

The Influence of Social Support on Life Satisfaction of Elderly People in Care Homes

Sanja Zoranić¹, Melita Sajko², Mara Županić³, Goran Knežević⁴

¹University of Dubrovnik, Dubrovnik, Croatia

²University North, Varaždin, Croatia

³University of Applied Health Sciences, Zagreb, Croatia

⁴StatVall, Virovitica, Croatia

ABSTRACT

Social network of each individual plays a significant role in the aging process, while at the same time social support is considered as one of the major factors attributing to quality of life of the elderly. Insufficient social inclusion of an individual leads to loneliness as a consequence of the lack of social relations, which commonly occurs among older people and greatly affects their quality of life. The aim of this paper is to explore the perception of the social support for elderly and disabled people in care homes and its impact onto their life satisfaction, as well as correlation between social support and loneliness. The instruments used in the research were the Social Provisions Scale, a general measure to evaluate current relations with important people in a person's life, and Socio-Demographic Data Questionnaire. The sample involved 113 people over 65 in care homes for elderly and disabled in Dubrovnik-Neretva County. The results have shown that there are differences in quality of life of the elderly in care homes as well as in their life satisfaction with regard to social support, and also that there is a correlation between the lack of support and loneliness. Furthermore, the research results have shown that there are no statistically significant gender differences in the quality of life of the elderly with social support.

Key words: elderly, institutional care, social support, loneliness, life satisfaction

Introduction

The demographic profile of Dubrovnik-Neretva County shows an increase in the proportion of elderly people in the total population, which is in line with general demographic trends in Croatia. According to the 2011 census, in Dubrovnik-Neretva County, with 122,568 inhabitants, 17% (20,908) belong to the group of people aged 65 and older, which is slightly lower than the national average of 17.7%.¹ However, compared to the rest of Croatia, Dubrovnik-Neretva County has the highest proportion of people aged 85 and older in the total elderly population (9.68%).²

The changes associated with aging vary across the population and are related to the degree of life satisfaction, quality of life, activity, social inclusion and the amount of stress experienced.³ Social age refers to the changed role of the ageing person in society. The changes mainly include social activities, social interactions, and the roles of elderly people in the community.⁴ For an elder-

ly person, the problem of social age very often means social and emotional isolation, loneliness, inactivity and poor quality of life.⁵

The importance of ageing in place stands out as one of the six areas (meaningful integration, respect and inclusion, communication and information, transport and mobility, and health and well-being) that need to be addressed to improve the quality of life of elderly people. This was emphasized by elderly people in a study conducted by Black et al.⁶ For the same reason, the World Health Organization (WHO) recommends staying and aging in place for as long as possible, with appropriate care and health protection.⁷ However, among the elderly population there is a large number of people who due to changes in their health status are either no longer able to care for themselves or available care is not adequate, so that the placement in an institution, i.e. care homes, is necessary.²

Detachment from the family and placement in a care home causes discomfort and great stress, which very often leads to adjustment difficulties.⁵ Social support, both

from family and society, is one of the most important factors contributing to a good adjustment when changing residence and in the process of ageing⁸.

Attitudes towards the placement of elderly people in care homes are still largely negative in traditional societies and characterised by prejudices such as rejection and neglect by the family⁹.

The 2011 census shows that in the Republic of Croatia about 2.38% of the population over 65 years of age are in care homes.¹⁰ In Dubrovnik-Neretva County, about 585 residents live in care homes and family care homes, which is about 2.6% of the total elderly population.¹ From research showing that people who are more satisfied with the social component (socializing and activities) rate their quality of life better, it is evident that social support is an important predictor of quality of life.⁵ Over time, older people very often become dependent on emotional support, especially from family members. As emotional stability is one of the most important factors for successful ageing, great emphasis is placed on maintaining good relationships with the family and local community.¹¹ Family support is the primary source of support in everyday life and the basis for long-term care system.¹² Support from friends, neighbours, society and institutions is of great importance for better adaptation to the changes that come with ageing. Active or ageing with family has an impact on the emotional well-being of older people.¹³ According to the main effect model, social support has a direct impact on the quality of life in terms of improvement, whereas according to the stress buffering model, it facilitates stress management, which leads to a better quality of life.¹⁴

Loneliness is very common among the elderly. Along with depression, it is one of the most common problems associated with ageing, especially among people living in institutions, and is associated with social isolation.^{15,16} Loneliness is considered to be the result of personal and situational factors, i.e. the lack of social interactions necessary to satisfy the need for close relationships and love, which is one of the basic human needs.¹⁷ Relationships with others provide us with social provisions such as: attachment, guidance, social integration, nurturance, reassurance of worth and reliable alliance.¹⁸ Among these provisions, the most important are attachment and social integration. Weiss¹⁸ explains that emotional loneliness results from the inability to achieve attachment, while the inability to achieve social integration leads to social loneliness.

Since there is no major research on this topic in Croatia, the contribution to such research can be seen in the knowledge of the perception of social support and life satisfaction of this target group. Based on the results, the development of new strategies and activities of the social society can be considered in order to strengthen social support, reduce the experience of loneliness, and increase life satisfaction of the elderly placed in care homes.

The purpose and goals of the research

The aim of this paper is to determine whether social support has an impact on the quality of life of the elderly living in care homes in Dubrovnik-Neretva County.

The main aims of the paper are:

1. To investigate the relationship between social support and the quality of life of elderly people living in a care home.
2. To identify gender differences in perceptions of social support among the elderly placed in a care home, with regard to gender.
3. To investigate the relationship between social support and loneliness among elderly people living in a care home

The originality of this paper is reflected in a better understanding of the concepts of quality of life, loneliness, social support, and other variables related to the commonly accepted but complex concept of quality of life. The originality of this paper is also in providing readers with a clearer answer to the questions of what makes an elderly person satisfied and how to keep a person receiving institutional care socially active as long as possible.

Research hypotheses, hypothesis testing and research questions

Based on the previous research results and theory, three hypotheses have been put forward in this paper:

H 1. There are statistically significant differences in the quality of life of elderly people and their life satisfaction in relation to social support.

H 2. There are no statistically significant differences in the quality of life of the elderly in relation to social support, depending on the gender of the respondents.

H 3. There is a correlation between social support and loneliness among the elderly in care homes.

Participants and Methods

Methods and techniques of data collection

For the purpose of this research, empirical data were collected by surveying the respondents through questionnaires and collecting the required demographic data. Respondents answered two types of questions:

- a) 7 socio-demographic questions about the respondents
- b) 24 statements about their relationship with other people

Survey instruments

In order to collect data, all respondents were asked to participate in a structured interview and complete the following questionnaires based on self-assessment:

1. Socio-demographic data questionnaire
2. Social provisions scale (respondents indicate their level of agreement to 4 statements on a 4-point Likert scale, where "4" stands for "strongly agree" and "1" for "strongly disagree")

In the first part of the questionnaire, respondents were asked demographic questions: age, gender, level of education, marital status, economic status, health status and reason for being placed in a care home. The questions could be answered by only one answer in a set of options.

In the second part, the social provisions scale was used, which is a general measure for assessing current relationships with important people in one's life. It includes six subscales that measure social provisions: guidance, reassurance of worth, social integration, attachment, nurturance, and reliable alliance.¹⁸ Each subscale contains four items (two positively worded and two negatively worded). The total score is formed as a linear combination of the scores on each scale. A higher score indicates the better perception of social provisions. It is believed that the total score can be used as a measure of social support.¹⁹ The questionnaire took 20-25 minutes to complete. Respondents were guaranteed anonymity.

Research sample

The research included 113 users over 65 years of age in 6 care homes in Dubrovnik-Neretva County, of which three on the island of Korčula and three on the mainland of Dubrovnik-Neretva County. Figure 1 shows the distribution of the sample by care homes. Three care homes are located in the island area (the island of Korčula) and three in the mainland area of Dubrovnik-Neretva County (two in the town of Dubrovnik and one in the town of Metković). The study was conducted from August 2018 to February 2019. The method of random sampling in the observed homes was applied in the research. Data were randomly collected from 113 home users by means of a random selection method. The selection criterion was that the person was 65 years and older with a permanent institutional stay in the home. Users diagnosed with dementia and people with mental illness were not included in the study. The average age of the respondents was 81.53 years. The average age of the respondents was 81.53 years, with a standard deviation of 7.88 years, the minimum age was 46, while the maximum was 94. As to gender of the respondents, 23.9% (N = 27) were male, while 76.1% (N = 86) were female. When asked about the "reasons for being placed in a home", 60.9% (N = 67) stated that it was their own wish, 9.1% (N = 10) stated that it was the wish of the family and carers, while 30.0% (N = 33) stated that there was no one to look after them. The largest number of the respondents have completed primary school (44.2%), while only 15 respondents completed college or university (college 8.1%, university 5.3%). In terms of marital status, the widows / widowers category predominated (65.5%), and 70.8% of all respondents had a personal pension, while only 2.7% were welfare beneficiaries. In terms of health status, 58.4% of respondents had chronic diseases, which are expected in the ageing process.

Of the total 113 questionnaires, two questionnaires were not valid as only the first part of the survey with socio-demographic data was completed. Respondents were asked to participate in the research voluntarily, following all the rules of the Code of Ethics. The questionnaires were completed in paper form in care homes and in direct contact with trained examiners. Respondents were informed not only of the purpose but also of the outcome of the research. Prior to the start of the research, in the institutions in which the research was conducted, the approval of the ethics committees was asked for and obtained.

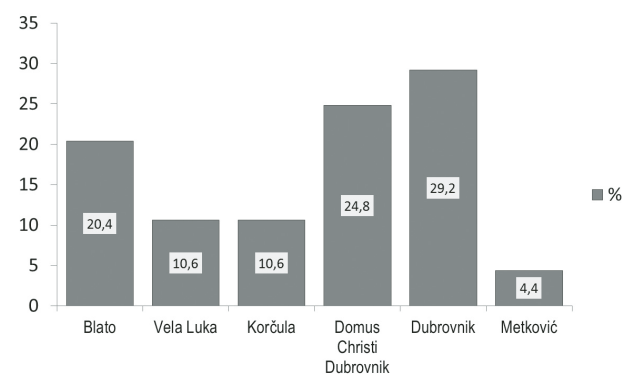


Fig.1. The percentage of respondents by care homes.

Data processing

In the statistical processing, methods of descriptive presentation of the data and methods of inferential statistics were used. As part of the descriptive analysis, the data are presented in tables in the form of absolute frequencies, percentages and measures of central tendency, and graphically using diagrams. The Pearson correlation coefficient on the closed scale $-1 < r < 1$ was calculated to determine the correlation intensity between the observed variables. Tests were conducted using non-parametric versions of the tests, namely the Mann-Whitney U test and the Kruskal Wallis test. All P values are two-sided. The significance level was set at $p = 0.05$. The SPSS statistical program SPSS (version 26.0, SPSS Inc., Chicago, IL, USA) was used for statistical analysis.

Results

Tables 1-6 provide descriptive indicators for the answers to six subscales that measure social provisions: guidance, attachment, social integration, nurturance, reassurance of worth and reliable alliance. Frequencies and percentages, arithmetic mean and standard deviation are given for each question.

The results for guidance, given in Table 1 show that the highest value of the arithmetic mean of the respondents' answers was recorded for the statement: "There is one person I believe I can ask for advice when I have a problem.", while the lowest value was recorded for the

TABLE 1
GUIDANCE

		N	%	\bar{x}	Sd
There is no one I can turn to when I am under stress	Strongly disagree	52	46.8 %		
	Disagree	44	39.6 %		
	Agree	9	8.1 %		
	Strongly agree	6	5.4 %		
	Total	111	100.0 %	1.72	.83
There is someone I can talk to about important decisions in my life	Strongly disagree	0	0.0 %		
	Disagree	8	7.2 %		
	Agree	39	35.1 %		
	Strongly agree	64	57.7 %		
	Total	111	100.0 %	3.50	.63
There is one person I believe I can ask for advice when I have a problem	Strongly disagree	3	2.7 %		
	Disagree	2	1.8 %		
	Agree	39	35.1 %		
	Strongly agree	67	60.4 %		
	Total	111	100.0 %	3.53	.67
There is no one I feel comfortable talking to about my problems	Strongly disagree	44	39.6 %		
	Disagree	52	46.8 %		
	Agree	13	11.7 %		
	Strongly agree	2	1.8 %		
	Total	111	100.0 %	1.76	.73

TABLE 2
ATTACHMENT

		N	%	\bar{x}	Sd
I feel that I do not have close relationships with others	Strongly disagree	41	36.9 %		
	Disagree	56	50.5 %		
	Agree	11	9.9 %		
	Strongly agree	3	2.7 %		
	Total	111	100.0 %	1.78	.73
I have a close relationship that gives me a sense of emotional security and well-being	Strongly disagree	4	3.6 %		
	Disagree	12	10.8 %		
	Agree	44	39.6 %		
	Strongly agree	51	45.9 %		
	Total	111	100.0 %	3.28	.80
I feel a strong emotional connection with at least one person	Strongly disagree	5	4.5 %		
	Disagree	12	10.8 %		
	Agree	36	32.4 %		
	Strongly agree	58	52.3 %		
	Total	111	100.0 %	3.32	.84
I miss the feeling of closeness with another person	Strongly disagree	17	15.3 %		
	Disagree	50	45.0 %		
	Agree	35	31.5 %		
	Strongly agree	9	8.1 %		
	Total	111	100.0 %	2.32	.83

TABLE 3
SOCIAL INTEGRATION

		N	%	\bar{x}	Sd
There are people who enjoy the same activities as I do	Strongly disagree	1	0.9 %		
	Disagree	12	10.8 %		
	Agree	62	55.9 %		
	Strongly agree	36	32.4 %		
	Total	111	100.0 %	3.20	.66
I feel part of a group that shares my views and opinions	Strongly disagree	7	6.3 %		
	Disagree	13	11.7 %		
	Agree	61	55.0 %		
	Strongly agree	30	27.0 %		
	Total	111	100.0 %	3.03	.80
There is no one who shares my interests and concerns	Strongly disagree	35	31.5 %		
	Disagree	62	55.9 %		
	Agree	13	11.7 %		
	Strongly agree	1	0.9 %		
	Total	111	100.0 %	1.82	.66
There is no one who likes the activities I do.	Strongly disagree	25	22.5 %		
	Disagree	76	68.5 %		
	Agree	8	7.2 %		
	Strongly agree	2	1.8 %		
	Total	111	100.0 %	1.88	.60

TABLE 4
NURTURANCE

		N	%	\bar{x}	Sd
There are people who can rely on my help	Strongly disagree	3	2.7 %		
	Disagree	19	17.1 %		
	Agree	56	50.5 %		
	Strongly agree	33	29.7 %		
	Total	111	100.0 %	3.07	.76
I feel responsible for the other person's well-being	Strongly disagree	7	6.3 %		
	Disagree	23	20.7 %		
	Agree	66	59.5 %		
	Strongly agree	15	13.5 %		
	Total	111	100.0 %	2.80	.75
There is no one to whose welfare I contribute	Strongly disagree	29	26.1 %		
	Disagree	59	53.2 %		
	Agree	19	17.1 %		
	Strongly agree	4	3.6 %		
	Total	111	100.0 %	1.98	.76
No one needs me to look after them	Strongly disagree	15	13.5 %		
	Disagree	40	36.0 %		
	Agree	46	41.4 %		
	Strongly agree	10	9.0 %		
	Total	111	100.0 %	2.46	.84

TABLE 5

REASSURANCE OF WORTH

		N	%	\bar{x}	Sd
Others think that I am not a competent person	Strongly disagree	23	20.7 %		
	Disagree	69	62.2 %		
	Agree	17	15.3 %		
	Strongly agree	2	1.8 %		
	Total	111	100.0 %	1.98	.66
I do not think others appreciate my skills and abilities	Strongly disagree	22	19.8 %		
	Disagree	65	58.6 %		
	Agree	19	17.1 %		
	Strongly agree	5	4.5 %		
	Total	111	100.0 %	2.06	.74
Others recognize my skills and abilities	Strongly disagree	4	3.6 %		
	Disagree	25	22.5 %		
	Agree	66	59.5 %		
	Strongly agree	16	14.4 %		
	Total	111	100.0 %	2.85	.70
There are people who appreciate my talents and abilities	Strongly disagree	2	1.8 %		
	Disagree	17	15.3 %		
	Agree	72	64.9 %		
	Strongly agree	20	18.0 %		
	Total	111	100.0 %	2.99	.64

TABLE 6

RELIABLE ALLIANCE

		N	%	\bar{x}	Sd
There are people I can rely on when I need to	Strongly disagree	6	5.4 %		
	Disagree	2	1.8 %		
	Agree	40	36.0 %		
	Strongly agree	63	56.8 %		
	Total	111	100.0 %	3.44	.78
If something goes wrong no one will help me	Strongly disagree	69	62.2 %		
	Disagree	32	28.8 %		
	Agree	5	4.5 %		
	Strongly agree	5	4.5 %		
	Total	111	100.0 %	1.51	.78
There is no one I can count on when I really need it	Strongly disagree	67	60.4 %		
	Disagree	35	31.5 %		
	Agree	6	5.4 %		
	Strongly agree	3	2.7 %		
	Total	111	100.0 %	1.50	.72
There are people I can count on in emergencies	Strongly disagree	1	0.9 %		
	Disagree	5	4.5 %		
	Agree	35	31.5 %		
	Strongly agree	70	63.1 %		
	Total	111	100.0 %	3.57	.63

statement: "There is no one I can turn to when I am under stress." The highest value for attachment (Table 2) was recorded for the statement: "I feel a strong emotional connection with at least one person," while the lowest value was recorded for the statement: "I feel that I do not have close relationships with others." For social integration (Table 3), the highest value was found for the statement: "There are people who enjoy the same activities as I do" and the lowest value for the statement: "There is no one who shares my interests and concerns." As to nurturance (Table 4), the highest value was recorded for the statement: "There are people who can rely on my help", and the lowest for the statement: "There is no one to whose welfare I contribute". The highest mean of reassurance of worth was recorded for the statement: "There are people who appreciate my talents and abilities", and the lowest for the statement: "Others think that I am not a competent person" (Table 5). The highest value of reliable alliance (Table 6) was obtained for the statement: "There are people I can count on in emergencies", while the lowest value was found for the statement: "There is no one I can count on when I really need it."

The value of the Cronbach's alpha coefficient for the observed questions was found to be good for all observed factors, $\alpha > 0.65$, or very close to 0.7 (Table 7). This value of the Cronbach's coefficient shows an acceptable level of reliability and the ability to form a unique result based on the examined variables in the study. It is important

TABLE 7

CRONBACH ALPHA

	Cronbach Alpha	The number of statements
Guidance	0.674	4
Attachment	0.700	4
Social integration	0.674	4
Nurturance	0.669	4
Reassurance of worth	0.718	4
Reliable alliance	0.684	4

to note that in calculating the categories, the questions were recoded as 2, 3, 6, 9, 10, 14, 15, 18, 19, 21, 22, and 24, i.e. they were converted into their positive results.

In order to better examine the correlations between the formed variables, Pearson's correlation coefficient was derived. For research purposes, the correlation coefficients above 0.5, $r > 0.5$ are annotated. Table 8 shows that the degree of correlation between all these factors is positive and significant ($p < 0.01$). The highest degree of correlation was found between "guidance" and "attachment" ($r = 0.697$; $p < 0.01$), followed by "guidance and reliable alliance" ($r = 0.697$; $p < 0.01$) and between "social integration and reassurance of worth" ($r = 0.673$; $p < 0.01$).

TABLE 8

PEARSON'S CORRELATION COEFFICIENTS BETWEEN THE OBSERVED FACTORS

		1	2	3	4	5	6
1. Guidance	r	1	.697**	.514**	.505**	.500**	.697**
	p		.000	.000	.000	.000	.000
	N	111	111	111	111	111	111
2. Attachment	r	.697**	1	.541**	.494**	.596**	.597**
	p	.000		.000	.000	.000	.000
	N	111	111	111	111	111	111
3. Social integration	r	.514**	.541**	1	.488**	.673**	.497**
	p	.000	.000		.000	.000	.000
	N	111	111	111	111	111	111
4. Nurturance	r	.505**	.494**	.488**	1	.523**	.415**
	p	.000	.000	.000		.000	.000
	N	111	111	111	111	111	111
5. Reassurance of worth	r	.500**	.596**	.673**	.523**	1	.520**
	p	.000	.000	.000	.000		.000
	N	111	111	111	111	111	111
6. Reliable alliance	r	.697**	.597**	.497**	.415**	.520**	1
	p	.000	.000	.000	.000	.000	
	N	111	111	111	111	111	111

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

The Kruskal Wallis test was used to find the differences in observed factors by care homes. If we look at the value of significance for guidance, attachment, social integration, nurturance, reassurance of worth, reliable alliance, we can see that p is below 5% (p < 0.05). Thus, with a confidence level of 95% we can say that there is a statistically significant difference for guidance, attachment, social integration, nurturance, reassurance of worth, reliable alliance in relation to the home where the respondents were placed, with respondents from Dubrovnik care home tending to give the highest score for almost all variables, while respondents from Metković nursing home gave the lowest score (Table 9). However, as shown in Table 10, no significant differences were found in ranking the observed factors by gender.

Discussion

The research included 113 respondents from six care homes in Dubrovnik-Neretva County. The highest percentage of respondents came from two retirement homes in the city of Dubrovnik (Care home Dubrovnik, 29.2% and Nursing home "Domus Christi", 24.8%), while the lowest number of respondents came from the Metković nursing home (4.4%) (Figure 1). As the study did not include elderly people with dementia and mental illness, a low number of respondents in the Metković nursing home was to be expected, as it houses people with disabilities in addition to elderly and infirm people. The low number of

respondents could also be explained by the fact that the home in Metković covers a small urban centre with a larger rural area where the traditional form of home-based care for the elderly still prevails. The majority of the respondents stated their own free will as the reason for staying in a care home, which is in line with the results of other surveys.⁹

The social network and support that elderly people have makes it easier for them to adapt to the changes that have occurred, especially for people who have been forced to leave their place of residence and move to a care home. The analysis ascertained the presence of social support, its impact on life satisfaction, and specific social provisions that significantly contributed to the degree of social loneliness of people in care homes.

As for the "reliable alliance" subscale (Table 6), the results show that most respondents have a support network, which is one of the most important prerequisites for the quality of ageing, while a smaller number of respondents have a lack of social support manifested by dissatisfaction and consequently poor quality of life, which confirms the first hypothesis: "There are statistically significant differences in the quality of life of older people and their life satisfaction in relation to social support." A study by Moeni et al.²⁰ conducted in western Iran (Hamadan city) on a sample of 411 elderly aged 60-75 years showed that high levels of social support increase happiness and life satisfaction among the elderly, which is consistent with the findings of our research.

"Guidance" is mostly associated with emotional loneliness in the family.²¹ The values of the results for this subscale are similar to those of the "reliable alliance" subscale. They indicate (Table 1) that most respondents are emotionally attached and receive emotional support from family members, which makes their stay in the care home much easier. Of the total number of respondents, 60.9% cited their own free will as the reason for staying in a care home, while for 39.1% of respondents, the desire of family and caregivers, as well as lack of social support, were the reasons for being placed in a care home. This is significant as the factor of self-determination, i.e. control over their decisions and life, is one of the prerequisites for quality ageing.²²

The importance of maintaining control over one's own life is also confirmed by a study conducted in 8 care homes in the Louisville metropolitan area and southern Indiana on a sample of respondents with an average age of 71. The study showed that loneliness in care homes was related to perceived control and life satisfaction. The research findings suggest an important relationship between individual caregiving, preference fulfilment, i.e. their preference for life activities and social life, which leads to an increased sense of control over life and also a reduction in loneliness.²³

Emotional connection, i.e. attachment, gives us a sense of security, which is important for quality aging. The inability to achieve attachment leads to emotional loneli-

TABLE 9
RANKING OF THE OBSERVED FACTORS BY CARE HOMES

	Care home	N	Arithmetic mean of ranks	p*
Guidance	NURSING HOME „MAJKA MARIJA PETKOVIĆ“ BLATO	21	41.76	0.001
	CARE HOME VELA LUKA	12	44.25	
	CARE HOME KORČULA	12	61.38	
	CARE HOME “DOMUS CHRISTI“ DUBROVNIK	28	49.14	
	CARE HOME DUBROVNIK	33	74.88	
	NURSING HOME METKOVIĆ	5	44.90	
	Total	111		
Attachment	NURSING HOME “MAJKA MARIJA PETKOVIĆ“ BLATO	21	47.24	0.006
	CARE HOME VELA LUKA	12	58.79	
	CARE HOME KORČULA	12	40.13	
	CARE HOME „DOMUS CHRISTI“ DUBROVNIK	28	55.46	
	CARE HOME DUBROVNIK	33	71.14	
	NURSING HOME METKOVIĆ	5	27.30	
	Total	111		
Social integration	NURSING HOME “MAJKA MARIJA PETKOVIĆ“ BLATO	21	37.90	0.000
	CARE HOME VELA LUKA	12	75.46	
	CARE HOME KORČULA	12	25.67	
	CARE HOME “DOMUS CHRISTI“ DUBROVNIK	28	57.39	
	CARE HOME DUBROVNIK	33	74.86	
	NURSING HOME METKOVIĆ	5	25.80	
	Total	111		
Nurturance	NURSING HOME “MAJKA MARIJA PETKOVIĆ“ BLATO	21	40.00	0.008
	CARE HOME VELA LUKA	12	54.96	
	CARE HOME KORČULA	12	75.33	
	CARE HOME “DOMUS CHRISTI“ DUBROVNIK	28	51.41	
	CARE HOME DUBROVNIK	33	66.41	
	NURSING HOME METKOVIĆ	5	36.30	
	Total	111		
Reassurance of worth	NURSING HOME “MAJKA MARIJA PETKOVIĆ“ BLATO	21	39.05	0.000
	CARE HOME VELA LUKA	12	63.50	
	CARE HOME KORČULA	12	33.88	
	CARE HOME “DOMUS CHRISTI“ DUBROVNIK	28	66.14	
	CARE HOME DUBROVNIK	33	67.64	
	NURSING HOME METKOVIĆ	5	28.70	
	Total	111		
Reliable alliance	NURSING HOME “MAJKA MARIJA PETKOVIĆ“ BLATO	21	45.12	0.000
	CARE HOME VELA LUKA	12	42.96	
	CARE HOME KORČULA	12	52.04	
	CARE HOME “DOMUS CHRISTI“ DUBROVNIK	28	50.04	
	CARE HOME DUBROVNIK	33	77.33	
	NURSING HOME METKOVIĆ	5	35.10	
	Total	111		

*Kruskal Wallis Test

TABLE 10
RANKING OF THE OBSERVED FACTORS BY GENDER OF THE RESPONDENTS

	Gender	N	Arithmetic mean of ranks	The sum of ranks	p*
Guidance	M	26	57.79	1502.50	0.743
	F	85	55.45	4713.50	
	Total	111			
Attachment	M	26	52.29	1359.5	0.498
	F	85	57.14	4856.50	
	Total	111			
Social integration	M	26	50.88	1323.00	0.345
	F	85	57.56	4893.00	
	Total	111			
Nurturance	M	26	48.88	1271.00	0.193
	F	85	58.18	4945.00	
	Total	111			
Reassurance of worth	M	26	52.10	1354.50	0.470
	F	85	57.19	4861.50	
	Total	111			
Reliable alliance	M	26	58.79	1528.50	0.606
	F	85	55.15	4687.50	
	Total	111			

ness.¹⁷ The results of the research show that most of the respondents have people to whom they are emotionally attached (Table 2). One of the larger studies on loneliness in old age was conducted on a sample of 33,832 people aged 60 to 80. The research was conducted in 11 European countries and showed that loneliness is strongly associated with the absence of a partner or someone with whom there is an emotional bond, in addition to poorer socioeconomic status and poorer health.²⁴

Community perceptions and self-perceptions have a major impact on the ageing process itself, as well as on the quality of life of the elderly. A positive self-perception creates the basis for successful ageing.¹² Our results show that the quality of life of older people who are appreciated and recognized by the community is better than of those who are not (Table 5). Nurturance is a factor that can be linked to the reassurance of one’s own worth, and is of great importance for a person’s self-esteem. The results (Table 4) show that most respondents have people in their lives who value their knowledge and wisdom, which makes them feel needed by others and gives them a sense of worth.

The second hypothesis that "there are no statistically significant differences in the quality of life of the elderly in relation to the presence of social support, depending on the gender of the respondents" was confirmed. If we look at the value of significance with respect to the gender of the respondents, we can see that the significance of the

test is more than 5%, $p > 0.05$ in all observed cases (Table 10). This suggests that gender does not play a significant role in the observed research factors, as other studies have shown.^{20,25}

Some research findings show that attachment is particularly important in explaining emotional loneliness, while social integration is somewhat weaker in explaining it.¹⁸ Nekić’s research shows that social integration and reliable alliance have the strongest connection with social loneliness.²¹ Our results (Table 3) show how important a sense of social integration and a reliable alliance, i.e. social support, are as a prerequisite for quality ageing. They provide information about the respondents’ social integration into the community as well as the presence of important people in their lives. These are important parameters for the quality of ageing, which are emphasized in other studies.²⁶ Most of respondents are involved in one of the social networks and have important people in their lives, which prevents social loneliness. This confirms the third hypothesis: "There is a correlation between social support and loneliness among the elderly in care homes." Similar results were shown in a study conducted in the city of Burdur, Turkey, on a total of 517 individuals of both gender aged 65 years and older, which aimed to investigate the relationship between quality of life, life satisfaction, and multidimensional perceived social support. The study showed that perceived social support ($t = 2.898, p < 0.05$) and quality of life ($t = 11.049, p < 0.05$) led to an increase in life satisfaction. Quality of life was the variable that most strongly influenced life satisfaction. The findings of this study suggest that improving the social support and quality of life of older people will increase their life satisfaction.²⁷

A statistically significant difference ($p < 0.05$) was found for all variables in relation to the care home where the respondents live (Table 9) indicating differences in social organization and provisions at the level of individual nursing homes. Respondents from the Dubrovnik care home gave the highest scores for the subscales reliable alliance, reassurance of worth and attachment, while respondents from the Metković nursing home gave the lowest scores. Respondents from the Dubrovnik care home gave the highest score for the subscale guidance, while the lowest score was given by respondents from the nursing home "Mother Marija Petković" Blato. Respondents from the care home Korčula gave the highest score for the subscale nurturance, and respondents from the Metković nursing home gave the lowest score, while respondents from the Vela Luka care home gave the highest score for the social integration subscale, and the lowest score was given by respondents from the Korčula care home. Hence, the users of the care home Dubrovnik show greater life satisfaction in terms of social support compared to the other homes.

The results of the research point to a positive correlation between social provisions and quality of life and life satisfaction. Of all six social provisions, reassurance of worth, social integration and attachment were found to be

the most important determinants of life satisfaction for older people living in care homes. This is in line with the findings of a study by Nekić²¹ conducted on a sample of 202 respondents aged 18 to 25.

Care home placement should not mean that social interaction with family and friends is reduced or stopped. On the contrary, it should open up new opportunities as more free time is available and there are more opportunities to socialize with peers with similar or same interests. If direct contact is not possible due to health problems or pandemics we are in for a long time, it is necessary to find ways to maintain social interaction and communication with family and friends with the help of modern technologies, which would significantly reduce the loneliness of sick elderly people.²⁸ Since there was no difference in the self-assessment results when gender was taken into account, it was interpreted that the users of the included care homes in Dubrovnik-Neretva County have good social support and life satisfaction.

Limitations of research

Because participation was voluntary, we can assume that not all users participated, but only those who were interested, so we cannot generalize the results to the entire elderly population, which can be considered a limitation. We can also assume that the respondents answered the questions honestly, as insincerity in the answers could lead to incomplete or incorrect results. We can also assume that older people who did not participate in the study are more dissatisfied and have weaker social support, so they are more likely to be lonely than people who participated in the study. Unwillingness to answer questions, which was cited as one of the conditions for limitation, occurred in only two respondents.

Conclusion

The research gives us an insight into the development of an individual's social network and social support, as

well as perceptions of the quality of life of people placed in care homes. On this basis, future improvements of the social network can be planned. It is clear that elderly people placed in care homes have different perceptions of their quality of life in terms of social support and that the main problem is social exclusion and the resulting loneliness. Early identification of the specific needs of the users is of great importance, and in accordance with them the organisation and improvement of care in the institutions. It is necessary for the management structures of institutions and the wider community to facilitate the establishment and maintenance of social networks for elderly people through the organisation of various social activities and support. Given that a number of studies have shown that social support is an important prerequisite for the quality of life and that those who are more satisfied with the social component (socializing, activities, and support) rate their quality of life better, it is necessary to find more ways to integrate older people into the community. One way is to introduce models of intergenerational cooperation that contribute to the well-being of all generations. Through these models, it is possible to improve social provisions, which are important for solving the problem of loneliness. Social inclusion leads to a sense of belonging to a group, a sense of being needed by the others, the security of support and a positive self-perception.

In order to obtain more detailed results, it is necessary to conduct a survey that covers a larger area and includes all care home users, i.e. a larger sample that includes not only care homes in Dubrovnik-Neretva County, but also care homes in other counties in Croatia. The obtained results can provide concrete information for planning and designing new models for involving users in activities in order to achieve more intensive social interaction. It is necessary to meet the psychosocial needs of elderly people in care homes and organize activities that promote social integration and enable regular contact with family and friends in order to improve the quality of life and make "home" a home. The research conducted can be a good platform for expanded national research.

REFERENCES

1. DUBROVAČKO-NERETVANSKA ŽUPANIJA, Socijalni plan 2014-2016. <http://www.dubrovackoneretvanskazupanija.hr/2015/Socijalni%20plan%20DNZ%202014-2016.pdf> — 2. MINISTARSTVO SOCIJALNE POLITIKE I MLADIH REPUBLIKE HRVATSKE, Strategija socijalne skrbi za starije osobe u Republici Hrvatskoj za razdoblje 2014.-2016. [https://vlada.gov.hr/UserDocsImages//ZPPI/Strategije%20-%20OGP/socijalna%20politika/strategija%20socijalne%20skrbi%20za%20starije%2014-2-14\[1\].pdf](https://vlada.gov.hr/UserDocsImages//ZPPI/Strategije%20-%20OGP/socijalna%20politika/strategija%20socijalne%20skrbi%20za%20starije%2014-2-14[1].pdf). — 3. GALIĆ S, MRČELA TOMASOVIĆ N, Priručnik iz gerontologije, gerijatrije i psihologije starijih osoba - psihologije starenja (Medicinska škola Osijek, Osijek, 2013.). — 4. BRAJKOVIĆ L, Indicators of life-satisfaction in elderly persons. PhD thesis. In Croatia (University of Zagreb, Zagreb, 2010). — 5. LOVREKOVIĆ M, LEUTAR Z, Socijalna ekologija, 19 (2010) 55. — 6. BLACK K, DOBBS D, YOUNG TL, Journal of Applied Gerontology, 34 (2015) 219. doi: 10.1177/0733464812463984 — 7. WORLD HEALTH ORGANIZATION, Active ageing: A policy framework, Strategy and action plan for healthy ageing in Europe 2012–2020. www.euro.who.int/en/who-we-are/governance. — 8. VULETIĆ G, STAPIĆ M, Klinička psihologija, 6 (2013) 45.
- 9. ALMEIDA AJ, PEREIRA DOS SANTOS AJ, PEREIRA RODRIGUES VMC, Revista latino-americana de enfermagem, 16 (2008) 1025. doi: 10.1590/S0104-11692008000600014 — 10. MINISTARSTVO ZA DEMOGRAFIJU, OBITELJ, MLADE I SOCIJALNU POLITIKU Strategija socijalne skrbi za starije osobe u Republici Hrvatskoj za razdoblje od 2017. do 2020. <http://www.mspm.hr/UserDocsImages//Vijesti2017//Strategija%20socijalne%20skrbi%20za%20starije%20osobe%20u%20RH%20za%20razdoblje%20od%202017.-2020.%20g.pdf> — 11. RUSAC S, VAHTAR D, VRBAN I, DESPOT-LUČANIN J, RADICA S, SPAJIĆ-VRKAŠ V, Narativi o dostojanstvu u starijoj životnoj dobi (Zaklada Zajednički put, Zagreb, 2016). — 12. BADUN M, Newsletter: Povremeno glasilo Instituta za javne financije, 17 (2015) 1. doi:10.3326/nlh.2015.100. — 13. HAIFENG L, YANG J, TIANYONG C, PLoS On, 9 (2014) 3. doi: 10.1371/journal.pone.0090051 — 14. COHEN S, American psychologist, 59 (2004) 676. doi: 10.1037/0003-066x.59.8.676 — 15. BERMAN J, FURST LM, Depressed older adults: Education and screening (Springer, New York, 2011). — 16. WILBY F, Journal of Gerontological Social Work, 54 (2011) 246. doi: 10.1080/01634372.2010.540074 — 17. LACKOVIĆ-

- GRGIN K, NEKIĆ M, PENEZIĆ Z, *Suvremena psihologija*, 12 (2009) 7. — 18. WEISSRS, The provision of social relationships. In: RUBIN Z (Ed): *Doing unto others: Joining, molding, conforming, helping, loving* (Prentice Hall, New York, 1974). — 19. NEKIĆ M, Skala socijalnih potreba. In: PENEZIĆ Z, ČUBELA ADORIĆ V, PROROKOVIĆ A, TUCAK JUNAKOVIĆ I (Eds): *Zbirka psihologijskih skala i upitnika, Svezak 4* (University of Zadar, Zadar, 2008.). — 20. MOEINI, B, BARATI, M, FARHADIAN, M, ARA, MH, *Korean journal of family medicine*, 39 (2018) 260. doi: 10.4082/kjfm.17.0121 — 21. NEKIĆ M, What we have to get from others to not feel lonely? In: *Proceedings (XV. Dani psihologije u Zadru, Zadar, 2006)*. — 22. LANGER EJ, *Counterclockwise* (V.B.Z, Zagreb, 2012.). — 23. ANDREW, N, MEEKS, S, *Aging & mental health*, 22 (2018) 183. doi: 10.1080/13607863.2016.1244804. — 24. HANSEN T, SLAGS-VOLD B, *Social Indicators Research*, 129 (2016) 445. doi: 10.1007/s11205-015-1111-6 — 25. WIESMANN U, BECKER ML, HANNICH HJ, *Gero-Psych*, 30 (2017) 71. doi:10.1024/1662-9647/a000166 — 26. UNSAR S, EROL O, SUT N, *International Journal of Caring Sciences*, 9 (2016) 1. — 27. ŞAHİN, DS, ÖZER, Ö, YANARDAĞ, MZ, *Educational Gerontology*, 45 (2019) 69. doi: 10.1080/03601277.2019.1585065. — 28. TSAI HH, TSAI, YF, TSA HHW, CHANG YC, CHU HH, *Aging and Mental Health*, 14 (2010) 947. doi:10.1080/13607863.2010.501057.

S. Zoranić

University of Dubrovnik, Branitelja Dubrovnika 41, 20000 Dubrovnik, Croatia

e-mail: sanja.zoranic@unidu.hr

UTJECAJ SOCIJALNE PODRŠKE NA ZADOVOLJSTVO ŽIVOTOM STARIJIH OSOBA U INSTITUCIJSKOJ SKRBI

SAŽETAK

Socijalna mreža svakog pojedinca ima veliku ulogu u procesu starenja, dok se socijalna podrška navodi kao jedan od značajnijih činitelja koji pridonose kvaliteti života osoba starije životne dobi. Nedovoljna socijalna uključenost pojedinca dovodi do usamljenost, što je česta pojava među starijim ljudima, a što u velikoj mjeri utječe na zadovoljstvo životom starijih ljudi. Cilj rada je istražiti percepciju postojanja socijalne podrške kod starijih osoba smještenih u domovima za starije i nemoćne osobe i njezin utjecaj na zadovoljstvo životom, kao i povezanost socijalne podrške i usamljenosti. U istraživanju je korištena Skala socijalnih zaliha koja predstavlja opću mjeru procjena trenutnih odnosa s važnim osobama u životu, uz Upitnik sociodemografskih podataka. Istraživanje je obuhvatilo 113 korisnika domova za starije i nemoćne u Dubrovačko-neretvanskoj županiji, starijih od 65 godina. Rezultati istraživanja pokazali su da postoje razlike u kvaliteti života starijih osoba u domovima za stare i nemoćne, kao i njihovog zadovoljstva životom, s obzirom na socijalnu podršku, te da je nedostatak podrške povezan s usamljenošću. Nadalje, rezultati istraživanja su pokazali da ne postoje statistički značajne razlike u kvaliteti života starijih osoba u postojanju socijalne podrške, u odnosu prema spolu ispitanika.