



Original Article

Investigation of the relationship between social inclusion level, successful aging, and subjective happiness among elderly individuals enrolled in the 60+ refreshment university

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Abstract

Objectives: This study aimed to investigate the relationship between social inclusion level, successful aging, and subjective happiness among elderly individuals enrolled in the 60+ Refreshment University.

Methods: The study was designed as a cross-sectional correlational study. In this research, social inclusion level was considered the independent variable, while successful aging and subjective happiness were treated as the dependent variables. The study population consisted of 600 elderly individuals actively enrolled in the Third Age University affiliated with Akdeniz University. The study sample comprised 152 elderly individuals who voluntarily agreed to participate. Data were collected using the Personal Information Form, the Social Inclusion Scale (SIS), the Successful Aging Scale (SAS), and the Oxford Happiness Questionnaire–Short Form (OHQ-SF).

Results: A significant positive relationship was found between social inclusion, successful aging, and happiness ($p < 0.01$). Additionally, social inclusion was found to influence successful aging by 5% and happiness by 18.8%. It was determined that social inclusion contributes to increased successful aging and happiness.

Conclusion: Elderly individuals were found to have moderate levels of social inclusion, successful aging, and happiness, and these three factors were shown to influence each other. Nurses can contribute to successful aging and happiness by promoting social participation among elderly individuals. It is recommended to establish stronger social support networks and to develop programs that support the physical and mental well-being of elderly individuals.

Keywords: Happiness; nursing; social inclusion; successful aging; third age university

Aging involves not only physical changes but also psychological transformations. Individuals aged 65 and over constitute approximately 10% of the global population, and this proportion is expected to exceed 16% by 2050. In Türkiye, it is projected that by 2040, approximately 16.3% of the population will be aged 65 and over.^[1] With aging, both physical and mental balance may deteriorate, and older adults may increasingly require assistance from others. If adequate social and physical support is not provided, individuals may withdraw from social settings, feel unimportant, and perceive themselves as losing functionality—factors that negatively impact successful ag-

ing.^[1–3] Moreover, physiological and mental changes associated with aging, retirement from work, loss of close friends, a decline in social activities, and children leaving home often contribute to social isolation and loneliness in older adults.^[4,5]

To help elderly individuals navigate this period more positively, it is crucial that they have meaningful goals for the future and opportunities for social participation.^[2] Social participation is a key factor in ensuring that older adults remain active in society, establish meaningful relationships, and receive social recognition. Engagement in social life supports happiness and healthy aging, and also facilitates the adjustment process associated

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with aging.^[6,7] Participation in social activities among older adults is associated with better quality of life and improved psychological well-being. More specifically, social inclusion enhances subjective well-being and promotes successful aging.^[8]

Successful aging refers to the state of physical, mental, social, and cognitive well-being that helps preserve quality of life and independence in later years.^[9] It has been adopted as an important policy at the international level, aiming to reduce the mental and physical burdens of aging on individuals and society.^[10] Successful aging encompasses the goal of keeping older individuals active, productive, and engaged throughout later life. Key components include maintaining control over daily life, independence, functionality, safety, and social participation.^[11] Disruptions in these goals can lead to reduced life satisfaction and well-being among older adults. In order to prevent such problems, the World Health Organization (WHO) recommends that older adults adopt an active lifestyle both individually and socially, promoting a happier and healthier aging process.^[12]

Happiness is defined as the individual's positive evaluation of their own life experiences. In other words, happiness refers to a positive appraisal of subjective life experiences.^[13] A person's level of happiness has significant implications for both physical and psychological health, contributing to a healthier lifestyle and potentially increasing life expectancy.^[14] Furthermore, happiness emerges as a factor influencing successful aging.^[15] It has been reported that happiness enhances the level of social participation and reduces the risk of loneliness and depression among older adults.^[14,15]

In light of this evidence, happiness stands out as an important concept for the elderly population. Indeed, since older adults are considered among disadvantaged groups, they are more vulnerable in terms of mental health. Therefore, it is essential for mental health professionals—particularly psychiatric nurses who spend more time with individuals—to monitor older adults and provide them with guidance in preventive mental health services.^[16]

In providing such guidance, nurses can make use of initiatives such as the "60+ Refreshment University." The 60+ Refreshment University was established within Akdeniz University to promote the social, mental, and physical activity of older adults. Applications to the program can be made online. This university offers educational opportunities in various fields including art, health, technology, and social skills. Through these programs, it aims to enhance the social engagement of older individuals and support their process of successful aging.^[17,18]

Within the context of the nursing profession, such social participation and educational programs play a critical role, particularly in the field of gerontological nursing. As the elderly population is considered a disadvantaged group, they are more vulnerable in terms of mental health. It is therefore es-

What is presently known on this subject?

- Social inclusion, successful aging, and happiness are considered important factors for older adults. However, there is a lack of studies in both psychiatric nursing and other literature that simultaneously evaluate these three factors.

What does this article add to the existing knowledge?

- The concept of successful aging has been studied only to a limited extent in nursing literature, indicating a need for further research. This study identifies the relationships among social inclusion, successful aging, and happiness, thus contributing a new concept and perspective for nurses in preventive mental health services.

What are the implications for practice?

- Nurses working in the field of elderly mental health, by considering concepts such as social inclusion and successful aging, contribute to increasing happiness among older adults, which in turn supports a more meaningful and adaptive aging process. This may enable nurses providing services to older individuals to be more effective and successful in preventive mental health care.

sential for mental health professionals—especially psychiatric nurses, who spend more time with individuals—to monitor older adults and provide guidance in delivering preventive mental health services. Inclusion of older individuals in social support systems and the promotion of physical activity have been shown to reduce the risks of depression and social isolation, while also improving overall health and quality of life. Numerous studies in the literature have emphasized the positive effects of combining social participation with physical activity on the health of older adults.^[18–20]

By encouraging participation in such social and physical activity programs, nurses support older individuals in achieving successful aging. In this regard, the educational and social activities offered by the 60+ Refreshment University are seen as an effective complementary element in the care processes provided by nurses to older adults.

A review of the literature reveals that studies focusing on happiness and social inclusion among older adults are limited in number.^[4,14] Yet, the concepts of social participation, happiness, and successful aging in older adults are important constructs that influence not only subjective experiences but also national and international levels of well-being.^[12]

In this context, the present study aims to examine the relationships between levels of social inclusion, successful aging, and subjective happiness among older individuals enrolled in the 60+ Refreshment University.

The Research Questions of this Study Are As Follows:

1. Is there a relationship between social inclusion and successful aging in older adults?
2. Is there a relationship between social inclusion and happiness in older adults?
3. Is there a relationship among social inclusion, successful aging, and subjective happiness in older adults?

Materials and Method

This study was conducted using a quantitative approach. The research design was a cross-sectional correlational study. This design allowed for the examination of the relationships between social inclusion, successful aging, and subjective happiness among participants. In the study, the level of social inclusion was treated as the independent variable, while successful aging and subjective happiness were considered dependent variables.

Population and Sample

The population of the study consisted of 600 older adults who were actively enrolled at the Refreshment University affiliated with Akdeniz University. The sample size was determined using an a priori power analysis conducted with the G*Power 3.1 software. In accordance with correlation and regression analysis parameters, the analysis was based on a significance level of $\alpha=0.05$, power $(1-\beta)=0.80$, an effect size of $f^2=0.08$ (small to medium), and two predictor variables. The minimum required sample size was calculated to be 120 participants. The final sample consisted of 152 older adults who voluntarily agreed to participate among those who received the invitation.

Data Collection

Data were collected face-to-face between October 2023 and January 2024. The instruments used for data collection included the Personal Information Form, the Successful Aging Scale (SAS), the Social Inclusion Scale (SIS), and the Oxford Happiness Questionnaire–Short Form (OHQ-SF).

Personal Information Form

The Personal Information Form was developed by the researchers in line with the relevant literature. It included demographic and personal information such as age, enrollment year at the Refreshment University, gender, marital status, educational level, cohabitation status, income level, employment status, perceived health status, access to social support, presence of chronic illnesses, and medication use.

Successful Aging Scale (SAS)

The Successful Aging Scale was originally developed by Reker,^[21] and its Turkish validity and reliability study was conducted by Özsungur and Hazer.^[22] The scale consists of 10 items and includes two subdimensions: Healthy Lifestyle (items 5, 6, 10) and Coping with Challenges (items 1, 2, 3, 4, 7, 8, 9). It is a 7-point Likert-type scale, with total scores ranging from 10 to 70. Higher scores indicate higher levels of successful aging. The original internal consistency coefficients were reported as 0.80 for the Healthy Lifestyle subscale, 0.79 for the Coping with Challenges subscale, and 0.85 for the total scale.^[22] In the present study, the Cronbach's alpha values were found to be

0.90 for the Healthy Lifestyle subscale, 0.90 for the Coping with Challenges subscale, and 0.94 for the total scale.

Social Inclusion Scale (SIS)

The Social Inclusion Scale was developed by Secker et al.^[23] and was adapted into Turkish with validated reliability by Ilgaz et al.^[24] The scale consists of 18 items rated on a 4-point Likert scale and includes three subdimensions: Social Relationships (items 4, 7, 8, 9, 14, 17, 18), Social Acceptance (items 11 and 16), and Social Isolation (items 1, 2, 3, 5, 6, 10, 12, 13, 15). Four items (1, 10, 11, and 16) are reverse-coded. Total scores range from 18 to 72. The scale assesses experiences over a period longer than one month. Higher scores indicate a higher level of social inclusion. The original internal consistency coefficient of the scale was reported as 0.80.^[24] In this study, the Cronbach's alpha value was found to be 0.85.

Oxford Happiness Questionnaire–Short Form (OHQ-SF)

The Oxford Happiness Questionnaire was developed by Hills and Argyle,^[25] and its Turkish validity and reliability study was conducted by Doğan and Çötök.^[26] The scale is designed to measure individuals' happiness levels, consisting of a single dimension with 7 items rated on a 5-point Likert scale. Items 1 and 7 are reverse-coded. Higher scores indicate higher levels of happiness. The Turkish adaptation reported a Cronbach's alpha coefficient of 0.74.^[26] In the present study, the internal consistency coefficient was found to be 0.72.

Data Analysis

Data were analyzed using SPSS version 24 (Statistical Package for the Social Sciences). The normality of the data distribution was assessed using the Kolmogorov-Smirnov test, revealing that some variables followed a normal distribution while others did not. Descriptive and inferential analyses employed in this study included percentages, counts, frequencies, standard deviation, Cronbach's alpha coefficients, Pearson correlation analysis, t-test, one-way ANOVA, Mann-Whitney U test, Kruskal-Wallis test, and simple linear regression analysis.

Ethical Considerations

Ethical approval for the study was obtained from the Scientific Research and Publication Ethics Committee of Muş Alparslan University on April 18, 2023, with decision number 4-71. Institutional permission was granted on September 30, 2023. Additionally, written informed consent was obtained from all participants. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Results

The descriptive characteristics of the older adults included in the study are presented in Table 1. The mean age of the par-

Table 1. Relationship between demographic characteristics of older adults and their scale score means (n=152)

Characteristic	Mean±SD	Min-max	SIS		SAS		OHQ-SF	
			Test and p		Test and p		Test and p	
Age	68.30±5.12	60–88	r=-0.57	p=0.487	r=-0.222**	p=0.006	r=0.049	p=0.548
	n	%	Mean±SD	Test and p	Mean±SD	Test and p	Mean±SD	Test and p
Refreshment class								
1 st class	50	32.9	61.58±7.03	^a F=0.839	59.26±11.16	^a F=1.168	30.50±5.35	^a F=0.479
2 nd class	43	28.3	60.81±9.93	p=0.474	27.27±14.48	p=0.324	30.42±4.91	p=0.697
3 rd class	45	29.6	58.89±9.68		57.08±10.75		29.53±3.58	
4 th class	14	9.2	61.43±6.41		52.21±16.18		30.79±4.31	
Gender								
Female	105	69.1	61.46±9.27	^b t=2.159	59.17±11.15	^b t=2.630**	30.27±4.70	^b t=0.196
Male	47	30.9	58.53±6.90	p= 0.33	53.49±14.76	p=0.009	30.11±4.54	p=0.845
Marital status								
Married	76	50	59.74±9.07	^a F=0.968	55.46±13.37	^a F=1.122	29.93±4.84	^a F=1.439
Single	16	10.5	60.38±10.45	p=0.410	59.50±14.96	p=0.304	31.50±4.27	p=0.234
Widowed	38	25	60.66±8.60		59.15±9.64		29.47±4.74	
Divorced	22	14.5	63.32±5.52		59.59±12.29		31.55±3.76	
Education level								
Literate	7	4.6	59.29±7.41	^c KW=3.582	49.42±20.25	^c KW=1.179	30.14±3.84	^c KW=4.477
Primary education	17	11.2	55.76±12.68	p=0.310	57.11±14.03	p=0.758	29.29±5.83	p=0.214
Secondary education	57	37.5	60.65±8.69		58.49±11.34		29.37±4.79	
Higher education	71	46.7	61.75±7.35		57.39±12.32		31.13±4.16	
Living with								
Spouse	63	41.4	60.00±8.01	^a F=1.073	55.87±12.84	F=1.120	30.05±4.69	^a F=1.396
Children	19	12.5	62.63±9.90	p=0.363	55.36±17.12	p=0.343	31.53±4.53	p=0.246
Spouse and children	14	9.2	57.64±13.87		55.78±14.59		28.29±5.71	
Alone	56	36.8	61.20±7.29		59.73±9.68		30.45±4.26	
Income status								
Income < Expenses	25	16.4	61.32±9.25	^a F=1.326	57.84±12.44	^a F=0.309	28.64±5.70	^a F=5.009
Income = Expenses	92	60.5	59.66±8.70	p=0.269	56.79±12.71	p=0.734	29.90±4.04	p=0.00**
Income > Expenses	35	23	62.34±7.95		58.71±13.16		32.17±4.79	
Employment status								
Yes	12	7.9	60.42±10.95	^d MW-U=803.0	60.41±6.80	^d MW-U=810.5	30.67±4.71	^d MW-U=836.5
No	140	92.1	60.56±8.52	p=0.800	57.15±12.95	p=0.840	30.18±4.65	p=0.981
Health perception								
Good	78	51.3	60.90±9.74	^b t=0.501	57.97±14.83	^b t=0.574	31.71±4.89	^t =4.287
Poor	74	48.7	60.19±7.48	p=0.617	56.81±9.87	p=0.567	28.65±3.80	p=0.00**
Social support status								
Yes	37	24.3	61.22±8.15	^b t=0.532	57.63±11.95	^b t=0.390	30.59±4.46	^b t=0.567
No	115	75.7	60.34±8.88	p=0.595	56.70±14.60	p=0.697	30.10±4.71	p=0.571
Chronic disease								
Yes	71	46.7	60.60±9.26	^b t=0.080	56.78±10.01	^b t=0.566	29.54±4.28	^b t=1.706
No	85	53.3	60.49±8.073	p=0.937	57.95±14.53	p=0.572	30.81±4.88	p=0.090
Medication use								
Yes	111	73	60.50±8.24	^b t=0.133	56.92±11.06	^b t=0.772	29.66±4.53	^b t=2.486
No	41	27	60.71±9.91	p=0.895	58.70±16.12	p=0.441	31.73±4.63	p=0.014*

*, p<0.05; **, p<0.01. ^a: One-Way ANOVA Test; ^b: Independent Samples T-Test; ^c: Kruskal-Wallis Test; ^d: Mann-Whitney U Test. SIS: Social inclusion scale; SAS: Successful aging scale; OHQ-SF: Oxford happiness questionnaire–short form; SD: Standard deviation.

Table 2. Distribution of minimum-maximum scores and mean scores on the social inclusion, successful aging, and subjective happiness scales among elderly individuals enrolled in the 60+ Refreshment University (n=152)

Scales	Minimum score	Maximum score	Mean±SD
Social inclusion scale (SIS)	30	72	60.55±8.69
Social relationships subscale (SIS-SR)	7	28	22.88±4.36
Social acceptance subscale (SIS-SA)	2	8	5.77±2.20
Social isolation subscale (SIS-SI)	15	36	31.90±4.65
Successful aging scale (SAS)	10	70	57.40±12.59
Healthy lifestyle subscale (SAS-HL)	3	21	17.70±4.22
Coping with problems subscale (SAS-CP)	7	49	39.70±8.80
Oxford happiness questionnaire – short form (OHQ-SF)	15	35	23.01±4.49

SD: Standard deviation.

ticipants was 68.30 ± 5.12 years. Of the sample, 32.9% were enrolled in the first year of the Refreshment University, 69.1% were female, 50% were married, 46.7% were university graduates, 41.4% lived with their spouse, 60.5% reported that their income and expenses were balanced, 92.1% were not employed, 51.3% perceived their health as good, 75.7% did not receive social support, 53.3% had no chronic illness, and 73% did not use medication (Table 1).

When comparing the descriptive characteristics of older adults with total scores on the Social Inclusion Scale (SIS), no statistically significant relationship was found ($p > 0.05$) (Table 1).

In the comparison between the descriptive characteristics and total scores on the Successful Aging Scale (SAS), a statistically significant negative correlation was identified between age and SAS scores. Additionally, females (59.17 ± 11.15) had significantly higher total scale scores than males (53.49 ± 14.76) ($p < 0.01$) (Table 1).

Regarding the Oxford Happiness Questionnaire–Short Form (OHQ-SF), participants who perceived their health as good (31.71 ± 4.89), had income exceeding expenses (32.17 ± 4.79), and did not use medication (31.73 ± 4.63) had significantly higher total scale scores compared to other groups ($p < 0.05$) (Table 1).

The minimum and maximum scores, as well as the mean scores and distributions of the Social Inclusion Scale (SIS), Successful Aging Scale (SAS), Oxford Happiness Questionnaire–Short Form (OHQ-SF), and their subscales among older adults, are presented in Table 2. Participants scored between 30 and 72 on the SIS, with a mean score of 60.55 ± 8.69 . On the Social Relationships subscale, scores ranged from 7 to 28, with a mean of 22.88 ± 4.36 . The Social Acceptance subscale scores ranged from 2 to 8, with a mean of 5.77 ± 2.20 . The Social Isolation subscale scores ranged from 15 to 36, with a mean of 31.90 ± 4.65 (Table 2).

Regarding the Successful Aging Scale, the mean total score was 57.40 ± 12.59 . The Healthy Lifestyle subscale had a mean score of 17.70 ± 4.22 , while the Coping with Chal-

lenges subscale mean score was 39.70 ± 8.80 . The mean score for the Oxford Happiness Questionnaire–Short Form was 23.01 ± 4.49 (Table 2).

When examining the relationships between the mean scores of Social Inclusion, Successful Aging, and the Oxford Happiness Questionnaire among older adults (Table 3), a moderate positive and statistically significant correlation was found between the OHQ-SF and the total SAS score ($r = 0.322$, $p < 0.01$). A weak positive correlation was observed between OHQ-SF and the Healthy Lifestyle subscale ($r = 0.286^{**}$, $p < 0.01$), while a moderate positive correlation was noted between OHQ-SF and the Coping with Challenges subscale ($r = 0.323^{**}$, $p < 0.01$) (Table 3).

A moderate positive and statistically significant correlation was also found between OHQ-SF and the total SIS score ($r = 0.434$, $p < 0.01$), as well as the Social Relationships subscale ($r = 0.397^{**}$, $p < 0.01$) (Table 3).

The total SAS score showed a weak positive correlation with the total SIS score ($r = 0.223$, $p < 0.01$), the Social Acceptance subscale ($r = 0.218^{**}$, $p < 0.01$), and the Social Isolation subscale ($r = 0.182^*$, $p < 0.05$) (Table 3).

A strong positive correlation was found between the Healthy Lifestyle and Coping with Challenges subscales ($r = 0.853$, $p < 0.05$). Additionally, weak positive correlations were observed between the Healthy Lifestyle subscale and the total SIS score ($r = 0.279^*$, $p < 0.01$), as well as the Social Acceptance subscale ($r = 0.279^{**}$, $p < 0.01$) (Table 3).

Finally, the Coping with Challenges subscale showed weak positive correlations with the total SIS score ($r = 0.186$, $p < 0.05$) and the Social Acceptance subscale ($r = 0.178$, $p < 0.05$) (Table 3).

According to the results of the regression analysis conducted to predict the relationships, both successful aging and happiness levels had a positive and weak but statistically significant effect on the social inclusion levels of older adults. The coefficient of determination (R^2), indicating the explanatory power of the model, was calculated as 0.188 for happiness ($R = 0.434$; $R^2 = 0.188$; $p < 0.01$) and 0.050 for successful aging ($R = 0.223$;

Table 3. The relationship between mean scores of social inclusion, successful aging, and subjective happiness among older adults enrolled in the 60+ Refreshment University (n=152)

Scales	OHQ-SF total	SAS			SIS			
		SAS total	Healthy lifestyle subscale	Coping with problems subscale	SIS total	Social relationships subscale	Social acceptance subscale	Social isolation subscale
OHQ-SF total								
r	1							
p								
SAS								
SAS Total								
r	0.322**	1						
p	0.000							
Healthy lifestyle subscale								
r	0.286**	0.931**	1					
p	0.000	0.000						
Coping with problems subscale								
r	0.323**	0.985**	0.853**	1				
p	0.000	0.000	0.000					
SIS								
SIS Total								
r	0.434**	0.223**	0.279**	0.186*	1			
p	0.000	0.006	0.001	0.022				
Social relationships subscale								
r	0.397**	0.140	0.159	0.125	0.890**	1		
p	0.000	0.084	0.051	0.125	0.000			
Social acceptance subscale								
r	0.130	0.218**	0.279**	0.178*	0.240*	0.060	1	
p	0.112	0.007	0.000	0.029	0.003	0.464		
Social isolation subscale								
r	0.118	0.182*	-0.021	0.146	0.921**	0.753**	0.030	1
p	0.146	0.025	0.799	0.073	0.000	0.000	0.714	

*: $p < 0.05$; **: $p < 0.01$. OHQ-SF: Oxford happiness questionnaire–short form; SAS: Successful aging scale; SIS: Social inclusion scale.

Table 4. Regression analysis on the prediction of the social inclusion scale (SIS) by the successful aging scale (SAS) and oxford happiness questionnaire – short form (OHQ-SF) in older adults registered in the 60+ Refreshment University (n=152)

Independent variable	Dependent variable	B	SE	(β)	t	p	R	R ²	F	p
SIS	OHQ-SF	16.201	2.402	0.434	6.745	0.000	0.434	0.188	34.745	0.000
	SAS	37.820	7.052	0.223	5.363	0.000	0.223	0.050	7.873	0.006

SE: Standard error.

$R^2=0.050$; $p < 0.01$). These values indicate that the social inclusion variable is explained by happiness at a rate of 18.8%, and by successful aging at a rate of 5% (Table 4).

Discussion

This study was conducted to examine the relationship between social inclusion, successful aging, and subjective

happiness among older adults registered at the 60+ Refreshment University.

When the descriptive characteristics of the older adults included in the study were examined, the mean age was found to be 68.30 ± 5.12 years. Most participants were enrolled in the first year of the Refreshment University, female, married, university graduates, living with their spouse, re-

porting balanced income and expenses, unemployed, perceiving their health as good, not receiving social support, without chronic illness, and not using medication.

The social inclusion levels of older adults in this study were found to be above the moderate level. Literature reviews indicate that the social inclusion levels of older adults are generally close to moderate.^[27–30] Warburton et al.^[31] reported that social inclusion among older adults is influenced by variables such as government policies, income, and marital status. Furthermore, increased participation in social environments and enhanced peer relationships were shown to improve social inclusion.

When all these studies are considered, the findings of the current study are consistent with the existing literature. Additionally, since this study was conducted at the 60+ Refreshment University, it can be suggested that the higher-than-average social inclusion levels observed among participants may be influenced by their engagement with the Refreshment University.

In this study, the level of successful aging among older adults was found to be high. Previous studies in the literature also report high levels of successful aging among older adults.^[32–36] Konrath et al.^[37] stated that successful aging levels in older adults are high and that successful aging is directly associated with social inclusion. The findings of the present study align with the literature, particularly regarding the positive impact of social participation and health maintenance on increasing successful aging levels among older adults. Various studies have also confirmed that social support and physical activity are significant determinants of successful aging.^[38,39] Considering that the current research was conducted at the 60+ Refreshment University, the participation of older adults in social and physical activities is an expected outcome.

In this study, the happiness levels of older adults were found to be at a moderate level. Various studies in the literature similarly report moderate happiness levels among older adults.^[40–42] In a study by Akin, it was reported that older adults exhibited moderate levels of happiness, and that decreases in social interaction and social support were associated with declines in happiness.^[43] While these findings are consistent with other studies in the literature, it is understood that although the opportunities provided by the 60+ Refreshment University contribute to the happiness of older adults, this contribution may be limited by individual and social factors.

When examining the correlations between the scales in this study, a significant positive relationship was found between the happiness level and successful aging level of older adults. Previous studies in the literature have also reported a positive association between happiness and successful aging.^[44–47] In a study conducted by Col et al.,^[48] successful aging was reported

to have a significant effect on happiness, life satisfaction, depression, and stress. Considering the context of this study conducted at the 60+ Refreshment University, these findings gain further significance. The university supports older adults in maintaining social, intellectual, and physical activity, thereby promoting their successful aging processes. As a result, it may have positively influenced their levels of happiness.

This study found a significant positive relationship between older adults' happiness levels and both the Healthy Lifestyle and Coping with Challenges subscales. The literature indicates that increases in healthy lifestyle behaviors and coping skills are associated with higher happiness levels among older adults.^[30,34,36] In a study by Kütmeç, it was emphasized that improvements in healthy lifestyle behaviors and life satisfaction play a crucial role in individuals experiencing a happier life.^[33] When the literature is reviewed, the findings of the present study are consistent with previous research. The results of this study are particularly meaningful in the context of the 60+ Refreshment University. This university provides an environment that supports the physical and mental health of older adults, offers opportunities for social participation, and enhances problem-solving skills.^[33] The combination of these factors may lead to a significant increase in overall happiness levels. As noted in the literature, healthy lifestyle habits and effective coping abilities are critical for enhancing life satisfaction and happiness.^[49] Conducting the study within the special context of the 60+ Refreshment University may contribute to the strength and clarity of this relationship.

From this perspective, the findings of the present study demonstrate that institutions such as the 60+ Refreshment University play an important role for older adults and strengthen the relationship between healthy living and happiness.

A significant positive relationship was found between the happiness levels of older adults and both social inclusion and the Social Relationships subscale. Previous studies in the literature have reported that increased social inclusion and social relationships among older adults are associated with higher levels of happiness.^[30,40,50] In a study by Schmidt-Hertha et al.,^[51] it was reported that older adults' integration into social environments and the enhancement of their social relationships provide numerous benefits in areas such as life satisfaction, happiness, and quality of life.

When the current findings are evaluated within the context of the 60+ Refreshment University, they are highly meaningful. The social environment and opportunities for interaction offered by this university enable older adults to feel more integrated into society and to strengthen their social bonds.^[51]

A significant positive relationship was identified between the social inclusion levels and successful aging levels of older

adults in this study. Previous research has reported that as older adults' social inclusion levels increase, their successful aging levels also improve.^[51-54] In a study conducted by Koçak (2024), social participation was highlighted as an important factor for successful aging among older adults.^[55]

The positive relationship found between social inclusion and successful aging in the present study, when evaluated within the context of the 60+ Refreshment University, suggests that this institution contributes significantly to the successful aging process by encouraging social participation among older adults. This relationship is strongly supported in the literature as well. As Koçak pointed out, social participation plays a critical role in successful aging, and the 60+ Refreshment University supports this process by enhancing the social, emotional, and mental well-being of older adults.^[55]

In this study, a significant positive relationship was found between older adults' levels of social isolation and their levels of social inclusion and social relationships. However, the literature indicates that in some studies, as social isolation increases, social inclusion and social relationship levels decrease.^[5,27,48] Other studies suggest that older adults may experience isolation even within social environments due to factors such as the loss of close ones, difficulty adapting to rapidly changing contemporary conditions, and challenges in forming meaningful relationships.^[56,57]

A study by Newall et al.^[58] examined loneliness and isolation among older adults and classified them into four groups: isolated but not lonely, lonely in a crowd, isolated and lonely, and neither isolated nor lonely. The study concluded that high social participation does not necessarily reduce social isolation or improve social relationships among older adults.

Regression analysis between the scales in this study revealed that successful aging and happiness levels have a significant positive but weak effect on social inclusion. Happiness level explained 18.8% of the variance in social inclusion, while successful aging explained 5%. Various studies in the literature report that older adults' participation in social environments and social activities positively influences their happiness levels.^[29,59-61] In a study by Yüksel et al.,^[34] social participation was found to positively affect both successful aging and happiness.

When the results of the present study are considered within the context of the 60+ Refreshment University, the positive relationship between social inclusion and successful aging highlights the potential of such educational environments to strengthen individuals' social connections. However, the weak effect of social inclusion suggests that social participation needs to be regular and in-depth, and that other factors (e.g., health, life satisfaction, psychological resilience) should also be taken into account.

In light of these findings, it can be concluded that older adults' inclusion in social environments may contribute to both successful aging and a happy life from physical and psychological perspectives. This, in turn, may alleviate the workload of both older adults and nurses working in geriatric mental health, while contributing to more positive outcomes.

Limitations of the Study

This study was conducted solely with older adults registered at the 60+ Refreshment University, and therefore may not be representative of the general elderly population. Due to its cross-sectional design, it was not possible to examine long-term cause-and-effect relationships. Measurements based on self-reports are limited by the participants' emotional states and perceptions. Furthermore, given the restricted cultural and social context, the results may not be generalizable to other populations.

Conclusion and Recommendations

The study found that the majority of participants were female, married, with a secondary education level, living with their spouse, having balanced income and expenses, not working, not receiving social support, and using medication. Significant relationships were identified between successful aging and marital status, as well as between happiness and income level, perceived health, and medication use.

Both successful aging and happiness levels were found to increase social inclusion, with happiness explaining 18.8% and successful aging explaining 5% of the variance in social inclusion.

Based on these findings, nurses play a key role in addressing the physical and psychosocial needs of older adults to support their successful aging and happiness processes. The results indicate that social participation enhances both successful aging and happiness. Accordingly, nurses should develop strategies to protect older adults from social isolation and strengthen their social relationships. Institutions like the 60+ Refreshment University contribute significantly to the successful aging process by providing opportunities for social participation. It is crucial for nurses to be aware of the social and intellectual opportunities provided by such institutions and to encourage older adults to benefit from them, as this can greatly improve individuals' quality of life.

Furthermore, nurses' support for healthy lifestyle habits, encouragement of social participation, and provision of psychosocial support play an important role in enhancing older adults' successful aging and happiness levels. Such nursing practices will contribute to older adults experiencing a more satisfying and healthy aging process.

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