

Predispositions Contributing to Quality of Life of the Elderly Accommodated in Decentralized Homes

Ivana Stanić¹, Silvija Hinek² and Branka Barna²

¹Osijek-Baranja County, Osijek, Croatia

²Nursing home Đakovo, Đakovo, Croatia

ABSTRACT

Often, an individual is ravaged by the inevitable aging process under the influence of undesirable factors within the rural and urban areas testifying, on a daily basis, to the negative preferences of individuals lacking adequate care. The consequences of this are manifested in the lack of financial and material conditions or the alienation of an individual in a society that abandons traditional care segments in the household. The reason for this is primarily found in a lifestyle that is imposed or omnipresent as a result of the cultural and sociological aspects of the modern society in which we live. The purpose of this research is to point to the importance of the quality of institutional care in decentralized homes according to user attitudes and to find out in which domains need improvement. Data collection was conducted via anonymous questionnaires on a sample of 378 decentralized home users. The research in this paper provides clear predispositions that contribute to the quality of life of users of decentralized nursing homes and indicates potential long-term steps and measures to that might lead to significant improvement for all society stakeholders.

Key words: decentralized nursing homes, institutional care, aging, service satisfaction

Introduction

Population aging is one of the biggest challenges facing the world, thus the position of the elderly in society and the quality of their lives are gaining more interest¹. Aging process is a long-term demographic process in mutual causality with the processes of overall and natural depopulation, and all three processes are important hindering factors of demographic and socio-economic development of Croatia². According to analytical indicators, Croatia's population is characterized by a very old age, the most unfavourable type of age group³. According to the latest census of 2011, the overall number of Croatian residents was 4,284,889. The share of the elderly was 758,633. Of that, a total of 414,403 in the age of 65-74, 283,630 aged between 75 and 84 and 60,600 aged 85 and more⁴. Furthermore, according to the State Bureau of Statistics report of 2018, the natural increase rate in 2017 was negative and amounted to -4.1 (-16,921 inhabitants), and negative natural movement is also indicated by the vitality index (live births per 100 deaths) which amounted to 68.4. The intensity of change is seen in the fact that in 2013 the natural growth rate was -10,447 inhabitants and the vitality index was 79.3. Negative natural growth is observed in all counties⁵. Due to the growing share of

older people, demand for health care, social care and medical services has increased, and the problem of commercialization and aging commodification also arises, which is seen in the increase in the number of homes for the elderly and infirm persons². With increasing demand, personal and public consumption in Croatia is also increasing, especially in the area of costs associated with health, social and retirement care for the elderly. Therefore, knowing determinants and understanding effects of population aging in Croatia become important criteria in developing and implementing economic and social development policy⁶. Given the above, it is obvious that aging process in the Republic of Croatia is recognized as one of the key risks the society is faced with on a daily basis which at the same time leaves inevitable consequences for aging individuals.

Challenges of Aging

Due to social and economic changes, the immediate social environment of the elderly changed. Traditional family and social networks that provided security to aging members of the community almost fell apart⁷. Housing has changed and the elderly are increasingly living alone, in their own households. Here we are speaking about the so-called intimacy at a distance which leads to an increasing

social alienation of the elderly⁷. For this reason, institutional housing for the elderly, as the dominant form of care for the elderly, is often the only alternative⁸. The aging process brings about changes such as retirement, functional disability, increased risks of illness and disability, financial dependence, social exclusion, loss of close persons etc.¹, and these trends also bring changes regarding elderly care so that the existing forms of care will not be adequate and sufficient for new generations of the elderly⁸. Certain formal support systems for the elderly have fallen into crisis due to escalating costs and are now unable to provide adequate protection to the elderly⁷. In response to the existing situation and identified needs of the elderly, Croatia will have to expand existing and develop new care services that will replace traditional care⁸. The elderly are a heterogeneous group and it is difficult to develop a single care policy for all the elderly, so it is necessary to focus on individual assistance programs and the development of existing and/or new care services, which requires demographic aging of the population to be recognized as a new social risk, and policy makers need to significantly increase investment in this area⁸. Today, this is evident through social care programs and programs in the area of health care, where the regional self-government units show proactive actions and the recognition of the need to address these issues.

Quality of Life in Decentralized Homes

Since the issue is well known, and its consequences are more and more visible, already in 2007, Žganec et al.¹ analysed how to improve the livelihoods of the elderly, because aging of the population is also considered as a demographic predictor of reduced quality of life. Namely, the quality of life in older age can be defined as a relationship of subjective characteristics of each individual, complemented by previous life experiences and objective socioeconomic factors that constitute a desirable frame of life for people over 65 and is reflected in the joy and carefree living⁹. At present, institutional care is one of the basic forms of care for the elderly, and nursing homes are irreplaceable institutions for the care of the elderly who are no longer able to take care of their most basic life needs⁹. Furthermore, it has been shown that in the institutional care the quality of life is intertwined with the quality of social care and the quality of health care¹⁰. Wiener et al. stated that the quality of institutional care can be assessed on the basis of indicators evaluating general health status, functional status, mental health, accommodation comfort, emotional status, privacy and autonomy¹¹. Similar research was carried out by Mittermayer et al. who highlighted the following indicators of the quality of life of the elderly accommodated in some type of care institutions: physical and psychological health, quality of pharmacotherapy, risk prevention, social and emotional status, services and respect for privacy and personality¹². In producing change by planning reforms of the existing system of care for the elderly and the development of new services in the community, it is a priority to make good and quality assessment of the existing, and to anticipate the future needs of the elderly¹³. The research carried out by Despot-

Lučanin et al. showed that by interviewing the elderly it is possible to assess their general state of affairs and needs in order to plan the necessary care services and be ready to respond to changes¹³. By using this approach it is possible to achieve one of the main goals of care for the elderly, not only to extend life, but to extend the independence and life quality of the elderly¹⁴. Therefore, the individualization of services and the inclusion of users in the care organization can improve their quality of life⁸.

According to the above, the authors have put forward two hypotheses:

H1: The quality of institutional care contributes to the quality of life of decentralized home users

H2: There is a statistically significant difference in service satisfaction with regard to user's place of residence before coming to decentralized homes.

Along with the above-mentioned, the research conducted by the authors will emphasize the importance of quality of institutional care in decentralized homes according to user attitudes and domains in which it needs to be improved.

Materials and Methods

The data collection process was conducted via an anonymous survey questionnaire prepared by the authors. The survey was conducted on a suitable sample of 378 users. The survey questionnaire was conducted in decentralized nursing homes in a form of personal interviews. It was based on a written collection of data on attitudes of users of decentralized institutions. All data collected based on the survey questionnaire was processed using IBM SPSS Statistics program. The descriptive method was used for the purposes of research since it was necessary to describe the facts and processes related to the subject of scientific research. These are, among other things, social circumstances affecting aging as a process, and hence the quality of life influenced by economic and sociological indicators. The induction method based on the conducted research and interpretation of the obtained data yielded a general conclusion on cause-effect relationship that is based in the attitudes of the user with regard to the indicators of quality of institutional care. Using deduction method, individual conclusions have been drawn based on the general knowledge of aging and the challenges it brings to an individual concerning society. Analysis method used for analysing the attitudes of the users of decentralized institutions and objectivity was established according to the objective and necessary indicators of a better quality of life. Synthesis method has led to new conclusions in terms of indicators with respect to the place of residence before coming into decentralized home and after coming to one. In this research, proof method was used to try to prove the truth of the hypotheses.

Research Results and Discussion

The research consisted of 378 users of decentralized nursing homes in Osijek-Baranja County. The analysis of

TABLE 1
INSTITUTIONAL CARE QUALITY INDICATORS

	N	Minimum	Maximum	Mean	Std. Deviation
Accommodation comfort	378	1	4	3.67	.675
Regular medication	377	1	4	3.65	.717
Adequate care	378	1	4	3.62	.701
Preservation of privacy	378	1	4	3.57	.783
Ability to satisfy personal hygiene	378	1	4	3.55	.794
Independence in making decisions regarding life choices in the home	378	1	4	3.52	.884
Daily availability of a general practitioner	377	1	4	3.23	1.013
Regular visits to specialized physicians	378	1	4	3.18	1.025
Specialized and varied nutrition	378	1	4	3.17	1.038
Participation in activities organized by the home	378	1	4	3.01	1.102

socio-demographic data showed that out of the total number of respondents (N=378) there were 257 (68%) women and 120 (31.7%) males, and one person did not declare gender. Regarding age, 8 (2.1%) respondents were under 65 years of age, 74 respondents (19.6%) were between 65 to 75 years old, 222 (58.7%) were 76 to 85 years old, 71 (18.8%) of respondents were between 86-95 years old, while only 3 (0.8%) subjects were over 95 years old. Regarding respondents' educational status, 61 (16.1%) of the total number of respondents (N=378) reported no education, 154 (40.7%) completed elementary school, 117 (31%) had completed secondary education, 31 (8.2%) finished higher professional qualifications and only 14 (3.7%) respondents had university education. None of the respondents had a doctoral degree, and one respondent did not answer this question. Furthermore, regarding time period spent at the nursing home, the results showed that out of the total number of respondents, 88 respondents (23.3%) were accommodated in the home for less than one year, 206 (54.5%) spent between 1 to 5 years in the home, 59 (15.6%) respondents were accommodated in the home between 6 and 10 years, and 25 (6.6%) respondents lived for more than ten years in the nursing home. Finally, the physical mobility of the respondents shows that of the total number of subjects (N=378), 251 (66.4%) move independently, 115 (30.4%) of the respondents are mobile if using a walking aid and 11 respondents (2.9%) were immobile. One respondent did not provide an answer to this question.

The quality of institutional care in decentralized homes that contributes to the quality of life of users was examined using the following variables: specialized and varied diet, regular medication, daily availability of a general practitioner, regular visits to specialized physicians, ability to satisfy personal hygiene, participation in activities organized by the home, independence in making decisions regarding life choices in the home, preservation of privacy, adequate care and accommodation comfort. Our hypothesis 1 - The quality of institutional care contributes

to the quality of life of decentralized home users was confirmed by the descriptive data processing, as shown in Table1.

The indicators were represented through a set of variables that measured the degree of satisfaction on the scale of 1-4, where the higher number means a higher degree of satisfaction. The results show that the most important indicators of institutional quality of care that contribute to the quality of life are accommodation comfort (M=3.67; SD=0.675) and regular medication (M=3.65; SD=0.717). Furthermore, according to the users' opinion, the quality of life at home is affected the least by participation in activities organized by the home (M=3.01; SD=1.102) and specialized and varied nutrition (M=3.17; SD=1.038).

The quality of institutional care implies a much wider range of activities than traditional health care, such as hospital health care, since these institutions are also homes of the users¹⁵. There are many examples of inadequate quality of service, relating to inadequate accommodation, inability to maintain social contacts, non-re-

TABLE 2
THE SIGNIFICANCE OF DIFFERENCES REGARDING SATISFACTION WITH SERVICES AND ACCOMMODATION COMFORT IN RELATION TO PLACE OF RESIDENCE PRIOR TO COMING TO DECENTRALIZED HOMES

CHI-SQUARE TESTS				
	Value	Df	Asymptotic Significance (2-sided)	
Pearson Chi-Square	7.884 a	3	.048	
Likelihood Ratio	8.103	3	.044	
Linear-by-Linear Association	7.640	1	.006	
N of Valid Cases	378			

a. 0 cells (0%) have expected to count less than 5. The minimum expected count is 5.74.

TABLE 3

SATISFACTION WITH SERVICES AND ACCOMMODATION COMFORT IN RELATION TO PLACE OF RESIDENCE PRIOR TO COMING TO DECENTRALIZED HOMES

Where did you live prior to coming to a nursing home * How satisfied are you with services and accommodation comfort?
CROSSTABULATION

			How satisfied are you with services and accommodation comfort?				Total
			I'm not satisfied at all	I am somewhat satisfied	I'm mostly satisfied	I am completely satisfied	
Residence prior to coming to a nursing home	Urban area (city)	Count %	4.7%	5.2%	31.8%	58.3%	100.0%
	Rural area (village)	Count %	1.8%	3.0%	24.0%	71.3%	100.0%

spect for privacy and disregard for individual needs¹⁵. In the research conducted by O'Reilly et al., the results show that users care less about the care and more about the sense of home¹⁶. Current research on the quality of institutional care shows that the most important to users are their right to choose physicians, adequate nutrition, mobility and dental health protection¹⁵, which is partly confirmed by this research. Namely, although the users did not mark some indicators mentioned in the previous research as the most important predispositions affecting their quality of life, the results show that they are mostly or fully relevant to them. Nursing homes should improve their services and develop programs for identifying and preventing problems. In order for these programs to be successful, they should be developed as an integral part of overall quality and mental health improvement programs for the elderly¹⁷, in order to ensure healthy, active and productive aging¹⁸. When designing programs and services, it is important to keep them holistic with an emphasis on users, including and understanding the customers' perspective¹⁹.

Furthermore, with this research we sought to examine whether there is a significant difference in services satisfaction of users with regard to their place of residence before coming to decentralized homes. The results show that there is a statistically significant difference in the satisfaction with services between users whose prior residence was in an urban area in relation to satisfaction of users who lived in rural area before coming to decentralized homes (Chi-Square (3) = 7.884, $p < 0.05$) Table 2), where the latter are more satisfied with the service and accommodation comfort (Table 3). Namely, 71.3% of those who lived in rural areas prior to their arrival to decentralized homes are completely satisfied with the service and accommodation comfort, and 24% are mostly satisfied. Only 1.8% of these users are not satisfied with the service and accommodation comfort. Regarding users who lived in an urban area, 58.3% are entirely satisfied with the service and accommodation comfort, 31.8% of the users are mostly satisfied, and 4.7% are not satisfied at all.

Research carried out by Ilić and Županić on the quality of life of the elderly in a rural area showed the most common problems encountered by the elderly, such as loneliness, inability to satisfy personal hygiene, inability to meet basic living needs such as food preparation, lack of healthcare protection and poor material status, which is why they are often unable to buy necessary medication and afford adequate nutrition²⁰, so the results of this research are not surprising given that people living in rural areas managed to satisfy some of their needs only after coming to a nursing home. All of the above confirms the hypothesis that there is a statistically significant difference in satisfaction with services by place of residence prior to coming to a decentralized home.

Conclusion

The aim of the research was to point out the importance of quality of institutional care in decentralized homes according to user attitudes and to find out in which domains the quality of services should be increased. Although the results show that certain problems in institutional care for the elderly persist, they also indicate that some issues have been recognized and dealt with. It can be seen that regional self-government units channel their resources in solving these problems. In view of the above, programs and support projects in the area of social welfare and health care seems to expand continually, as evidenced by relevant indicators²¹. In addition, our research results make a significant contribution to applied interventions as they provide concise indicators of the quality of institutional care which include adequate accommodation comfort in the institution and regular medication use encouraged through care given by service providers. It is important to highlight these two key indicators, regardless of the environment from which users came. At the same time, it is important to emphasize that users from rural areas in a somewhat larger proportion show more satisfaction with the quality of life in a nursing home, which indicates a need for further research to determine the way of life of the elderly in rural and urban areas.

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I. Stanić

Osijek-Baranja County, Kapucinska 40/1, 31 000 Osijek, Croatia
e-mail: ivana.stanic@obz.hr

PREDISPOZICIJE KOJE PRIDONOSE KVALITETI ŽIVOTA STARIJIH OSOBA SMJEŠTENIH U DECENTRALIZIRANE DOMOVE

SAŽETAK

Nerijetko je pojedinac oskrvnut neizbježnim procesom starenja pod utjecajem neželjenih faktora unutar ruralnih i urbanih sredina svakodnevno svjedočeći negativnim preferencijama pojedinaca koji nemaju adekvatnu skrb. Posljedice toga očituju su u nedostatnim financijskim i materijalnim uvjetima ili pak otuđenosti pojedinca u društvu koje napušta segmente tradicionalne skrbi u kućanstvu. Razlog tome je stil života koji je nametnut ili sveprisutan kao posljedica kulturoloških i socioloških aspekata suvremenog društva u kojem živimo. Svrha ovog istraživanja je ukazati na važnost kvalitete institucionalne skrbi u decentraliziranim domovima prema stavovima korisnika te utvrditi u kojim ju je domovima potrebno podizati. Postupak prikupljanja podataka proveden je anonimnim anketnim upitnikom na prigodnom uzorku od 378 korisnika decentraliziranih domova. Istraživanje u ovom radu daje jasne predispozicije koje pridonose kvaliteti života korisnika decentraliziranih domova za starije i nemoćne osobe te ukazuje kako bi se dugoročno gledano, moglo postupati i poduzimati mjere poboljšanja značajne za sve dionike društva.