

Lejla Mustoo Bašer¹

Subjective Well-being of Female Nursing Home Residents and Elderly Widowed Females Living with Families

Perspective from Bosnia and Herzegovina

Abstract: Subjective well-being (SWB) with its challenges may have different meanings in different developmental milestones. Especially in late adulthood, perspectives of how the elderly perceive old age, either in positive attributes or unfavourable ways, may be significant precursors of experienced satisfaction and happiness. The main purpose of this research was to qualitatively explore the SWB among female nursing home residents and elderly females living with their families (N = 12). Results have shown a difference between those who are in care institutions from those who live with families. Women who are nursing home residents reported perceived lower life sense.

Keywords: subjective well-being (SWB), nursing home, family, elderly, women

¹ Lejla Mustoo Bašer, MA, Department of Psychology, Faculty of Arts and Social Sciences, International University of Sarajevo; e-mail: lmustoo@ius.edu.ba

Introduction

Nowadays, subjects in late adulthood are enabled to approach in which they may reconsider meanings of aging with opportunities that have not been presented in any moment in history. New trends are offering innovative ways (e.g. continuing education, focusing on neglected passion, choosing a new career) which overcomes rigid notions of what older age might be consist of (Age Wave, SunAmerica, 2011). In addition, in the past 50 years, life expectancy increases, and most individuals may expect to live into and beyond 60s, for the first time in history (Beard et al., 2016).

Ageing is an important developmental milestone of all human life, especially in the last phase, whereas capacities decreasing in the physical perspective, as well as increasing sensitivity and emotionality levels within the psychological facet (Panday & Kumar, 2017). Approaches toward ageing process may differ, in which individuals may experience variety of feelings on the spectrum from enjoyment and grace, to psychological difficulties (Panday & Kumar, 2017); furthermore, individuals in late adulthood are at greater risk for lower quality of life (Joo et al., 2019). Psychological well-being, traditionally, was defined by a lack of symptom distress such as lack of depression, anxiety, and other mental disorders, but over time, the term has taken on a more positive definition (Keyes & Magyar-Moe, 2003). Due to that, psychological well-being has become recognized as more than just an absence of distressful symptoms, including positive qualities women possess that can lead to mental health.

Understanding of subjective well-being (SWB) as well as dimensions of influencing factors on its consequences in late adulthood are increasingly being recognized (Courtin & Knapp, 2017). SWB, as an individual' own life evaluation should be perceived and considered as facet of good life (Diener, Oishi, & Tay, 2018). Higher SWB has been associated with longevity, good health (e.g. reduced inflammation, lowered risk of diseases), social behaviour (e.g. networks, social relationships), and productivity (e.g. cognitive flexibility, creativity) (De Neve et al., 2013). According to Steptoe, Deaton, & Stone (2015) health and SWB are closely linked to age and aging process as an important objective for health and economic policy, by referring to three wellbeing domains: eudemonic (e.g. life meaning, sense of purpose), evaluative (i.e. life satisfaction), and hedonic

(e.g. feelings of stress, sadness, pain, happiness). According to Ryff (1989) psychological well-being represents active engagement in a number of existential challenges, which include multidimensional construct comprised of six areas of positive functioning: Autonomy (degree of independence), Positive Relations with Others (warm and trusting relationships with others), Purpose in Life (feels there is meaning to present and past life), Personal Growth (feeling of continued development), Environmental Mastery (effective use of surrounding opportunities), and Self-Acceptance (possesses a positive attitude toward the self). Author also highlighted that positive hedonic states, life evaluation, and eudemonic well-being are relevant not only to health but also to quality of life as women age.

Social contact, loneliness, support or strain received from relational sources of partner, children, friends and family, are directly linked with perceived SWB in elderly subject, concluding that loneliness might have a role of mediator in a relationship between wellbeing and support/strain (Chen & Feeley, 2014; Joo et al., 2019). However, knowledge regarding intervention that would affect health and loneliness are still scarce, although awareness that loneliness and social isolation are risk factors for overall health are peculiarly problematic in old age, considering family dynamics changes, diminished social networks and economic resources (Courtin & Knapp, 2017). Furthermore, Siedlecki et al. (2013) highlighted quality of social relationship as one of the most consistent SWB predictor, considering that happy individuals live longer, have greater coping abilities, have larger social rewards, better immune system, are more cooperative and pro-social. Social isolation (perceived as a contact with family and friends) and loneliness showed association with increased mortality and impaired SWB and quality of life (Stephoe et al., 2013). Individuals who have relevant satisfactory relationship may reach support and rely on someone when they need it, while in opposite circumstances, they may not be able to obtain support, which is linked to sense of wellbeing; however, due to complex nature of social support, associations between social support and SWB is not clear yet (Siedlecki et al., 2013).

Study of Gordon et al. (2014) showed that nursing home residents showed multimorbidity, are physically dependent, have mild frequent behavioural symptoms, cognitive impairment, and polypharmacy; while exploring healthcare

arrangements of care home residents. In a systematic review of Van Malderen, Mets, & Gorus (2013) authors emphasized lack of systematic interventions effect on quality of life long- term care residents. This view is also supported by Panday & Kumar (2017) by referring to increasing interest and quality of life improvement covering in development programmes and care policies in nursing homes; however, fulfilment of such aims in practice is often not completed.

In a study of Koropecjy (2002) it is showed that elderly women have more intense loneliness and depressive feelings, especially if they have a lower education level and are divorced or widowed; in addition, higher level of loneliness and depression is found among mothers who lack excellent parent-child relationships. Pinqart & Sörensen (2001) referred that older women reported statistically significantly lower SWB and less positive self-concept than men on all measures, including consideration of happiness, life satisfaction, self-esteem, loneliness and subjective health.

Considering associations of life satisfaction and living arrangement of elderly, higher life satisfaction is found in those living with family than those living alone (Roh & Weon, 2020). Moreover, levels of all quality of life scales were higher among elderly living with families, compared to nursing home residents (Hedayati et al., 2014). However, when considering willingness of elderly to choose nursing home, study of Wang et al. (2022) showed that elderly females who have a high income, are already covered by medical insurance, have a nursing home near residence, have high educational levels, and are relatively young, are more eager to decide for nursing care. In addition, while referring to psychological drivers of choosing nursing home care, authors highlighted impact of intergenerational family support and whether individual are empty nesters or living alone, as well as whether they are being able to maintain self- care.

By referring to available sources, this is the first study with a sample of the Bosnian population that aimed to explore SWB perceptions of nursing home residents and widowed females living with families. Striving is to provide further explanation on possible facets of SWB among elderly females in different living arrangements.

Sample and data collection

The research question refers to how women, living in different residential accommodation, perceive their psychological well-being? Employed study design was qualitative. Individual interviews were employed with 12 respondents (N = 12), 6 of them from the private nursing home and 6 respondents living with their families. Sample was non-probabilistic convenient. In both groups, individuals provided consent, participated on voluntarily basis, reported having no psychological difficulties, no cognitive impairment, and were informed that their perspectives on subjective well-being will be discussed. With a prior agreement with the head of the institution and the social worker, the interview was conducted at the premises of the nursing home. By electronic means, a copy of the interview questions and the form for participation in the research were provided to present the purpose of study and evaluate whether these questions are appropriate for home users. Anonymity and protection of the recorded material during the interview was guaranteed. If one of the respondents could not understand the question, the same will be supported by the previously prepared example. The interview was conducted and recorded without the presence of the institution employee or other home users.

A similar procedure was conducted with participants who live with their families. With the prior consent of women, a copy of the interview questions and the consent form was provided. The interview was conducted and recorded without the presence of family members. Each interview was recording using voice recording via smartphone application.

Data analysis method

As instrument, four questions were developed reflecting the SWB. The Ryff Scale of Psychological Well-Being (Seifert, 2005), was used as incentive to construct interview questions. The Ryff Scale of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. These facets include the following: self-acceptance, the establishment of the quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and

values, the pursuit of meaningful goals and a sense of purpose in life, continued growth and development as a person.

Question content is following:

1. Can you tell us something about yourself, how long you have been in nursing home/ live with your family and why you decided to live in nursing home/ with family?
2. How would you describe your typical day, and your relations with women who live here/ your family?
 - 2.1 How important is for you to have new experiences that challenges your daily activities?
3. How would you describe yourself?
 - 3.1 What do you think about yourself?
4. How would you describe your purpose in life?
 - 4.1 How would you describe influence of other women to your decision-making process? (Influence of nursing home member or family members)

These questions are focused on measuring 6 dimensions:

- a. Environmental mastery (question 1; example of statement from area of well-being measured: In general, I feel I am in charge of the situation in which I live).
- b. Positive relations with others (question 2; example of statement from area of well-being measured: Women would describe me as a giving woman, willing to share my time with others).
- c. Personal growth (question 2.1.; example of statement from area of well-being measured: I think it is important to have new experiences that challenge how you think about yourself and the world).
- d. Self-acceptance (question 3. and 3.1.; example of statement from area of well-being measured: I like most aspects of my personality).
- e. Purpose in life (question 4; example of statement from area of well-being measured: Some women wander aimlessly through life, but I am not one of them).

- f. Autonomy (question 4.1.; example of statement from area of well-being measured: I have confidence in my opinions, even if they are contrary to the general consensus).

Findings

As mentioned above, qualitative descriptive analysis was performed to analyse the interviews. In total, twelve interviews were conducted for this study. Afterwards interviews recording, transcript of each interview speech was made. These data served as form which we used to explain, understand, and make interpretation of the participants and circumstances explored.

First time transcript was read with aim to obtain a general sense of the information and to reflect on its overall meaning. In second reading, transcript notes are formulated; which represent reflection of noticed ideas (e.g. war leads to destruction of family and left trauma, satisfaction with conditions within nursing home, women feel emotionally stable). Next step was collecting all notes, ideas on one place with aim to make preparation for codes. Ideas are organized according to three columns-major (what is common for all participants), unique (what is specific and interesting), leftover (information that are not relevant). After codes formation specific names were formulated for each code. At this stage of analysis, codes were: loneliness /missing (LMISS), loss of living motivation (LMOT), health conditions (HC), friendship importance (FI), satisfaction with current living conditions (SLC), challenges importance (C), existence of trauma (T), self- perception (P), Sense of life (S), locus of control for decision- making (DM), satisfaction of interpersonal relationships (SIR), perception of emotional stability (E), source of happiness (H), ability to carry out daily tasks and duties (A). Hence, we had list of codes, with representations of crucial ideas. Then, focus was returned to original transcript and it was coded again with formulated codes. Afterwards, categories of SWB were developed: physical (I, HC), psychological (LMOT, T, H, E, DM, S, P, LMISS), social (SIR, SLC, C, FI). From this stage, categories were reduced with aim to draw more specific conclusions. Seven final categories were constructed: satisfaction, friendship importance, decision making, challenges, living motivation, sense and perception, loneliness /missing.

Categories are following:

Satisfaction

-whether women feel in charge of the situation in which they live-

Satisfaction reflects to satisfaction in interpersonal relationships within nursing home/ with family members, and satisfaction of living conditions. The participants from both levels, nursing home/family members, showed satisfaction. However, the direction of satisfaction is different. Satisfaction parameter for nursing home residents are oriented to existence of generally positive relationships and basic needs satisfaction (e.g. food), whereas women living with families are more engaged in consideration of quality of relationship, and commitment.

“The accommodation is very nice, everyone is very nice and kind, the principal, the social worker, the medical staff, cleaning ladies, hygienists, everyone indeed is very nice and kind. The accommodation is nice, it is clean, it is neat, the food is very tasty, we have a nice cook here, I have no words to tell. Really.” (65, nursing home)

“It is good with everyone. This is mine, this is mine, everything is mine. I have no words to say. And the staff is fine, everyone. But nobody is guilty of the fact that I am alone. That’s all sad, sad...” (80, nursing home).

“Shortly, very well. They respect me, they obey me. If there was something I could do for them, I’d give my blood for them. And they are very nice to me as well, I mean that is it, even with my neighbours I am extremely satisfied. Everyone is very nice to me and in my neighbourhood in my children, I am speechless!” (81, living with her family)

Friendship importance

-existence of soul mate-

It is apparent that friendships seem to be very important aspects for women who live in nursing home; they usually reported that their roommate is their best friend with whom they can share carrying of daily activities. Respondent quote

below shows how much she perceives life as more difficult after her roommate passed away.

“My colleague and I talk what we dreamed. And now she’s gone. I get up, I open a door, a window. So I change, so I wash and so I comb my hair, I wash my teeth and sit down like this. Nothing, this is a difficult life. It’s not that hard because of staff, it’s hard (sad) for me, especially after she’s gone.” (76, nursing home)

However, women who live with their families, didn’t focused that significantly on friendships, they mentioned that they enjoy when they have any challenge in addition to their daily routine, such as occasionally going to walk with friend, or spending couple of hours per week with their friends.

“So my day is so that I rise up in the morning, I make morning commitments and then I drink coffee, I clean my room and my clothes, important for me is also to go out for coffee to my friend who is in neighbourhood or she come to me for a coffee.” (75, living with their family)

Decision - making -dependency/ independency in forming decision-

In this category, responses of females in nursing home refer to general preference to make decisions by themselves, considering only their reasons to take or not take specific action, and do not like others to interfere in this process. They are not willing to give up from their principles, wishes and needs.

On the other hand, for women living with their families, compromise is main facet in decision- making process; they are willing to change direction of their needs in regard to satisfy their family members. Generally, they do not like to decide anything by themselves.

“I don’t like others to make decisions! I am a very stubborn woman! It has to be the way I like! Even my children know that nowadays! What I decide, it’s the way it is! And it is always as mother says it is!” (67, nursing home)

“Well, I’d do it alone (make decision about something).” (75, nursing home)

“I would never make a decision on my own, especially my family, I like everyone to greet upon one decision! To ask my son, to consult them- my daughter in laws, even though they’re younger they are much smarter than I am. If it’s something nice I always suggest it, if they do like it, they like it, if they don’t... (Laughter) It doesn’t matter, yes. (Laughter)” (69, living with her family)

“Well, to be honest when I want something we usually talk about that, it is all about agreement, I can rarely make decision by myself, I have a son and I let him make a decision instead of me. I do not consider myself as a housewife.” (70, living with her family)

Challenges -like things that break routine-

We can consider significant differences in participant’s responses when it comes to openness for actions, new experiences that challenge way how women think about themselves and the world. Nursing home residents seem as uninterested in any possible challenge that can break daily routine, in majority of cases they distribute lack of any interest when it comes to new activity, they even are not sure if any activity is able to make them happy (the same response is present if some new activity is offered to them, as well as they have absence of challenging activities).

Women living with their families seem to be much more open for any activity that disturb/ challenge daily routine, expressing much higher enthusiasm. They have much more descriptions about activities that make them happy (e.g. some of them reported that they still enjoy in travelling, when they feel healthy).

“I loved it all (activities), and now I do not like to do it. There is nothing more to do to me. I just think about death, that’s the most.” (75, nursing home)

“Well let me tell you that it is important for me to find some nice company so that we go somewhere for a walk, to have a coffee, somewhere outside the house and my room. That would be a nice surprise, to hang out with nice pensioners, with that good person and that we find some common topic, story, conversation, which would cheer me up and that is a little bit different than I am at home.” (75, living with her family)

“When I feel healthy, I go to a picnic somewhere with a pensioner’s association.” (65, living with her family)

Motivation -reflects current progress of personal growth-

We recognized huge discrepancies in responses when it comes to living motivation. Nursing home residents showed almost nonexistence of living motivation, which greatly impacts to dynamics of their life; they feel unable to imagine future, and often imagining their extinction. Women living with their families showed much higher life enthusiasm, have much bigger motivation for living and to imagine future. In difference of nursing home residents, they find joy and pleasant feelings in carrying daily tasks and duties. They are able to have continuous engagement in hobbies.

“Well, I would like to do more activities than sitting and lying all day, but in this hand and in these legs...I don’t feel energy; I liked to work, but now... I sometimes even don’t want to eat.” (75, nursing home resident)

“Sometimes, I enjoy in crocheting. But usually, I don’t need to do something. I don’t feel good.” (80, living in nursing home)

“I still love to cook, when my joints are mobile enough, I love watching soap operas, and enjoy the most in spending time with my granddaughters.” (81, living with her family)

**Sense (of life) and perception (self-perception, life perception)
-represent self-acceptance-**

In this category, discrepancies were easily recognizable. Some of nursing home residents even could not imagine and describe sense. Those who reported their thoughts, significantly focus on health importance. Generally, according to nursing home residents, if a woman loses health, everything is lost.

Women living with their families have, at first, wider descriptions and interpretations of sense; easily describe individual perceptions about particular area, focuses on more aspects in women's life- professional, religious, private, generally social interactions, religious aspects.

“Purpose of life is to have, to be happy with one's family, for example family that you live with, not to struggle, to have the fundamental things for life. I have no desire for wealth, it is not important. I do not mind if someone is more endowed, that is his destiny. But...you know, that is the point of my life, the carelessness and that one is not ill.” (85, living with her family)

“Well, let me tell you that I do not think anything bad about myself, I think everything good about myself because thanks God I am healthy, I still have strength to work, to do some things, not some physical but ordinary things, to move a little bit and that I do not lie down on the bad all day. Purpose is to find your meaning and to understand that God always takes care of you, to find good women and to learn what you're interested in.” (75, living with her family)

“The meaning of life! It is the only meaning of life for me to be healthy but if not, that God give me a soft death, I only want it. Just to recover, to get myself up to my feet to go to the toilet.” (75, living in nursing home)

“What I think about myself? I'm a poor and miserable old and sick, what else? I do not have another word. If I were younger to ask for some help, but nothing like that. I've already crossed the border. I'm 80 years old.” (80, living in nursing home)

“Sense? There is no sense at all.” (83, living in nursing home)

“Well the meaning of life is to firstly believe in yourself, then to believe others. There. But when life disappoints, you cannot believe what you want.” (65, living in nursing home)

Loneliness / missing -referring to the past, not future-

The most striking characteristics preference in nursing home residents was loneliness. Generally, they do not report literally that they feel lonely, but majority of their words about any particular topic is primarily related to huge gap of lonely feeling. The almost only activity in which they completely cognitively engage is remembering. They can hardly see the future, or even cannot at all, but when it comes to past, their descriptions are rich, colourful, dynamic. At most, they miss their family, and regret for days when they were younger.

Women living with their families, have not reported either directly nor indirectly anything related to loneliness or expressions related to any kind of missing the life in their past. They are more able to preserve self- image, don't reflect to past too frequently, seldom expressed regretting or not at all, more aware of current moment and situation, able to imagine future, make plans of activities, seek for new challenges.

“And they come to me (children) whenever they come here to vacation, they call me on the phone. The kids are nice. When they call me it is like the sun is gushing me. I wish to hear them more often. That's all that makes smile to me.” (67, nursing home)

“I'm talking to you like your mom, it's hard to be alone. Do not make much choice. You know what I say? God just give me a nice death and that someone come to say goodbye to me. What am I looking for? Nothing.” (83, nursing home)

“I'm almost always surrounded by grandsons and granddaughters, and you know, children are naughty, you always have to take care of them, I don't have time to think about past (laugh).” (65, living with her family)

*“I don’t think often about something that happened much time ago. Occasionally yes, but you know, I passed many obstacles, hard times; I don’t want to refer too much and remember. The children are healthy, we are not in war, we have house, we have food, that’s most important”.
(85, living with her family)*

Regardless of the mentioned categories, when approaching these women, differences in their verbal expressions were immediately felt- females living with their families somehow expressed themselves more easily than nursing home residents; females living with families often smiled but no women from nursing home smiled during the interview. Some nursing home residents focused on their trauma of war as factor that had changed the pace of their life from satisfaction to dissatisfaction, especially in economic sense, they believe that war contributed to their current non- satisfactory circumstances. Some of the women living with families reported that they mostly enjoy in the activities of altruistic nature, and no participants from nursing home reported same or similar.

Discussion and Conclusion

The aim of this study was to explore SWB among females living in different living arrangements. By referring to the satisfaction they feel, according to data, both groups were satisfied with the quality of life in institution or in their homes, although relevance of facets in living arrangements were perceived different in different groups. Women living in nursing homes get various programs to stay active, maintain their social life, and be occupied with various activities, however, they expressed more loneliness. These programs are implemented in form of workshops that the employees and psychologists organizing and there are also institutions offering this nature of activities for elderly in general, but most of respondents in this study living with families were not familiar and are not participating in such. Comprehensive nursing home programmes promoting social openness, empowerment, and participation are also supported by Buedo-Guirado et al. (2020). According to Yoon (2018) life satisfaction may be mediated by nursing home adjustment.

In the section exploring friendship networks, interviews showed that for both groups, friendship was important life facet; however, for the females in nursing home friends were primary social support system, for differences of those living with families. According to study of Casey et al. (2015) it is significant to explore perceptions of social support; although some residents have friendships, it did not align with friendship expectations. This study did not explore initial friendship expectation, which is limitation in interpreting this finding. Study of Bitzan & Kruzich (1990) showed that one- half (52%) of nursing home residents reported close relationships with a person outside and person inside of nursing home, with important determinants whether elderly before becoming nursing home residents suffered from lack of access to social support and friends, lived independently, and what was the proximity of nursing home location and prior neighbourhood. In this study, no nursing home resident reported having friend outside of nursing home social context.

Referring to decision- making process, women from the nursing homes mostly want to make decisions by themselves and do not want to consult with others, while women living with their family believe that it is very important to first consult with their families and therefore make a final decision based on shared opinion. One respondent who live with family believed her children are smarter than she is, which may reveal further insights regarding perceived self-concept and approach to ageing, that possibly may be linked with autonomy in process of decision making. According to Shawler et al. (2001) nursing home residents showed need for adaptability and predictability in decision making, although nursing facilities may contribute to gradual withdrawal pattern of decisional autonomy from other residents regardless of their ability to make decisions. However, in a longitudinal study of High & Rowles (1995) nursing home residents showed progressive health and cognitive ability decline, followed by decision making capacity parallel progressive loss.

In the category challenges, females in nursing facilities were not interested or even encouraged for potential challenges. They expressed no motivation for such endeavour. Possible facets that need to be considered may refer to lack of resources, challenges presented in self- determination, autonomy, adaptation, and acceptance (Bollig, Gjengedal, & Rosland, 2016).

While referring to living motivation, loneliness, missing and self-perception, the findings showed that women living in nursing homes have less motivation and desire for life than women living with their families. Lower motivation was often explained by absence of perceived sense in life while women living with families reported more motivation oriented toward different activities, and feel supported by family members. According to Altintas et al. (2018) higher levels of self-determined motivation was linked with adaptation to nursing home living and life satisfaction. According to Jansson et al. (2017) in institutional setting of nursing home, loneliness may have severe consequences and deserves more attention in research and practice, and by interventions development that alleviate residents loneliness, relevant improvements in SWB may be reached. However, talking about own feelings of loneliness was not easy for most nursing home residents, and such feelings vary in intensity and reference, from being alone, experiencing boredom, to not feeling at home, which is also supported by study of Plattner, Brandstötter, & Paal (2021). Women living with families reported that they do not feel lonely and that they do not feel lack of anything, while those who live in nursing homes reported the opposite. If they are ill, the only relief they can see is to die.

This study is conducted in only one nursing home (private institution, in which practices may differ from state institution), which limits generalization of the obtained results. In addition, the prior life events were not included in selection criteria (e.g. existence of trauma, family background, career success).

Cognition of relevant experience facets of elderly individuals in living arrangement of nursing homes and families within the framework of Bosnia and Herzegovina may be significant to take into account while considering improvement the medical services, and especially ageing care services. Moreover, studies exploring circumstances within nursing home settings may provide insights for perspectives of alleviating the social and psychological difficulties and pressures (Wang et al., 2022). For policies development in striving for prosperity support and improved life of quality in elderly individuals, opportunities for active life, learning, self-fulfilment, education are necessary, which may represent a basic step to reach an optimum health in ageing (Panday & Kumar, 2017).

Expressing gratitude and practicing kindness are, among variety of others, simple intentional activities which may lead to increasing happiness; which may

be significant to consider how to implement such practices in order to increase SWB in nursing home residents, by referring to features of individuals (e.g. their effort, motivation), and positive activities features (e.g. their variety, dosage), by reflecting mediating variables of positive thoughts, emotions, and behaviour, and need satisfaction (Lyubomirsky & Layous, 2013).

Future research may focus on investing health and medical resources within aim of prevention and health maintaining targeted to elderly population in nursing homes. According to Liu et al. (2019) in such striving it is significant to provide reachable sources of guidance, education, intervention in health behaviours of elderly, motivating them to correct unhealthy behavioural patterns, enable more focus on individuals living outside of city area, oldest elderly, female elderly, and especially those with lower educational levels.

Subjektivna dobrobit štićenica domova za njegu starijih i starijih udovica koje žive s porodicom

Perspektive iz Bosne i Hercegovine

Sažetak: Subjektivno blagostanje (SWB) sa svojim izazovima može imati različita značenja u različitim razvojnim prekretnicama. Osobito u kasnoj odrasloj dobi, perspektive o tome kako starije osobe percipiraju starost, bilo u pozitivnim ili nepovoljnim aspektima, mogu biti značajni prethodnici doživljenog zadovoljstva i sreće. Glavna svrha ovog istraživanja bila je kvalitativno istražiti SWB među štićenicama domova za starije i starijih osoba koje žive sa svojim porodicama (N = 12). Rezultati su pokazali razliku između onih koji su u ustanovama za njegu i onih koji žive s porodicom. Žene koje su štićenice domova za njegu starijih prijavile su percipirani niži životni smisao.

Ključne riječi: subjektivno blagostanje (SWB), dom za njegu starijih, porodica, starije osobe, žene

References:

- Age Wave, SunAmerica. Age Wave/SunAmerica Retirement Reset Study. Los Angeles, CA: Age Wave, SunAmerica, 2011.
- Altintas, E., Guerrien, A., Vivicorsi, B., Clément, E., & Vallerand, R. J. (2018). Leisure activities and motivational profiles in adaptation to nursing homes. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 37(3), 333-344.
- Beard, J. R., Officer, A., De Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., ... & Chatterji, S. (2016). The World report on ageing and health: a policy framework for healthy ageing. *The lancet*, 387(10033), 2145-2154.
- Bitzan, J. E., & Kruzich, J. M. (1990). Interpersonal relationships of nursing home residents. *The Gerontologist*, 30(3), 385-390.
- Bollig, G., Gjengedal, E., & Rosland, J. H. (2016). Nothing to complain about? Residents' and relatives' views on a "good life" and ethical challenges in nursing homes. *Nursing ethics*, 23(2), 142-153.

- Buedo Guirado, C., Rubio Rubio, L., Dumitrache Dumitrache, C. G., & Romero Coronado, J. (2019). Active aging program in nursing homes: Effects on psychological well-being and life satisfaction.
- Casey, A. N. S., Low, L. F., Jeon, Y. H., & Brodaty, H. (2016). Residents perceptions of friendship and positive social networks within a nursing home. *The Gerontologist*, 56(5), 855-867.
- Chen, Y., & Feeley, T. H. (2014). Social support, social strain, loneliness, and well-being among older adults: An analysis of the Health and Retirement Study. *Journal of Social and Personal Relationships*, 31(2), 141-161.
- Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), 799-812.
- De Neve, J. E., Diener, E., Tay, L., & Xuereb, C. (2013). The objective benefits of subjective well-being. *World happiness report*.
- Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour*, 2(4), 253-260.
- Gordon, A. L., Franklin, M., Bradshaw, L., Logan, P., Elliott, R., & Gladman, J. R. (2014). Health status of UK care home residents: a cohort study. *Age and ageing*, 43(1), 97-103.
- Hedayati, H. R., Hadi, N., Mostafavi, L., Akbarzadeh, A., & Montazeri, A. (2014). Quality of life among nursing home residents compared with the elderly at home. *Shiraz E-Medical Journal*, 15(4).
- High, D. M., & Rowles, G. D. (1995). Nursing home residents, families, and decision making: Toward an understanding of progressive surrogacy. *Journal of Aging Studies*, 9(2), 101-117.
- Jansson, A. H., Muurinen, S., Savikko, N., Soini, H., Suominen, M. M., Kautiainen, H., & Pitkälä, K. H. (2017). Loneliness in nursing homes and assisted living facilities: Prevalence, associated factors and prognosis. *Journal of Nursing Home Research*, 3, 43-49.
- Joo, C. L., Park, J. J., Kim, A., Park, N. L., Lim, J., & Park, H. S. (2019). Health behaviors and lifestyle patterns of elderly living alone in Korea. *Korean Journal of Family Practice*, 9(3), 247-253.
- Keyes, C. L. M., & Magyar-Moe, J. L. (2003). The measurement and utility of adult subjective well-being. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 411-425).
- Koropecj-Cox, T. (2002). Beyond Parental Status: Psychological Well-Being in Middle and Old Age. *Journal of Marriage and Family*, Vol. 64, No. 4 (Nov., 2002), pp. 957-971.
- Liu, E., Feng, Y., Yue, Z., Zhang, Q., & Han, T. (2019). Differences in the health behaviors of elderly individuals and influencing factors: Evidence from the Chinese Longitudinal Healthy Longevity Survey. *The International Journal of Health Planning and Management*, 34(4), e1520-e1532.

- Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being?. *Current directions in psychological science*, 22(1), 57-62.
- Panday, R., & Kumar, P. (2017). Quality of life among elderly living in old age home: A brief overview. *Delhi psychiatry journal*, 20(2), 1-6.
- Pinquart, M. & Sörensen, S. (2001). Influences on Loneliness in Older Adults: A Meta Analysis. *Basic and Applied Social Psychology*, Vol. 23, 2001. Issue 4, pp. 245-266.
- Plattner, L., Brandstötter, C., & Paal, P. (2022). Einsamkeit im Pflegeheim–Erleben und Maßnahmen zur Verringerung: Eine Literaturübersicht. *Zeitschrift Fur Gerontologie Und Geriatrie*, 55(1), 5.
- Roh, M., & Weon, S. (2022). Living arrangement and life satisfaction of the elderly in South Korea. *Social Indicators Research*, 160(2-3), 717-734.
- Ryff, C. D. (1989). Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well- Being. *Journal of Personality and Social Psychology*. Vol. 57, No. 6, pp. 1069-1081.
- Shawler, C., Rowles, G. D., & High, D. M. (2001). Analysis of key decision-making incidents in the life of a nursing home resident. *The Gerontologist*, 41(5), 612-622.
- Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2014). The relationship between social support and subjective well-being across age. *Social indicators research*, 117, 561-576.
- Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet*, 385(9968), 640-648.
- Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all- cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797-5801.
- Van Malderen, L., Mets, T., & Gorus, E. (2013). Interventions to enhance the quality of life of older people in residential long-term care: A systematic review. *Ageing research reviews*, 12(1), 141-150.
- Wang, C., Zhang, F., Pan, C., Guo, S., Gong, X., & Yang, D. (2022). The Willingness of the Elderly to Choose Nursing Care: Evidence From in China. *FRONT PSYCHOL.* 2022; 13: 865276.
- Yoon, J. Y. (2018). Relationships among person-centered care, nursing home adjustment, and life satisfaction: a cross-sectional survey study. *International psychogeriatrics*, 30(10), 1519-1530.