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UDK: 005.44:[316.728:159.922.63]
Original scientific article

Received: September 25, 2018

Accepted for publishing: November 14, 2018

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IMPORTANCE OF PROMOTING QUALITY OF LIFE OF ELDERLY PEOPLE UNDER THE INFLUENCE OF GLOBALIZATION

ABSTRACT

Today, globalization is perceived as a world without borders. Everything that is being created has started to reflect globally. Precisely because of this, globalization has multiple effects on the aging processes, increasing the age of the population, and this paper discusses the quality of life, including the predictors that become indispensable segments of dignified aging. The application and theoretical contribution of the paper is manifested in providing constructive guidance that is driven by the social dimension of all the stakeholders involved in the process of creating better conditions in decentralized homes for elderly and infirm persons.

Keywords: Globalization, aging, quality of life of elderly people, decentralized homes

1. Introduction

Globalization is changing everyday life, especially in more developed countries, and at the same time it is creating new supranational systems and strengths. Thus, globalization is altering institutions of the societies in which we live and is directly relevant to the rise of a new individualism.

The influence of globalization processes on aging, both on the perception of aging and on the reality of the older population, today has a more pronounced reception on the individual and the community. Considered from the point of view of the main globalization aspects, we need to analyse the

relationship towards the quality of life and health, through which one can observe age and aging as an important sociological and political concept. This paper will focus only on the underlying concepts of globalization needed to observe and isolate the notion of aging, not forgetting that, when it comes to globalization, it is an inexhaustible and extremely complex subject with enormous influence on the direction of the movement of human civilization as a whole. There is a range of consequences of modern life, such as cardiovascular diseases, cancer, anxiety, birth-rate reduction – these are just some of the indicators in a developed society that encourage the need to control everything and not to miss any-

thing, while at the same time wanting to be more effective in all areas of life and activity by ensuring a more dignified life for the elderly. Following all this, this scientific research points out that quality of life is becoming one of the initial indicators for dignity and successful aging. Following the purpose and subject matter of the paper, the following hypotheses are set:

Hypothesis 1: Growth of elderly population has an increasing intensity caused by the globalization process.

Hypothesis 2: Quality of life contributes to the more dignified aging of people in decentralized institutions.

The goal should be derived from the answer to the problem question: How much influence on emotional and social discourse of users in decentralized homes does quality of life have without neglecting progressive aging? Furthermore, emphasis is placed on providing social services and health preservation by taking into account the demographic component, i.e. users of decentralized homes for the elderly. Recognizing the factors involved in and investing in the quality of life of the elderly is becoming a key indicator of modern society, which is heavily under the influence of globalization.

2. Globalization and aging

At the heart of the problem, as a result of globalization, is certainly a crisis of the welfare state and the retirement system. Due to aging population in developed countries, there is a gap between generations, i.e. a significant increase in the number of retirees compared to the number of employed persons. This leads to a re-examination of the basic assumptions of the retirement system.

The retirement system is a key element of the welfare state and social security system. Many interests are confronted around the retirement system and its reforms, which lead to a lively debate in many countries. The retirement system has been in existence for 120 years, and the first retirement law was adopted in Germany in 1889 at the time of Bismarck. The importance of the retirement system is reflected in the fact that it directly concerns a large number of people (in developed countries around one fifth of the population), that virtually all citizens will sooner or later live in retirement, that today in developed countries retirement benefits account

for approximately 10% of the overall GDP (in some countries up to 15%) and that retirees make up a significant part of the electorate and can thus influence heavily the outcome of the elections in many countries (Puljiz, 1998: 125). Therefore, retirement reforms are approached with great care and are being discussed extensively.

It is also important to look at the crisis of the retirement system, as it is implicitly linked to the topic of this research. When explaining the crisis of the retirement system, most authors put demographic causes at the forefront, i.e. aging population. Aging of the population is the result of two factors. On the one hand, the average life is prolonged, and on the other hand, fewer children are born. The fertility rate has halved. In Western European countries in the 1950s, women gave birth to three children on average, and today that average is only 1.5. A particularly critical situation with regard to the size of the working and retired population will occur when the baby-boom generation, born in the first ten years after the war, starts to reach retirement age, which started in 2005. Then the generational scale, and especially the dependency index that comes from the ratio of working and retirement population, will significantly worsen. For example, today, for 100 people in working age (20-60 years) in Western Europe, there are 40 people over the age of 60, while this ratio is estimated to be 70 per 100 people in 2030 (Puljiz, 1998: 125).

Globalization brings global demographic changes, aging populations and prolonged life span, along with depopulation trends in Western cultures and the EU. On a global scale, there is a trend of increasing the world population to 9.4 billion people by 2050, of which 7.8 billion will belong to underdeveloped countries. The demographic dimension of globalization shows its two faces: the first is a feature of rich countries with a depopulation trend (West), and the other belongs to poor countries with hyperpopulation (Milardović, 2008: 61-63).

The already mentioned individualization creates changes at the value levels, which is reflected in the turning of the system to the individual and his/her egoistic interest and career, the weakening of social and family ties, the breakdown of the traditional family, the affirmation of different sexual orientations and the intensification of virtual "chat" relationships, which leads to alienation, as well as the deeper consumer orientation of society. It is also considered that by 2050 the population of

Europe will be reduced by 10% compared to 2007, which means that by 2050 there will be 67 million less inhabitants (Milardović, 2008: 61-63). By the middle of the 21st century, demographers predict a dramatic increase in the cultural diversity of the world's population, which will also reflect the growing population age. Today's share of older people is usually the largest in developed countries, but the largest growth of the older population actually occurs in less developed countries. Between 2006 and 2030, an increase in the number of older people in less developed countries is expected to escalate to 140% compared to 51% in developed countries (UN, World Population Prospects: The 2010 Revision)¹. A key feature of aging population is the progressive aging of the elderly population. Following all this, the influence of globalization on aging is confirmed, i.e. implicit-explicit link between aging and the quality of life associated with globalization. Globalization has prompted faster development in the international expansion and implementation of public health knowledge as well as social services. That is why it can be said that aging and quality of life are in direct synergy.

2.1 *Quality of life in the aging process*

The aging of the population is one of the greatest challenges facing the world, and the position of the elderly in society and the quality of their lives is an ever greater concern of professional and scientific research circles (Žganec et al., 2007). Age could be explained as the last development period in the life span that can be defined by chronological age, social roles or functional status (Galić et al., 2013). The very beginning of aging cannot be precisely determined, but usually it means the period from 65 years on (Nejašmić, Toskić, 2013). Aging is an extremely individual process of decreasing the structure and organ functions that occurs in each person differently, whereas age represents a life period associated with chronological age (Centre for Gerontology, 2003)². According to analytical indicators, Croatia's population is characterized by a very deep age, the most unfavourable type of age group, and Croatia is in the group of ten European countries with the largest share of the elderly (65 and more) in the overall population (Nejašmić, Toskić, 2013). According to the latest census of 2011, the total number of Croatian residents was 4,284,889. The share of the elderly was 758,633. Out of this number a total of 414,403 are 65-74, 283,630 are 75-84

and 60,600 residents are aged 85 or more (Croatian Bureau of Statistics, 2011)³. Defining senility is not, however, solely a question of someone's chronological age and functional abilities, but also the relationship of quality of one's life, the value system and the characteristics of the environment in which a person lives (Žganec et al., 2007). Countries around the world are developing different solutions, plans and activities for providing care for the growing elderly population (Jacob, Pearson, 2013), and a number of studies have been carried out to see what contributes to the quality of life of elderly people. The concept of quality of life in the scientific literature has many explanations and is often equated with the concepts of subjective well-being, life satisfaction and subjective quality of life (Schilling, 2003, according to Lovreković and Leutar, 2010). The World Health Organization defines the quality of life as an individual perception of the position in a specific cultural, social and environmental context (World Health Organization, 1996)⁴, while the authors Felce and Perry (1993) provide a more comprehensive definition and define the quality of life in a general as an overall well-being including objective factors and subjective evaluation of physical, material, social and emotional well-being, including personal development and purposeful activity through the personal system of individual values (Felce, Perry, 1993). Furthermore, in order to measure the quality of life of an elderly person, there must be clearly defined limits what quality of life of the elderly includes, i.e. what it does not include (Martinis, 2005), which depends on the researcher who, based on the available knowledge of the area, determines his/her interpretation of the quality of life of elderly people (Galloway et al., 2005). The quality of life in elderly age can be defined as the ratio of subjective characteristics of each individual complemented by previous life experiences and objective socio-economic factors which form the desired framework of life for people over 65, and is reflected in the joy and peace of life (Beauvoir, 1970; according to Lovreković, Leutar, 2010). Since this paper will examine the relationship between quality of life and satisfaction with the services of long-term users, it is important to note that in the institutional care the quality of life is interwoven with the quality of social care and the quality of health care (Raynes et al., 2000). Wiener et al. (2007) state that quality of institutional care can be assessed on the basis of indicators evaluating overall health status, functional status, mental health, accommodation comfort,

emotional status, privacy and autonomy (Wiener et al., 2007). Consequently, authors Mittermayer et al. (2010) examined the quality of long-term care of the elderly and highlighted the following indicators of the quality of life of the elderly living in a care institution: physical and psychological health, quality of pharmacotherapy, risk prevention, social and emotional status, services and respect for privacy and personality (Mittermayer et al., 2010), while according to Šučur (2008), indicators of quality of life are the economic position, housing conditions, health status and subjective satisfaction with life. The World Health Organization also emphasizes important areas of quality of life of users living in homes for the elderly, which include: physical health, psychological status, level of independence, proper diet, social contact, environmental factors, positive/negative health behaviour and spiritual needs (Mittermayer et al., 2010). Homes for the elderly are irreplaceable institutions for the care of elderly people who are no longer able to take care of the most basic needs of life and do not have the help of their relatives. These are the places that ensure a decent human life to people with a considerably reduced physical and other abilities (Smolić-Krković, 1974). Therefore, research results presented below will confirm the quality of life as one of the initial indicators for dignity and successful aging in decentralized homes for the elderly and infirm persons in Slavonia and Baranya in the Republic of Croatia.

3. Research Methodology

The data collection process was conducted via an anonymous questionnaire constructed by the authors for the purpose of measuring the importance of quality of life of users of homes for the elderly and infirm. All collected data were processed using the SPSS statistical program. In addition to socio-demographic characteristics, the questionnaire also contained closed-type items according to Likert's scale, which represented dependent variables. The research was conducted by personally interviewing the users. For the purpose of this research, the analytic method was used to analyse the results, the synthesis method allowed us to make new conclusions, whereas proofing methods were used to prove the truth of the set hypothesis. The survey methodology was based on the written data collection of attitudes with the help of a questionnaire survey conducted on a suitable sample of 150 respondents and the statistical method was used to

compile the data collected through the questionnaire statistically and graphically, thus confirming the hypotheses.

4. Research Results and Discussion

With the aim of a more comprehensive approach, this research sought to integrate existing theoretical and empirical findings of the importance of quality of life for the elderly. Consequently, this research suggests that quality of life is becoming one of the initial indicators for dignified and successful aging. Following the purpose and the subject of this research, two hypotheses were introduced: H1: Growth of the elderly population has an increasing intensity caused by the globalization process, and H2: Quality of life contributes to the more destabilized aging of people in decentralized institutions.

The study involved 150 users of decentralised homes for elderly and infirm persons in Osijek-Baranya County. The analysis of socio-demographic data showed that out of the total number of respondents (N = 150) there were 98 (65.3%) women and 52 (34.7%) men. Regarding the age, 4 were younger than 65 years (2.7%), 14 respondents (14%) ranged from 65 to 75 years, 93 were between 76 and 85 years (62%), 3 participants were between 86 and 95 (20%), while only two respondents were older than 95 (1.3%). The educational status of respondents shows that out of the total number of respondents (N = 150) 34 (22.7%) did not complete primary education, 68 (45.3%) had completed elementary school, 37 (24.7%) respondents had secondary education, while 9 (6%) had obtained higher professional qualifications, and only 2 (1.3%) respondents had university education. None of the respondents had completed doctoral studies. Furthermore, regarding the time period spent at the home for the elderly and infirm, the results showed that out of the total number of respondents, 24 (16%) respondents lived in the home for up to one year, 101 (67.3%) lived in the home for 1-5 years, 18 (12%) respondents lived in the home for 6-10 years, and 7 (4.7%) respondents lived in the home for the elderly and infirm for over ten years.

Considering the hypothesis set, and judging by the analytical indicators, we can see that the population of Croatia is characterized by an extremely deep old age. If the current demographic trends continue, the number of young people (0-14 years) will be reduced in all counties and at the state level, whereas

the number of the old population will increase by 40.8%. Consequently, young people will account for only 12% of the total population, employed people for 57%, and 31% of the total population will be elderly people (Ombudsman, 2018)⁵. A large number of elderly people also leads to a deficit in the capacity of accommodation in homes for the elderly and infirm. Namely, in 2016, decentralized and state homes had accommodation capacities amounting to 10,900. Given that there were 758,633 people aged 65 and over in Croatia according to the 2011 census, it is obvious that these capacities are very modest, especially since decentralized and state-run homes generally offer affordable prices and high quality. This is why the interest exceeds the capacities (Ombudsman, 2018). Furthermore, in previous surveys on the quality of life of the elderly, the emphasis was placed on the health of respondents and the availability of social services in long-term accommodation. Authors Mittermayer et al. (2010) examined the quality of long-term care of the elderly and highlighted the following indicators of the quality of life of long-term third-age persons: physical and psychological health, quality of pharmacotherapy, risk prevention, social and emotional status, services and respect for privacy and personality (Mittermayer et al., 2010), which led us to construct a survey questionnaire for this research. The quality of life of an elderly person is closely related to the quality of institutional care, according to authors Ilić and Zupanić (2014), which includes accessibil-

ity of health care, satisfaction with forms of help, hygiene, mobility, nutrition, performing physiological needs, performing daily activities, social contacts and loneliness. Furthermore, authors Despot - Lučanin, Lučanin and Petrak (2005) outline social support, self - assessment of health, functional ability, need for care services and availability of care services, while author Šučur (2008) considers that economic status, housing conditions, subjective life satisfaction are very important indicators of quality of life.

This research confirms that quality of life is becoming one of the initial indicators for dignified and successful aging. The research results confirm the hypothesis that quality of life, indeed, contributes to the more dignified aging of people in decentralized institutions, and has a significant impact on the emotional and social discourse of users in decentralized homes. Specifically, the quality of life factors that affect the emotional and social discourse of the user, contributing to more sensible aging are: *Information on health status by medical staff*, where, according to Table 1, of the total number of respondents (N = 150) 92 (61.3%) stated that they completely agree with this statement, 48 (32%) mostly agree, 7 respondents somewhat disagree (4.7%), while 3 (2%) completely disagree with the statement (M = 3.53, SD = 0.682 shown in Table 13).

Table 1 Information on medical condition by medical staff

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	3	2.0	2.0	2.0
	I somewhat disagree	7	4.7	4.7	6.7
	I mostly agree	48	32.0	32.0	38.7
	I completely agree	92	61.3	61.3	100.0
	Total	150	100.0	100.0	

Source: Authors

Furthermore, *coexistence with people of the same or similar age* is a very important aspect of the quality of life of the elderly, which is evidenced by the fact that out of the total number of respondents (N = 150), 73 (48.7%) completely agree and 59 (39.3%)

mostly agree with this claim, whereas only 11 respondents (7.3%) state that they do not agree with the above, and 7 (4.7%) completely disagree with this statement (M = 3.32, SD = 0.805 shown in Table 13).

Table 2 Coexistence with people of the same or similar age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	7	4.7	4.7	4.7
	I somewhat disagree	11	7.3	7.3	12.0
	I mostly agree	59	39.3	39.3	51.3
	I completely agree	73	48.7	48.7	100.0
	Total	150	100.0	100.0	

Source: Authors

The claim that concerns the improvement of the social network of users at a retirement home is the *engagement in the activities organized by the home* in Table 3. Out of the total number of respondents (N = 150), 66 (44%)

state that they fully agree with this statement, 41 (27.3%) mostly agree, 28 (18.7%) somewhat disagree, and 15 (10%) completely disagree with this statement (M = 3.05, SD = 1,015 shown in Table 13).

Table 3 Engagement in activities that are organized by the home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	15	10.0	10.0	10.0
	I somewhat disagree	28	18.7	18.7	28.7
	I mostly agree	41	27.3	27.3	56.0
	I completely agree	66	44.0	44.0	100.0
	Total	150	100.0	100.0	

Source: Authors

The statement relating to importance of *adequate care in the home for the elderly and infirm persons* is shown in Table 4. Of the total number of respondents (N=150), 100 (66.7%) completely agree with the statement, 43 (28.7%) respondents mostly

agree, while only 3 (2%) somewhat disagree and 4 (2.7%) think that adequate care in the home for the elderly and infirm does not contribute to their more dignified aging (M = 3.59, SD = 0.667 shown in Table 13).

Table 4 Adequate care in the home for the elderly and infirm

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	4	2.7	2.7	2.7
	I somewhat disagree	3	2.0	2.0	4.7
	I mostly agree	43	28.7	28.7	33.3
	I completely agree	100	66.7	66.7	100.0
	Total	150	100.0	100.0	

Source: Authors

Preservation of privacy, as one of the frequently mentioned quality indicators of institutional care in the literature, has proved to be significant in this research. Namely, as shown in Table 5, of the total number of respondents (N = 150), 98 (65.3%) state that they completely agree with the state-

ment on the importance of preserving their privacy, 42 (28%) mostly agree with this statement, 7 respondents (4.7%) somewhat disagree, while only 3 respondents (2%) consider that their privacy does not contribute to the quality of life at home for the elderly (M = 3.57, SD = 0.680 shown in Table 13).

Table 5 Preservation of privacy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	3	2.0	2.0	2.0
	I somewhat disagree	7	4.7	4.7	6.7
	I mostly agree	42	28.0	28.0	34.7
	I completely agree	98	65.3	65.3	100.0
	Total	150	100.0	100.0	

Source: Authors

The *comfort of accommodation in the home* is the following indicator of the quality of life which proved to be very important to survey participants, as can be seen from Table 6. Namely, of the total number of respondents (N = 150), 110 (73.3%) completely agree that comfort of accommodation is

one of the most significant indicators contributing to the quality of their life in long-term accommodation, 33 (22%) mostly agree, 1 respondent (0.7%) somehow disagrees, while only 6 (4%) respondents completely disagree with the statement (M = 3.65, SD = 0.696 shown in Table 13).

Table 6 Accommodation comfort in the home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	6	4.0	4.0	4.0
	I somewhat disagree	1	0.7	0.7	4.7
	I mostly agree	33	22.0	22.0	26.7
	I completely agree	110	73.3	73.3	100.0
	Total	150	100.0	100.0	

Source: Authors

Furthermore, authors Ilić and Županić (2014) reported nutrition and beverages as one of the indicators of the quality of life of the elderly, and this was confirmed by this research. This is shown in Table 7 from which it is evident that of the total number of respondents (N = 150), 86

(57.3%) consider that *appropriate and varied diet* is crucial for the quality of their life, 44 (29.3%) of respondents mostly agree with this statement, 13 (8.7%) somehow disagree, and 7 (4.7%) completely disagree (M = 3.39, SD = 0.835 shown in Table 13).

Table 7 Appropriate and varied nutrition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	7	4.7	4.7	4.7
	I somewhat disagree	13	8.7	8.7	13.3
	I mostly agree	44	29.3	29.3	42.7
	I completely agree	86	57.3	57.3	100.0
	Total	150	100.0	100.0	

Source: Authors

A review of literature has shown that the availability of health care and the quality of pharmacotherapy are very important indicators of the quality of in-

stitutional care and the quality of life of the elderly (Despot-Lučanin et al., 2005; Mittermayer et al., 2010; Ilić, Županić, 2014). Similar results were ob-

tained through this research. As for the claim that *regular medication use* is important for their quality of life, of the total number of respondents (N = 150), 106 (70.7%) completely agree, 37 (24.7%) mostly agree, only two (1.3%) respondents somewhat disagree, while five (3.3%) completely disagree, as can be seen in Table 8 (M = 3.63, SD = 0.681 shown in Table 13). With respect to the above-mentioned, *daily availability of a family medicine physician* is a statement which a total of 90 (60%) of 149 respondents completely agree with, 46 (30.7%) mostly agree, 7 respondents (4.7%) somewhat disagree, and only 6 (4%) respondents completely disagree with

the statement that the daily availability of a family medicine physician contributes to the quality of their life, as can be seen from Table 9 (M = 3.48, SD = 0.767 shown in Table 13). Finally, Table 10 shows a claim related to the importance of *regular visits to a specialized physician*, and 87 (58%) of the total number of respondents (N = 150) completely agree with this statement, 39 (26%) mostly agree with, 16 respondents (10.7%) somewhat disagree, while 8 respondents (5.3%) completely disagree (M = 3.37, SD = 0.878 shown in Table 13).

Table 8 Regular medication use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	5	3.3	3.3	3.3
	I somewhat disagree	2	1.3	1.3	4.7
	I mostly agree	37	24.7	24.7	29.3
	I completely agree	106	70.7	70.7	100.0
	Total	150	100.0	100.0	

Source: Authors

Table 9 Daily availability of a family medicine physician

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	6	4.0	4.0	4.0
	I somewhat disagree	7	4.7	4.7	8.7
	I mostly agree	46	30.7	30.9	39.6
	I completely agree	90	60.0	60.4	100.0
	Total	149	99.3	100.0	
Missing	System	1	7		
Total	150	100.0			

Source: Authors

Table 10 Regular visits to a specialist physician

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	8	5.3	5.3	5.3
	I somewhat disagree	16	10.7	10.7	16.0
	I mostly agree	39	26.0	26.0	42.0
	I completely agree	87	58.0	58.0	100.0
	Total	150	100.0	100.0	

Source: Authors

Regarding the statement that *regular physical activity* contributes to quality of life, 62 (41.3%) respondents agree with the statement, 41 (27.3%) respondents mostly agree with this, 37 (24.7%) somewhat

disagree with this statement, and 10 (6.7%) respondents completely disagree with the statement, as can be seen in Table 11 ($M = 3.03$, $SD = 0.965$ shown in Table 13).

Table 11 Regular physical activity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	10	6.7	6.7	6.7
	I somewhat disagree	37	24.7	24.7	31.3
	I mostly agree	41	27.3	27.3	58.7
	I completely agree	62	41.3	41.3	100.0
	Total	150	100.0	100.0	

Source: Authors

Finally, the *possibility of satisfying personal hygiene needs* as the last indicator of the quality of life of the elderly is a statement with which 93 (62%) of the total number of respondents ($N = 150$) agree, 44 (62%)

mostly agree, 7 (4.7%) mostly disagree, and only 6 (4%) respondents believe that personal hygiene is not an essential indicator at all, as can be seen in Table 12 ($M = 3.49$, $SD = 0.766$ shown in Table 13).

Table 12 Possibility of satisfying personal hygiene needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I completely disagree	6	4.0	4.0	4.0
	I somewhat disagree	7	4.7	4.7	8.7
	I mostly agree	44	29.3	29.3	38.0
	I completely agree	93	62.0	62.0	100.0
	Total	150	100.0	100.0	

Source: Authors

Table 13 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. deviation
Appropriate and varied nutrition	150	1	4	3.39	0.835
Regular medicine use	150	1	4	3.63	0.681
Daily availability of a family medicine physician	149	1	4	3.48	0.767
Regular visits to a specialist physician	150	1	4	3.37	0.878
Possibility to satisfy personal hygiene needs	150	1	4	3.49	0.766
Regular physical activity	150	1	4	3.03	0.965
Information on medical condition by medical staff	150	1	4	3.53	0.682
Coexistence with people of the same or similar age	150	1	4	3.32	0.805
Preservation of privacy	150	1	4	3.57	0.680
Accommodation comfort in the home for the elderly	150	1	4	3.65	0.696
Adequate care in the home for the elderly	150	1	4	3.59	0.667
Engaging in activities that are organized by the home	150	1	4	3.05	1.015

Source: Authors

According to the above results, we can see that all of these claims are indeed essential factors contributing to the quality of life of an elderly person. This can be inferred from the results that show that more than half of the respondents state that they fully or mostly agree that the stated quality of life indicators contribute to the more dignified aging in decentralized institutions. The most important indicators were shown to be comfort of accommodation ($M = 3.65$, $SD = 0.696$) and regular medicine use ($M = 3.63$, $SD = 0.681$), while the least significant were regular physical activity ($M = 3.03$, $SD = 0.965$) and

inclusion in activities organized by the home ($M = 3.05$, $SD = 1.015$), as can be seen in Table 13.

Furthermore, in order to better understand the concept of quality of life and the planning of specific strategies aimed at as many users as possible in decentralized homes, the aim was to examine whether there is a significant link between the gender of the home user and the comfort of accommodation. The Pearson correlation coefficient obtained by statistical analysis has shown that this correlation is not significant, as can be seen in Table 14.

Table 14 Correlation between gender and comfort in the home for the elderly

		Gender	Comfort of accommodation in the home
Gender	Pearson Correlation	1	-0.134
	Sig. (2-tailed)		0.103
	Sum of Squares and Cross-products	33.973	-6.627
	covariance	228	-0.044
	N	150	150
Accommodation comfort in the home	Pearson Correlation	-0.134	1
	Sig. (2-tailed)	0.103	
	Sum of Squares and Cross-products	-6.627	72.273
	covariance	-0.044	485
	N	150	150

Source: Authors

It also sought to examine the relevance of connection between gender of the user and the inclusion in activities organized by the home. The results of statistical analysis point to significant, negative and poor correlation between gender and involvement in activities organized by the

home ($r = -0.288$, $p < 0.01$), as can be seen in Table 15. The t-test results showed that there is a significant difference in the inclusion in activities organized by the home depending on the gender of the user ($t(149) = 34.54$, $p < 0.01$), as can be seen in Table 16.

Table 15 Correlation between gender and inclusion in activities organized by the home

		Gender	Inclusion in activities organized by the home
Gender	Pearson Correlation	1	-0.288 **
	Sig. (2-tailed)		0
	Sum of Squares and Cross-products	33.973	-20.773
	covariance	228	-0.139
	N	150	150
Inclusion in activities organized by the home	Pearson Correlation	-0.288 **	1
	Sig. (2-tailed)	0	
	Sum of Squares and Cross-products	-20.773	153.573
	covariance	-0.139	1.031
	N	150	150

** Correlation is significant at the 0.01 level (2-tailed).

Source: Authors

Table 16 T-test to measure the significance of the difference in involvement in activities organized by the home with regard to gender

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Gender	34.541	149	0	1.347	1.27	1.42
Inclusion in activities organized by the home	36.835	149	0	3.053	2.89	3.22

Source: Authors

5. Conclusion

We live in a society that values youth and physical attraction, a society where the elderly are marginalized. However, due to the increasing numbers of older population and the recognition of their importance in society in recent years, the views on age are changing. It is unlikely that the elderly will have the authority and reputation they used to have in traditional societies of previous eras, but since they now make up the majority of the population, they have gained more political, sociological and cultural influence than they had before. Therefore, this paper gives clear indications regarding the effect of globalization on the aging process, the impact

of quality of life on the aging process through its applicative and theoretical contribution. Empirical research confirms hypotheses that emphasize the importance of quality of life for the elderly and their identification in decentralized homes for the elderly and infirm. The results of the research have highlighted clear factors in the implementation and inclusion in activities of users of homes for the elderly and infirm with the aim of promoting quality and decent living in those institutions. This paper gives constructive guidance to stakeholders in decentralized institutions by emphasizing perceptions of respondents as the first and only degree of assessment of respondents in the Republic of Croatia.

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VAŽNOST PROMICANJA KVALITETE ŽIVOTA OSOBA STARIJE ŽIVOTNE DOBI POD UTJECAJEM GLOBALIZACIJE

SAŽETAK

Danas se globalizacija doživljava kao svijet bez granica. Sve što se stvara počinje se odražavati globalno. Upravo zbog toga ona svoje učinke ostavlja i na procese starenja, povećanje starosti stanovništva. Ovim se radom naglašava kvaliteta života uključujući prediktore koji postaju neizostavni segmenti dostojanstvenog starenja. Aplikativni i teorijski doprinos rada očituje se s ciljem pružanja konstruktivnih smjernica koje svoje uporište prikazuju kroz socijalnu dimenziju svih dionika uključenih u proces kvalitetnijeg starenja u decentraliziranim domovima za starije i nemoćne osobe.

Ključne riječi: globalizacija, starenje, kvaliteta života osoba starije životne dobi, decentralizirani domovi