadingage.org/sites/default/files/Direct%20Care%20Workers%20Report%20%20FINAL%20%28%29.pdf>
  13. Clark, A. E., & Oswald, A. J. Satisfaction and Comparison Income. *Journal of Public Economics*. 1996; 61(3), 359–381. [https://doi.org/10.1016/0047-2727\(95\)01564-7](https://doi.org/10.1016/0047-2727(95)01564-7)
  14. Parker, K. N., & Brummel, B. J. Examining the Curvilinear Relationship between Income and Job and Pay Satisfaction. *Journal of Personnel Psychology*. 2016; 15(4), 164-173. <http://dx.doi.org.ezproxy.niagara.edu/10.1027/1866-5888/a000162>
  15. Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C., & Rich, B. J. The Relationship Between Pay and Job Satisfaction: A Meta-Analysis of the Literature. *Journal of Vocational Behavior*. 2010; 77(2), 157-167. <https://doi.org/10.1016/j.jvb.2010.04.002>
  16. Stone, R. & Harahan, M. F. Improving the Long-term Care Workforce Serving Older Adults. *Health Affairs*. 2010; 29(1), 109-115. <https://doi.org/10.1377/hlthaff.2009.0554>
  17. Sikorska-Simmons, E. Predictors of Organizational Commitment among Staff in Assisted Living. *The Gerontologist*. 2005; 45(2), 196-205. <http://dx.doi.org.ezproxy.niagara.edu/10.1093/geront/45.2.196>
  18. Chao, S.-F., & Chen, Y.-C. Environment Patterns and Mental Health of Older Adults in Long-term Care Facilities: The Role of Activity Profiles. *Aging & Mental Health*. 2019; 23(10), 1307–1316. <https://doi.org/10.1080/13607863.2018.1484889>
  19. Zhou, Y., & Fu, J. Review of Studies on Day-Care Centers for the Elderly in Community. *Open Journal of Social Sciences*. 2019; 7(12), 322–334. <https://doi.org/10.4236/jss.2019.712024>
  20. Hills, P., & Argyle, M. The Oxford Happiness Questionnaire: A Compact Scale for the Measurement of Psychological Well-being. *Science Direct*. 2002; 33(7), 1073–1082. [https://doi.org/10.1016/S0191-8869\(01\)00213-6](https://doi.org/10.1016/S0191-8869(01)00213-6)