

## Comparison on Middle-aged and Older People's Depression and Life Satisfaction According to Family Caregiving Types

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### *Abstract*

*This study examined data from National Pension Research Institute's 5th Panel Survey on Security for the Aged in 2013. The subjects of this study are middle-aged and older people aged 50 or older providing care for parents or grandchildren. The subjects are total 226, 53 parent caregivers and 173 grandchild caregivers. According to the results, both types indicate low depression, and their life satisfaction records over 3 out of 5. Grandchild caregivers show higher life satisfaction than parent caregivers. Any of the factors influencing depression and life satisfaction are not found to be significant in parent caregivers. Grandchild caregivers' educational level and health condition influence depression negatively and life satisfaction positively.*

**Keywords:** Middle-aged and older people, family caregiving, depression, life satisfaction, KReIS

### **1. Introduction**

Along with the increase of working women, low awareness of caregiving for the aged, more burden of support for the aged, and increase of nuclear families[1], the social caregiving system is being extended. Due to the immaturity of the system, however, we still need home care. Korea is expected to be aging society of which aged population will exceed 14% in 2019. This will increase expenses for support as well as the periods of support and care and eventually make home care more burdensome. In order to solve these problems, the long-term care insurance system for the aged has been operated since 2008; however, up to 2015, 7% or so aged population had received the grade for care, and in the system, facility payment tends to reduce while home care payment is increasing. As one of the reasons for increase in home care payment, lack of home care service is being pointed out[2], and the increase of home care payment implies more burden of home care. Also, to settle down childcare problems, the family support allowance system that targeted only the infants from near poor families not using any daycare centers or kindergartens from 2009 has been operated for all children since 2013. The rate of benefit has been increasing as 1.9% in 2010, 35% in 2013, and 36.8% in 2015, and at the end of December of the same year, approximately one million received the support[3]. Among them, 40.1% of the children using the family support allowance system exclusively are taken care of by grandparents. Therefore, family care givers cannot avoid labor for caregiving even in old days with the increase of parent caregiving and grandchild caregiving. We can see that since family care givers' average age is higher than non-giver's[4], middle-aged and older people's burden is fairly great. Middle-aged and older people often get to feel depressed for less social activity resulted from parent caregiving as well as their unfavorable physical and psychological conditions, and this is the cause for reducing their life satisfaction[5]. However, research targeting grandchild care givers reports

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Manuscript Received: 3 July, 2017 / Revised: 18 July, 2017 / Accepted: 29 July, 2017

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that family care has nothing to do with depression or it rather reduces depressive feelings and enhances life satisfaction[6][7]. In fact, according to the types of caregiving, family care influences the degree of depression or life satisfaction differently, however, almost no research has been performed on that. Therefore, this study is going to present a theoretical frame to enhance life quality of all family members including middle-aged and older people as family care givers and the subjects as well.

## **2. Theoretical Background**

### **2.1. Family Caregiving**

Caregiving is a task to take care of a person with concern. It refers to the act of looking after those who cannot take care of themselves, for example, patients, the aged, or children[8]. Therefore, family care is provided for family members who cannot take care of themselves properly based on blood ties and sentiments[9]. The Ministry of Health and Welfare[3] defines family care as 'giving care to children aged 10 or younger living with, giving care to elementary, middle, and high school students aged 10 or older living with, giving care to the spouse living with, giving care to parents and grandparents living with, giving care to other family members living with, giving care to parents and grandparents not living with, and giving care to other families not living with'. Traditionally, child-rearing and caregiving for the aged were crucial functions of family. The increase of working women and nuclear families, however, has increased the need for family care while the need is hardly met in reality. Besides, for the immaturity of the social caregiving system, the quality of caregiving is not satisfying, so such need seems to last afterwards. In the US, family care givers including community caregivers can be found in one out of four families, and about 80% of community caregiving provides family care[9]. Even in overseas countries that have provided social caregiving from a long time ago, family care is absolutely important as it forms two thirds of the entire caregiving, and it is the main part of unofficial caregiving[10]. In Korea, too, with the increase of the aged and working women, there are more and more grandparents taking care of grandchildren. Although the number of grandparents living with grandchildren is reducing, out of all caregiving based on blood ties, grandparents' caregiving to grandchildren forms 96%[6]. Reflecting this trend, there are even coined words like 'halma' or 'halppa' referring to grandparents looking after grandchildren and 'twilight child-rearing' referring to caregiving provided by grandparents for grandchildren. Although a lot of research has discussed negative effects of family care, research on grandparents taking care of grandchildren also implies that we need to understand the positive effect of it, too [11]. The number of women as family care givers is overwhelmingly high[9][12][7][13], and most of the research targets women. They are relatively old, and according to[9], the average age of caregivers is 66.36, and in farm villages, most of the grandmothers in grandparent-headed family are in the 60's as 47.7%[14][15]. According to research on grandparents taking care of grandchildren aged seven or younger in double-income family, those in the 50's form 41.8% and those in the 60's form 47.8%[13]. The mean age of the high-intensity group giving care to grandchildren for over 48 weeks a year and 40 hours a week is 63[16]. Also, the age of grandparents giving major care living with grandchildren is found to be higher than those giving minor care[17]. Therefore, mostly those in the early and mid-60's give family care. The educational level of care givers is lower than non-givers[18], and in farm villages, more than half of the grandmothers in grandparent-headed family are uneducated[14], and 46.17% graduated only elementary school. The rate of those in the high-intensity caregiving group that graduated university is very low[16]. According to [13], however, grandparents who graduated high school or higher form 66.8%. About the income level, the caregiving group earns less money than non-giver group, and their financial independency or economic level is lower[16], and in grandparent-headed family in farm villages, grandmothers regard their subjective financial condition very negatively[14], and 58.3% of the respondents say they think they belong to the lower class[17]. Also, 55.41% of the grandparents earn less than 20 million won as household annually income[15]. Grandparents who are finally dependent tend to give care to grandchildren longer than those not. However, there is opposite result, too, and among the grandparents giving care to grandchildren, those that are financially independent form 62.8%, so they are much more than those that are not[18]. Among the subjects receiving family care, parents are more than grandchildren. Family care lasts for almost 10 years averagely, and about six hours are spent for it averagely per day, and 50.6% of the care givers feel the medium level of caregiving burden[9]. According to [18], two to three years of caregiving forms the most part as 37.5%, and more than 10 years forms 5.6%, and 12.3

hours are spent a day for caregiving averagely, so much part of their day is used for family care. This should be studied more attentively afterwards.

## 2. Depression

Middle-aged and older people involved in family caregiving are going through the period of experiencing reduction in physical or mental function. In this period, people get to have negative experiences from family caregiving, for instance, physical or mental exhaustion. Depression ranges from normal change in feelings to pathological status. It is affective disorder with symptoms like concern, melancholy, a sense of failure, helplessness, and worthlessness[19]. Since depression is accompanied by emotional, cognitive, and physiological symptoms, it has to be managed properly[20]. Few family care givers are aware of their health condition subjectively, and according to the 3rd Panel Survey on Security for the Aged, 53% of the subjects are suffering from disease or disorder[4], and 48% indicate unfavorable physical conditions[15]. Around half of the subjects think their general health condition is bad[9][14][17], so we can see that family care givers are mostly not in good health[18][11]. According to the 1st Panel Survey on Security for the Aged, 30% are not in good health psychologically[4], and according to the 3rd Survey, 17% of the subjects are not in good health psychologically[15]. 74.1% of the aged involved in family caregiving indicate severe depression. If the sum is over 16 points, it indicates depression, but their mean value is found to be 27.72, which implies that family care givers show serious depression[9]. The aged with dementia as family care givers received 15.153 out of 30 points in depression averagely, so it is higher than the median value[4], and among 228 elders involved in long-term caregiving, 26.7% express feelings like depression[21], and [10] also reports that 45.62% of the subjects are experiencing depression. 14.6% of the grandparents not involved in grandchild caregiving are experiencing depression whereas 20.9% of those engaged in high-intensity caregiving are indicating depressive symptoms[16]. In farm villages, grandmothers in grandparent-headed family received 15 points as the median value, and the level of their depression is 15.29 while that of happiness is much lower as 11.53[14]. According to [17]'s research taking 31 points or higher as severe depression, major care givers' mean value of depression is 28.9 points, and minor care givers' is 20.5. 94.1% of the major caregiving grandparents received more than 16 points, the clinically referential point, and 45.7% got more than 31 points in depression, which means that the situation is serious. There are opposite results, too, however. According to [6]'s research on the effects of grandchild caregiving on depression, there is no significant correlation found, and grandchild caregiving rather enhances psychological health condition and cognitive function and improves subjective health condition in the aged but has no significant effects on depression. It is reported that grandchild caregiving influences physical health negatively, but caregivers aged 65 or younger feel no serious burden for that [7]. In fact, there are opposite results about depression by caregiving types or researchers, so it is needed to conduct more research afterwards.

In correlation between sex and depression, in aged care givers, women indicate more depression than men [22]. The results are found to be opposite in term of the age of caregiving subjects, and as subjects are older[12], depressive symptoms increase; however, according to [10]'s research, as caregiving subjects are older, their depression gets lower. In farm villages, as grandmothers in grandparent-headed family indicate a lower level of education, their depression becomes higher[14], and when major caregiving grandparents receive caregiving support from their spouse and their subjective health condition is more favorable, their depressive symptoms reduce[15], and according to [23]'s research, too, care givers' health is negatively correlated with depression, so there is diversity found in results.

## 3. Life Satisfaction

After the term, 'life satisfaction', was first used by Newgarten et. al. (1961), it has been studied with keen interest. Life satisfaction is influenced by an individual's psychological and environmental factors and the past, present, and the future, and it is subjective and complex feeling related to happiness and satisfaction about life in general[24]. Also, it is recognition about life satisfaction determined by comparing what one has wished for and what one has actually achieved[25]. Life satisfaction in middle-aged and older people going through the last part of life is evaluation on one's past to present. It provides criteria about successful aged life and also a sense of integration about one's lifetime; therefore, it is one of the crucial elements to

spend lengthened senescence successfully[26]. Family caregiving is an unexpected task to middle-aged and older people. Several studies have reported that it is possible for them to face some unfavorable experiences by that. Those engaged in family caregiving indicate low life satisfaction[4][23]and negative sentiments[9][16] examined satisfaction about life including factors like health condition, financial condition, relationship with the spouse, and relationship with children and reported low life satisfaction in the family caregiving group. The mean of life satisfaction in grandparents living with grandchildren is 12.9 points, and that of grandparents involved in major caregiving is 9.7, and that of grandparents engaged in collaborative caregiving is 28.7; therefore, grandparents involved in high-intensity caregiving indicate much lower life satisfaction [17]. However, [6]'s research targeting grandparents taking care of grandchildren reports high life satisfaction oppositely [7]. Let's look at it more closely. Middle-aged grandparents show high life satisfaction, but grandparents in senescence are not influenced positively about their life satisfaction. According to the types of family caregiving, family care givers' life satisfaction is differently observed. In middle-aged and older people, their age, educational level, and health condition influence life satisfaction in a significantly positive way[27]. However, as grandparents giving grandchild care grow older, their life satisfaction becomes lower, and if they are in good physical and mental health, their life satisfaction becomes higher[15][23]. According to research targeting grandmothers in grandparent-headed family located in farm area, grandmothers' educational background influences psychological welfare positively[14].

### **3. Study Methods**

This author studied data from the 5th Panel Survey on National Security for the Aged conducted by National Pension Research Institute in 2013. The Panel Survey on Security for the Aged is longitudinal research to figure out how middle-aged and older people in Korea are preparing for old days and living in old days and establish materials for related policy by investigating families having members aged 50 or older in Korea and individuals aged 50 or older belonging to the families. This study targets 226 middle-aged and older people aged 50 or older taking care of their parents or grandchildren. Parent caregiving refers to the cases of taking care of and nursing one's own parents or the spouse's parents. Grandchild caregiving is that the respondents or respondents' spouses provide major care for their son or daughter's child that is an elementary school third grader or younger they are either living with or not living with. Depression has total 20 questions, but 18 were used excluding 2 questions. Each question asks about the frequency during the last one week. 'Very rare' equals 0 point, and 'Sometimes yes' is 1 point, and 'Often' is 2 points, and 'Mostly yes' equals 3 points, and as the point gets higher, depression becomes severer. Life satisfaction was measured as 1: Very unfavorable to 5: Very good. Life in general, family relationship, couple relationship, child relationship, sibling relationship, friend relationship, and leisure life were measured, and as the point gets higher, life satisfaction becomes greater. As factors influencing depression and life satisfaction, their sex, age, educational level, whether they had a spouse or not, and health condition are examined. Among them, nominal variables, sex and whether they had a spouse or not, were analyzed as converted to dummy variables, and about life satisfaction, life satisfaction in general was used as a dependent variable.

### **4. Analysis Results**

Total 226 subjects participated, and 53 were parent care givers, and 173 were grandchild care givers. About sex, among parent care givers, 21 (39.6%) were male, and 32 (60.4%) were female. Among grandchild care givers, 35 (20.2%) were male, and 138 (79.8%) were female. Grandchildren were mostly taken care of by women. About age, among parent care givers, the most (28 (52.8%)) were in the 50's, and 20 (37.7%) were in the 60's, and 5 (9.4%) were in the 70's, and none was in the 80's or older. Among grandchild care givers, 55 (31.8%) were in the 50's, and 83 (48%) were in the 60's, and 31 (17.9%) were in the 70's, and 4 (2.3%) were in the 80's or older. The majority was in the 60's, and the high-age group forms 20% or so. About their educational level, among parent care givers, 2 (3.8%) were uneducated, and 14 (26.4%) graduated elementary school, and 11 (20.8%) graduated middle school, and 16 (30.2%) graduated high school, and 10 (18.9%) graduated university or higher. Among grandchild care givers, 10 (5.8%) were uneducated, and 65 (37.6%) graduated elementary school, and 48 (27.7%) graduated middle school, and 39

(22.5%) graduated high school, and 11 (6.4%) graduated university or higher; therefore, parent care givers' educational level is found to be higher. Also, among parent care givers, 47 (88.7%) had a spouse, and among grandchild care givers, 126 (72.8%) had a spouse. About their health condition, among parent care givers, 2 (3.8%) were in very unfavorable condition, and 14 (26.4%) were in not good and medium condition respectively, and 23 (43.4%) were in good condition. Among grandchild care givers, 7 (4%) were in very unfavorable condition, and 49 (28.3%) were in not good condition, and 51 (29.5%) were in medium condition, and 59 (34.1%) were in good condition, and 5 (2.9%) were in very good condition.

**Table 1. Demographic Characteristics**

Demographic Characteristics		Parent Caregiving		Grandchild Caregiving	
		Frequenc	%	Frequencv	%
Sex	Male	21	39.6	35	20.2
	Female	32	60.4	138	79.8
Age	In the 50's	28	52.8	55	31.8
	In the 60's	20	37.7	83	48.0
	In the 70's	5	9.4	31	17.9
	In the 80's +	0	0	4	2.3
Academic Level	Uneducated	2	3.8	10	5.8
	Elementary School	14	26.4	65	37.6
	Middle School	11	20.8	48	27.7
	High School	16	30.2	39	22.5
	University +	10	18.9	11	6.4
Spouse	Yes	47	88.7	126	72.8
	No	6	11.3	47	27.2
Health Condition	Very Unfavorable	2	3.8	7	4.0
	Not Good	14	26.4	49	28.3
	Medium	14	26.4	51	29.5
	Good	23	43.4	59	34.1
	Very Good	0	0	5	2.9

The mean of depression in parent care givers is .37, and that in grandchild care givers is .40, so both types indicate low depression. Regarding the sub variables of life satisfaction, life satisfaction in general is 3.15 in parent care givers, and it is 3.26 in grandchild care givers. Family relationship satisfaction is 3.66 in parent care givers, and it is 3.68 in grandchild care givers. Couple relationship satisfaction is 3.21 in parent care givers, and it is 2.58 in grandchild care givers, so this is the lowest found in grandchild care givers among the sub variables of life satisfaction. Child relationship satisfaction is 3.55 in parent care givers, and it is 3.67 in grandchild care givers. Sibling relationship satisfaction is 3.40 in parent care givers, and it is 3.43 in grandchild care givers. Friend relationship satisfaction is 3.51 in parent care givers, and it is 3.44 in grandchild care givers. Leisure life satisfaction is 3.08 in parent care givers, and it is 3.11 in grandchild care givers, so this is the lowest in both types among the sub variables of life satisfaction. All areas of life satisfaction are found to be higher in grandchild care givers than parent care givers.

**Table 2. Comparison on Depression and Life Satisfaction**

Variables		Parent Caregiving	Grandchild Caregiving
Depression (N=53)		.37	.40
Life Satisfaction (N=171)	Life Satisfaction in General	3.15	3.26
	Family Relationship Satisfaction	3.66	3.68
	Couple Relationship Satisfaction	3.21	2.58
	Child Relationship Satisfaction	3.55	3.67

	Sibling Relationship Satisfaction	3.40	3.43
	Friend Relationship Satisfaction	3.51	3.44
	Leisure Life Satisfaction	3.08	3.11

Grandchild care givers' depression had no multicollinearity with life satisfaction's factors, their sex, age, educational level, whether they had a spouse, and health condition. Also, their sex, age, educational level, whether they had a spouse, and health condition had no significant effect. Yet, age influenced depression the most, and the next were their health condition, whether they had a spouse, sex, and educational level in order. Life satisfaction is influenced by their health condition the most, and the next were their education level, age, and sex in order.

Grandchild care givers' depression had no multicollinearity with life satisfaction's factors, their sex, age, educational level, whether they had a spouse, and health condition. Their educational level and health condition had negatively significant effects on depression and positive effects on life satisfaction. In other words, if their education level is lower and health condition is worse, depression increases, and if their educational level is higher and health condition is better, life satisfaction becomes enhanced.

**Table 3. Factors Influencing Depression and Life Satisfaction**

Division	Grandchild care givers'			Grandchild care givers'			Grandchild care givers'			Grandchild care givers'		
	Depression						Life Satisfaction					
	B	$\beta$	t	B	$\beta$	t	B	$\beta$	t	B	$\beta$	t
Sex	-.021	-.039	-.650	.008	-.009	3.230	-.132	-.103	-.650	.087	-.057	.715
Age	.0090	.218	-.781	.005	-.095	.114	-.012	-.118	-.781	.006	.067	-.856
Academic Level	-.002	-.008	.699	.056	-.178	-1.177*	.058	.119	.699	.089	.155	2.039*
Spouse	-.116	-.139	.628	.040	-.053	-2.269	.178	.090	.628	.004	.004	-.047
Health Condition	.042	.144	-1.008	.110	-.308	4.103**	-.109	-.160	-1.008	.237	.366	5.014**
R <sup>2</sup>	.080			.155			.062			.202		
Adj R <sup>2</sup>	-.018			.130			-.038			.178		
F	.819			6.070***			.621			8.364***		

\*p<.05, \*\*p<.01, \*\*\*p<.001

## 5. Discussion & Suggestions

Women are much more among grandchild care givers than parent care givers, and as found in advanced studies, this study also has verified that women are mainly in charge of family caregiving[7][9][12][13][17]. Over 90% of the parent care givers are in the 50's to 60's, but 78% of the grandchild care givers are in the 50's and 60's, and more than 20% are in the 70's or older, which implies relative wider distribution of age, and even old people are engaged in family caregiving, too. Grandchild care givers indicated a lower

academic level than parent care givers. This should be because grandchild care givers range more widely in terms of age and those in the 70's or older are relatively more. There are more parent care givers having their spouse than grandchild care givers. This result also seems to be associated with age distribution. About the health condition of parent care givers, 'Good' is more often found, and among grandchild care givers, 'Not good' is more often found. This result also seems to be related to the fact that grandchild care givers are older. Depression is found little in both types, so it is opposite to the result of previous research reporting family care givers often indicate depression[5][9][14][17], but it is similar to the result of [6]. Both types received over 3 out of 5 points in most areas of life satisfaction, and grandchild care givers gained relatively higher points in all areas. Leisure life satisfaction is found to be relatively low in both types, so as found in advanced studies, they spend much time for family caregiving and have lack of time for leisure life. Also, among the sub variables of life satisfaction, couple relationship satisfaction is found to be low in both types, and this should be studied more in follow-up research. In parent care givers, depression has no significant correlation with any factors of life satisfaction. However, grandchild care givers' educational level and health condition have negative effects on depression and also have positive effects on life satisfaction, so this supports the result of advanced studies[15][23][27]. Based on the results, this author will suggest the followings. First, since family care givers are mostly women, it is needed to provide education for retired men to change their recognition on family caregiving. Through men's participation in family caregiving, they can reduce role loss feelings after retirement and understand family better. Second, family care givers are mostly middle-aged or old, and particularly, most of the grandchild care givers are old, so their attitude to health is not favorable. Therefore, it is needed to develop various methods to help them to manage their health at home. Third, it is necessary to increase family members' understanding of and interest in family care givers' steps of development. Fourth, family caregiving can never be handled only by a single person, so families, communities, and the government should be the agents of family caregiving and complement each other's roles positively.

## Acknowledgement

The present Research has been conducted by the Research Grant of Kwangwoon University in 2017.

## References

- [1] Ahn-Na, Lim, "The level of Life Satisfaction of Family caregivers", The 3rd International Integrated(Web & Offline) Conference & Concert on Convergence, IICCC 2017 in conjunction with ICCPND 2017.
- [2] Duk Sunwoo et al., *Performance Evaluation and Improvement on Long-Term Care Insurance*, 2016-17, 2016.
- [3] MOHWA, *Social Security Factbook 2016*, 2016.
- [4] Jeong-Gi Lim, Eun-Jin Hong, "A Longitudinal Study on the Change of Life Satisfaction among the Aged according to the Caring Behavior for the Parents : the application of growth potential model", *Journal of Welfare for the Aged*, vol. 51, 215-246, 2011.
- [5] Lee, Young Whee, Lim, Ji Young, Kim, Ju Yeun Cho Hyo Im and Ko, Gug Jin, "A Prediction Model for Caregiver Burden and Life Satisfaction - Caring for a Patient with Dementia", *J Korean Gerontol Nurs*, Vol. 13, No. 3, 204-214, 2011.
- [6] Jun Hey Jung, Cho Kyu Young, Park Min Kyoung, Han Sae Hwang and Wassel, J. I., "Longitudinal Study of the Effect of the Transition to a Grandparenting Role on Depression and Life-satisfaction", *Journal of the Korean Gerontological Society*, Vol. 33, No. 3, 515-536, 2013.
- [7] Kyong Duk Choi, Taehyun Ahn, "Impacts of grandchildren caregiving on the health of grandparents: an instrumental variable approach", *The Korean Journal of Health Economics and Policy*, Vol.22, No.3, 99~128, 2016.
- [8] Daly, M., "care as a good for social policy", *Journal of Social Policy*, Vol. 31, 252-270, 2002.
- [9] Jenong-Eun Kim, *A Study on the Classification of Self-Care among the Elderly Family Caregivers*, Chungnam National University doctoral thesis, 2014.
- [10] Kyung, Minjung, *Female Informal Caregiver's Health and Health Care Use*, The Graduate School Seoul National University, Master thesis, 2017.
- [11] Kim, Hye Jin, "A Study on the Relationship between Providing Care for Grandchildren and the Health of Middle and Old-aged Women", *Korean Journal of Social Welfare*, Vol. 69, No. 1, 59-77, 2017.
- [12] Kang Oh Lee, "A Study on Stress and Health of Family Caregivers Caring for Demented Elderly", *Journal of Korean Acad Psychiatr Ment Health Nurs*, Vol.8 No.2, 384-398, 1999.

- [13] Jeon, Eunmi, Koh Sun-Kang, "Effect of Rearing Grandchildren and Parenting Efficacy on Life Satisfaction", *Korean Family Resource Management Association*, Vol. 20, No. 4, 69-83, 2016.
- [14] Lee Jeong-hwa, Han Gyoung-hae, "Intergenerational Triads of Grandparent-headed Families and Psychological Well-Being of Custodial Grandmothers in Rural Korea", *Journal of the Korean Gerontological Society*, Vol. 28, No. 1, 177-196, 2008.
- [15] Kim, Meeryoung, "A Study of the Effect of Grandparents' Caregiving of Grandchildren on the Life Satisfaction and Depressive Symptoms", *Korean Family Studies association*, Vol. 26, No. 1, 178-204, 2014.
- [16] Kyung-Heun Baek, "Impact of Rearing Grandchildren on Women's Health - Physical and Mental Health", *The Korean Journal of Women's Health*, Vol. 10, No. 2, 87-112, 2009.
- [17] Jin Hee Bae, *Impac of Parenting Stresson the Psychological Well-Being of Grandparents Raising Grandchildren – Focusing on the Buffering Effect of Social Supports*, Chonbuk National University Doctoral thesis, 2006.
- [18] Suh Byoung-Seon, *A Study On The Surrogate Parenting Aad Satisfaction Of Grandmothers*, Ewha Woman's University, Master thesis, 1994.
- [19] Battle, T., "Relationship between self-esteem and depression. *Psychological Report*", Vol. 42, 745-746, 1978.
- [20] Wee Kown Pyeong, Lee Guiohk, and Kim Hyun Jeong, "Study on the Effects of Communication Activities of the Aged on Their Depression", *The Korean Advertising & PR Practitioners Society*, Vol. 10, No. 1, 68-97, 2017.
- [21] Kim, Jiyeo, Kim, Hongsoo, "Effects of Home Care Services Use by Older Adults on Family Caregiver Distress", *Journal of Korean Acad Nurs*, Vol. 46, No. 6, 836- 847, 2016.
- [22] Lee Hae Jung, Song Rha Yun, "Coping Strategies Utilized in the Caregiving Situation and Predictors of Health Responses among Informal Caregivers of Older Adults", *Journal of Korean Academy of Nursing*, Vol. 30, No. 4, 893-904, 2000.
- [23] Soo-Young Kim, Jin-Sun Kim and Hyun-Sook Youn, "Predictors of Depression and Life Satisfaction among Family Caregivers for Demented Elderly", *Journal of the Korea Gerontological Society*, Vol. 24, No. 2. 111-128, 2004.
- [24] Diener, E., "Subjective well-bing", *Psychological Bulletin*, Vol. 95 No. 3, 542-575, 1984.
- [25] Mi Jeong Kim, Kwuy Bun Kim, "Influencing of Psychological Well-Being for the Middle Aged Adults and Elderly", *Journal of East-West Nursing Research*, Vol. 19, No. 2, 150-158, 2013.
- [26] Ahn-Na Lim, Young-Suk Park, "A Study on the Factors Affecting Life Satisfaction: Focused on Social Support", *Journal of the Korea Contents Association*, Vol. 17, No. 3, 319-328, 2017.
- [27] Ahn-Na Lim, Young-Suk Park, "Effects of Advanced Middle-Aged People's Life Satisfaction on Elderly Life Commencement Age Awareness", *The Korean Association For Local Government Administration Studies*, Vol. 29, No. 3, 349-364, 2015.