

# Razlike u samoprocjeni samopoštovanja, socijalne i emocionalne usamljenosti s obzirom na sociodemografske karakteristike starijih osoba

## */ Differences in Self-Assessment of Social and Emotional Loneliness and Self-Esteem with Regard to Sociodemographic Characteristics of the Elderly*

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**Uvod:** Usamljenost se karakterizira kao neugodna, bolna, anksiozna čežnja za drugom osobom ili osobama, koja nastaje kada se osoba osjeća odbačenom, otuđenom ili neshvaćenom od drugih te joj nedostaje društvo za socijalne aktivnosti i emocionalnu intimnost. Svrha istraživanja je usporediti razlike u samoprocjeni socijalne i emocionalne usamljenosti te samopoštovanja s obzirom na mjesto stanovanja sudionika (dom umirovljenika ili vlastita kuća), sociodemografske karakteristike sudionika (spol, dob, bračno stanje, razina obrazovanja) i zdravstveno stanje. **Sudionici i metode:** Za prikupljanje primarnih podataka odabran je prigodan uzorak slučajnim odabirom od 379 sudionika na području Varaždinske i Međimurske županije pri čemu je u istraživanju sudjelovalo 178 sudionika koji žive u kućama i 201 sudionik iz domova umirovljenika. Kao instrumenti istraživanja korišteni su ovi upitnici: Rosenbergova ljestvica samopoštovanja, Ljestvica socijalne i emocionalne usamljenosti te polustrukturirani upitnik sociodemografskih podataka konstruiran za potrebe ovog istraživanja. **Rezultati:** Rezultati su pokazali da su sudionici u domu umirovljenika koji imaju nižu razinu obrazovanja i lošije zdravstveno stanje ujedno iskazali nižu razinu samopoštovanja, a neudati/neoženjeni sudionici su iskazali veću razinu usamljenosti u ljubavi i usamljenosti u obitelji. Kod sudionika u kućama rezultati su pokazali kako su sudionici stariji od 85 godina svoje samopoštovanje procijenili najnižim te su iskazali najveću socijalnu usamljenost i usamljenost u ljubavi. **Zaključak:** S obzirom da je usamljenost složen konstrukt, potrebno je provoditi daljnja, kontinuirana istraživanja iz drugih perspektiva kako bi se mogli razviti modeli prevencije te povećala kvaliteta života osoba starije životne dobi.

***Background:** Loneliness is characterised as an unpleasant, painful, anxious longing for another person or persons, occurring when one is feeling rejected, alienated or not understood by others and misses the company of others for social activities and emotional intimacy. The purpose of this study was to compare the level of perceived social and emotional loneliness in two groups of elderly people, one in institutions/retirement homes and the other in their homes/households, and determine to which extent loneliness was linked with self-esteem and sociodemographic variables of the examinees.*

***Subjects and Methods:** In order to gather primary data, a random sample of 379 participants from Varaždin and Međimurje County was selected, with 178 participants living in their homes and 201 institutionalized in retirement homes. The following questionnaires were used as the research instruments: Rosenberg's Self-Esteem Scale, Emotional and Social Loneliness Scale, Self-Care Scale, and a semi-standardized questionnaire of sociodemographic data that was designed for the needs of this study.*

***Results:** The results showed that the participants who live in retirement homes and have a lower level of education and worrisome health conditions also have a lower level of self-esteem, while the unmarried participants showed a higher*

level of loneliness in love and family. The results of those living in their home showed that the participants older than 85 estimate their self-esteem the lowest and had the highest level of social loneliness and loneliness in love.

**Conclusion:** Given that loneliness is a complex notion, it is necessary to conduct further research from different perspectives in order to develop prevention models, and thus prevent the consequences of loneliness, with the aim of achieving increased quality of life for the elderly.

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#### KLJUČNE RIJEČI / KEYWORDS:

Samopoštovanje / *Self-esteem*  
Usamljenost / *Loneliness*  
Starije osobe / *The elderly*  
Domovi umirovljenika / *Retirement homes*

#### TO LINK TO THIS ARTICLE:

## UVOD

Porastom životnog vijeka briga i skrb za osobe starije životne dobi su međunarodni izazov i javnozdravstveni imperativ pa je stoga potrebno promicati zdravo, aktivno starenje i dobrobit starijih osoba (1). Usamljenost je značajan stresor i poznat uzrok mnogih kroničnih zdravstvenih problema u različitim populacijama te „uzrokuje pad funkcionalnosti i porast smrtnosti u velikim uzorcima starijih osoba iz više različitih kultura“ (2-5). Tako razlikujemo socijalnu usamljenost koja se odnosi na neuključenost u socijalnu mrežu, zatim emocionalnu usamljenost koja se javlja prigodom odsustva bliskog odnosa te usamljenost koja proizlazi iz nezadovoljstva obiteljskim i romantičnim odnosima (6). Većina ljudi koji se osjećaju usamljeno pokušavaju se riješiti samoće prije nego što ona postane ekstremna i to najčešće ostvarivanjem novih društvenih veza (7). Naime, starije osobe suočavaju se s brojnim izazovima kako bi ostale društveno aktivne, ali nedavna istraživanja (8-12) pokazuju veliku raznolikost u dobnim promjenama

## INTRODUCTION

The increased life expectancy and care for the elderly represent an international challenge and a public health imperative, so it is necessary to promote healthy, active aging and the well-being of older people (1). Loneliness is a significant stressor and is known to cause many chronic health problems in different populations; it also “causes functional decline and increase in mortality in large samples of older people from multiple cultures” (2-5). Therefore, we distinguish social loneliness, which refers to exclusion from social networks, emotional loneliness, which occurs during the absence of a close relationship, and loneliness which derives from a dissatisfied family and romantic relations (6). Most people who feel lonely try to get rid of loneliness before it becomes extreme, most commonly through new social relations (7). In fact, older people are faced with a number of challenges so as to stay socially active, but recent research (8-12) shows diversity in age changes and social life satisfaction. Social relations and social

i zadovoljstva socijalnim životom. Društveni odnosi i socijalna integracija ključni su za emocionalno ispunjenje i razvoj tijekom života, pri čemu izvor zadovoljstva i socijalne podrške starijima čine društvo i emocionalna potpora njihove djece, rođaka i prijatelja s kojima starije osobe uživaju u zajedničkom provođenju vremena znajući da uz sebe imaju dobro poznate osobe kojima se mogu obratiti za pomoć ako se za to ukaže potreba (13,14). Promjena boravišta uzrokuje neugodnosti u bilo kojoj dobi, ali je posebno teška u starosti pri čemu je za stariju osobu promjena mjesta boravišta često praćena socijalnom izolacijom, problemima u prilagodbi i osjećajem da se nekome nameće ili da joj se netko nameće (15,16). Općenito se pretpostavlja da bi većina starijih ljudi što je duže moguće željela ostati kod svoje kuće, no zbog produženog životnog vijeka i opadanja funkcionalne sposobnosti sve veći broj starijih osoba živi u domovima (17-19). Zbog toga je prigodom smještaja u ustanovu potreban ponajprije dobrovoljni pristanak starije osobe (20). Temeljem navedenog poštivanje autonomije kod starijih osoba u domovima umirovljenika je poseban izazov, jer mnoge starije osobe doživljavaju stvaran i stalan gubitak neovisnosti i autonomije s obzirom da institucionalni zahtjevi otežavaju potpuni individualni pristup (21). Nadalje, starije osobe koje žive u domovima često bivaju stereotipizirane kao nemoćne i nesamostalne, odnosno ako je osoba smještena u dom za starije i nemoćne „ona je automatski gledana kroz prizmu nedostataka/slabosti, a ne očuvanih sposobnosti, a identitet te iste osobe se gubi, jer je klasificirana na temelju zajedničkih obilježja grupe u kojoj se nalazi“ (22) što se svakako može odraziti na gubitak samopoštovanja. Osobe s niskim samopoštovanjem imaju malo povjerenja u sebe i ne osjećaju se ugodno u društvenim interakcijama (23). Također, niska razina samopoštovanja doprinosi povećanoj razini usamljenosti i obrnuto, odnosno visoka razina usamljenosti doprinosi niskom samopoštovanjem (23).

integration are key to emotional fulfilment and development throughout life, whereby the source of satisfaction and social support for the elderly are the company and emotional support of their children, relatives and friends with whom they enjoy spending time with, knowing that they have people close to them who they can turn for help if they need it (13,14). Changing residences causes discomfort at any age, but is particularly difficult in the old age, whereby changing the place of residence is often followed by social isolation, problems of adaptation and the feeling of intruding or being intruded on by someone (15,16). It is generally assumed that most elderly would prefer to stay in their home as long as possible, but due to a prolonged life span and declined functional ability, a growing number of elderly people live in retirement homes (17-19). For this reason, voluntary consent of the elderly person is needed for accommodation in the institution (20). Based on the above, respecting the autonomy of elderly people in retirement homes represents a special challenge, as many elderly people experience a real and permanent loss of independence and autonomy since institutional requirements make it difficult for a completely individual approach (21). Furthermore, elderly people living in homes are often stereotyped as helpless and dependent, i.e. if a person is placed in a home for the elderly and infirm, one is automatically looked through the prism of disadvantages / weaknesses and not preserved abilities, and the identity of that person is lost because it is classified based on the common features of the group in which it finds itself, which can certainly result in the loss of self-esteem (22). People with low self-esteem have little confidence in themselves and do not feel comfortable in social interactions (23). Additionally, a lower level of self-esteem contributes to a higher level of loneliness and vice versa: a high level of loneliness contributes to low self-esteem (23).

## CILJ ISTRAŽIVANJA, ISTRAŽIVAČKI PROBLEMI I HIPOTEZE

Vodeći se dosadašnjim istraživanjima koja su pokazala kako je promjena boravišta u starijoj životnoj posebno teška te nepovoljno utječe na socijalni i emocionalni život starijih osoba (15,16,21,22), cilj ovog istraživanja je utvrditi razlike u samoprocjeni socijalne i emocionalne usamljenosti te samopoštovanja s obzirom na mjesto stanovanja starijih osoba (dom za starije osobe ili vlastita kuća), sociodemografske karakteristike (spol, dob, obrazovanje, bračno stanje) i zdravstveno stanje starijih osoba.

Prvo istraživačko pitanje koje smo postavili jest postoji li razlika između starijih osoba koje žive u domu umirovljenika i starijih osoba koje žive u kućama u samoprocjeni samopoštovanja, socijalne usamljenosti i emocionalne usamljenosti (usamljenosti u ljubavi i usamljenosti u obitelji). S obzirom na rezultate ranijih istraživanja (15-18,23), pretpostavljamo da će sudionici u ovom istraživanju koji žive u domovima umirovljenika iskazati nižu razinu samopoštovanja a veću razinu usamljenosti u sve tri dimenzije usamljenosti (socijalna usamljenost, usamljenost u ljubavi i usamljenost u obitelji).

Drugo istraživačko pitanje koje smo postavili jest postoji li razlika u samoprocjeni samopoštovanja te socijalne i emocionalne usamljenosti s obzirom na spol (muški i ženski), dob (65-74, 75-84 i stariji od 85 godina), bračno stanje (neudana/neoženjen, udovac/ica, razveden/a, u braku), razinu obrazovanja (osnovna škola, srednja škola i viša i/ili visoka škola) te zdravstveno stanje sudionika (izvršno i dobro ili zabrinjavajuće). S obzirom na rezultate ranijih istraživanja (6,22,36-38) pretpostavljamo da će žene u obje skupine sudionika iskazati niže samopoštovanje a veću socijalnu i emocionalnu usamljenost. Što se tiče dobi, pretpostavljamo da će porastom dobi sudionici u objema skupinama procjenjivati niže samopoštovanje a veću socijalnu i emocionalnu usamljenost. Također

## STUDY OBJECTIVE, RESEARCH PROBLEMS AND HYPOTHESES

Guided by previous research that showed that change of residence in elderly age is particularly difficult and adversely affects the social and emotional lives of the elderly (15,16,21,22), the aim of this study was to determine the differences in self-assessed social and emotional loneliness and self-esteem with respect to the place of residence of the elderly (retirement homes or their own home), sociodemographic characteristics (sex, age, education, marital status) and their health.

The first research question we asked as whether there was a difference between older people living in retirement homes and older people living in their own homes in self-assessment of self-esteem, social loneliness and emotional loneliness (loneliness in love and loneliness in family). Given the results of previous studies (15-18,23), we assumed that participants in this study living in retirement homes will show a lower level of self-esteem and a higher level of loneliness in all three dimensions of loneliness (social loneliness, loneliness in love and loneliness in family).

Another research question we asked was whether there was a difference in self-assessment of self-esteem and social and emotional loneliness with regard to gender (male and female), age (65-74, 75-84 and older than 85), marital status (unmarried, widowed, divorced, married), level of education (elementary school, high school and higher education and / or university) and health of the participants (excellent and good or worrisome). Given the results of earlier studies (6,22,36,37,38), we assumed that women in both groups will show lower self-esteem and greater social and emotional loneliness. As far as age was concerned, its increase lowers the assessment of self-esteem and brings greater social and emotional loneliness. Participants

pretpostavljamo da će sudionici u objema skupinama koji su neudani/neoženjeni ili udovci/ice, nižeg obrazovanja te zabrinjavajućeg zdravstvenog stanja iskazati niže samopoštovanje i veću razinu socijalne i emocionalne usamljenosti.

in both groups who were unmarried or widowed, with lower education and worrisome health conditions, were also expected to show lower self-esteem and a higher level of social and emotional loneliness.

## METODOLOGIJA

### Sudionici

Za prikupljanje primarnih podataka odabran je prigodni uzorak od 379 sudionika na području Varaždinske i Međimurske županije. Taj dio uzorka sastojao se od sudionika koji žive u domovima umirovljenika (šest domova) i sudionika koji žive u kućama (tablica 1). Prosječna dob sudionika koji žive u domovima za starije iznosila je 80,64 godine (SD=6,48), a za sudionike koji žive u kućama 71,41 godinu (SD=5,77). U objema skupinama najveći je broj sudionika ženskog spola pri čemu je u domu umirovljenika sudjelovalo 70,6 % žena, 28,9 % muškaraca (0,5 % nije popunilo taj dio u upitniku), a od sudionika koji žive u kućama sudjelovalo je 68,0 % žena te 32,0 % muškaraca. Što se tiče bračnog stanja, gotovo podjednak broj sudionika koji žive u kućama su udovci/udovice (44,4 %) te u braku (43,8 %), dok je kod sudionika u domovima umirovljenika više udovaca/udovica (69,7 %), a u braku je svega 10,0 % sudionika. U domovima

## METHODOLOGY

### Participants

In order to gather primary data, a suitable sample of 379 participants from Varaždin and Medimurje County was selected. Part of the sample consisted of participants living in retirement homes (6 retirement homes) and part were participants living in their own homes (**Table 1**). The average age of participants living in retirement homes was 80.64 (Standard Deviation (SD) =6.48) years, while those in their homes were aged 71.41 years (SD=5.77). In both groups, the number of female participants was higher, with 70.6% of women living in retirement homes and 28.9% of men in retirement homes (0.5% did not fill out that part in the questionnaire), while 68.0% of the participants living in their home were women and 32.0% were men. As for marital status, almost the same number of participants living in their houses were widowed (44.4%) and married (43.8%),

**TABLE 1.** Participants with regard to place of residence and list of participating retirement homes

		Frequency	Percentage
Place of residence	Retirement homes	201	53.0%
	House/household	178	47.0%
	Total	379	100.0%
Retirement homes	Caritas' home "Sv. Ivan Krstitelj"	27	13.4%
	Home for the elderly and infirm persons "Novinšča"	42	20.9%
	Home for the elderly and infirm persons Varaždin	64	31.8%
	Home for the elderly and infirm persons Sv. Ana	29	14.4%
	Home for the Elderly and Infirm People "Novi Život"	25	12.4%
	Home for the Elderly and Infirm People "Matija"	14	7.0%
	Total	201	100.0%



umirovljenika je 12,4% sudionika razvedeno, a neudano/neoženjeno 8 % sudionika, dok je od sudionika u kućama 5,6 % razvedeno, a neudano/neoženjeno 6,2 %. Od sudionika u kućama, 41,0 % ima završenu osnovnu školu, 44,4 % ima završenu srednju školu, a 14,6 % ima završenu višu i/ili visoku školu. U domovima umirovljenika 50,2 % sudionika ima završenu osnovnu školu, 35,8 % završenu srednju školu, a 11,0% ima završenu višu i/ili visoku školu.

Iz tablice 1 vidimo kako 47,0 % sudionika živi u kućama, a 53,0 % u domovima umirovljenika. Tako je u Caritasovom domu „Sv. Ivan Krstitelj“ sudjelovalo 13,4 % sudionika, u domu „Novinščak“ 20,9 %, u domu „Varaždin“ 31,8 %, u domu „Sv. Ane“ 14,4 %, u domu „Novi Život“ 12,4 % te u domu „Matija“ 7,0 % sudionika.

## Postupak

U istraživanje nisu bili uključeni sudionici s težim psihofizičkim bolestima (poput demencija, shizofrenije, PTSP-a, uznapredovalih stadija malignih bolesti, CVI s posljedicom afazije i potpune nepokretnosti i slično), odnosno u istraživanju su mogli sudjelovati samo oni sudionici koji su sposobni sami se brinuti za sebe tijekom obavljanja svakodnevnih zadataka (hranjenje, hodanje, presvlačenje, kupanje). Istraživanje se provodilo u razdoblju od početka mjeseca siječnja do konca mjeseca travnja 2017. godine. Sudionicima je naglašeno da je sudjelovanje u istraživanju anonimno i dobrovoljno te da će u prosjeku trajati oko trideset minuta i da u svakom trenutku mogu prekinuti sudjelovanje ako za tim osjete potrebu. Kod sudionika koji žive u svojim kućama odabran je prigodni uzorak do kojeg smo došli putem Udruge umirovljenika. Ispitivači su sudionike posjetili u njihovim kućama pri čemu su ih ispitivači upoznali sa svrhom istraživanja te im je ponuđen anketni upitnik samo ako su izrazili želju da sudjeluju u istraživanju. Za sudionike koji su smješteni u domovima za starije ispitivanje su proveli socijalni radnici i radni terapeuti i to u sobama

while there were widowed participants among those living in retirement homes (69.7%) compared with married ones (10.0%). 12.4% of the participants who lived in retirement homes were divorced and 8.0% unmarried, while among those living in their homes 5.6% were divorced and 6.2% unmarried. Among the participants living in their houses, 41.0% completed elementary school, 44.4% completed high school and 14.6% had a higher and / or university education. In retirement homes 50.2% of participants completed elementary school, 35.8% completed high school and 11.0% had a higher and / or university education.

## Procedure

The study excluded participants with severe psychophysical illnesses (such as dementia, schizophrenia, PTSD, advanced stage of malignancy, CVI with aphasia and complete immobilization), i.e. it included only those who were able to take care of themselves while doing everyday tasks (feeding, walking, changing, bathing). The study was conducted from the beginning of January to the end of April, 2017. Participants were told that participation in the study was anonymous and voluntary and would last approximately 30 minutes, and that they could back out at any time if they wanted. A suitable sample was taken among the participants who live in their homes, which was acquired through the Pensioners' Association. The participants were questioned in their homes, were acquainted with the purpose of the study and offered the questionnaire only if they wanted to participate. Participants living in retirement homes were questioned by social workers and work therapists in their rooms. They were also informed about the purpose and manner of completing the questionnaire and guaranteed anonymity, and were told they could back out at any time. Since the first participants (in

umirovljenika. Ispitivači su na jednak način kao i sudionike u kućama informirali o svrsi i načinu popunjavanja upitnika, zajamčenoj anonimnosti te su im naglasili da u bilo kojem trenutku mogu odustati od sudjelovanja. Budući da se već kod prvih sudionika (jedne i druge skupine) pokazalo da imaju poteškoća prigodom samostalnog popunjavanja upitnika nakon dane upute (teško im je bilo pisati u upitnik, slabi vid, brzo su se zamerali) kako ne bi bilo razlike u dobivanju informacija od sudionika do sudionika, čitavo istraživanje je provedeno usmenim putem, odnosno ispitivači su čitali pitanja i bilježili odgovore. Međutim, oni sudionici koji su iskazali želju da sami ispune upitnik, ispitivači su im to i omogućili. U prosjeku je anketiranje trajalo trideset minuta po sudioniku.

## Instrumenti

### Sociodemografski podatci i zdravstveno stanje

Za potrebe ovog istraživanja autori su izradili strukturirani upitnik koji je sadržavao sociodemografske podatke koji su uključivali: dob (65-74 godina, 75-84 godina, iznad 85 godina), spol (muški i ženski), razina obrazovanja (osnovna škola, srednja škola, viša škola, visoka škola), bračno stanje (neudana/neoženjen, razveden/a, udovac/ica, u braku), mjesto stanovanja (dom umirovljenika ili vlastita kuća). Također, upitnik je sadržavao tvrdnje koje se odnose na općenito zdravstveno stanje sudionika: izvrsno (nemam zdravstvenih poteškoća), dobro (imam samo lakše povremene poteškoće), zabrinjavajuće (imam neku težu bolest).

Osim sociodemografskih podataka anketnim su upitnikom prikupljeni, iako nisu prikazani u ovome radu, sljedeći podatci: vrsta kućanstva (samačko ili više članova), materijalno stanje (visina mjesečnog dohotka), veličina stambenog prostora, mjesto stanovanja (grad ili selo) sposobnost samozbrinjavanja (fizička skrb, psihološka skrb, emocionalna skrb i duhovna skrb).

both groups) showed difficulty in completing the questionnaire after being given instructions (they found it difficult to write in the questionnaire, they had vision problems, they were tired and so on), and in order to avoid differences in obtained information from the examinees, the whole examination was conducted verbally, i.e. the examiner read questions and recorded the answers. However, those examinees who expressed the desire to fill out the questionnaire themselves were able to do so.

## Instruments

### Sociodemographic data and health condition

For the purpose of this study, the authors produced a structured questionnaire containing sociodemographic data that included: Age (65-74 years, 75-84 years, over 85 years), gender (male and female), level of education (elementary school, high school, higher education, university), marital status (single, divorced, widow, married), place of residence (home / institution or own house). Additionally, the questionnaire contained statements regarding the overall health condition of the examinee: excellent ("I do not have health problems"), good ("I have only occasional difficulties") and worrisome ("I have a serious illness"). In addition to sociodemographic data, a survey questionnaire, although not shown in this paper, collected the following data: household type (single or multiple), financial status (monthly income), housing size, place of residence (city or village), self-maintenance ability (physical care, psychological care, emotional care and spiritual care).

### Rosenberg's Self-Esteem Scale

Rosenberg's Self-Esteem Scale (Rosenberg Self-Esteem Scale – RSE, 1965) (24) is a scale that contains 10 items corresponding to a 5-de-

## Rosenbergova ljestvica samopoštovanja

Rosenbergova ljestvica samopoštovanja (Rosenberg Self-Esteem Scale – RSE, 1965) (24) je ljestvica koja sadrži 10 čestica na koje se odgovara na ljestvici Likertovog tipa s 5 stupnjeva od 1 do 5 (1 - u potpunosti netočno, 2 - uglavnom netočno, 3 - ni točno ni netočno, 4 - uglavnom točno, 5 - u potpunosti točno). Ukupni se rezultat formira kao linearna kombinacija procjena na svakoj od čestica. S obzirom da veći rezultat na ljestvici ukazuje na veće samopoštovanje, negativne tvrdnje je bilo potrebno dekodirati u pozitivne. Na uzorku ovog istraživanja izračunali smo Cronbachov koeficijent alfa koji iznosi 0,86, što ukazuje na visoku pouzdanost.

## Ljestvica socijalne i emocionalne usamljenosti

Ljestvica socijalne i emocionalne usamljenosti (SELSA-S ljestvica) (25) koju smo koristili u ovom radu sastoji se od tri podljestvice kojima se zasebno ispituju usamljenost u domenama prijateljskih odnosa (podljestvica socijalne usamljenosti, 13 čestica), odnosa s obitelji (podljestvica usamljenosti u obitelji, 11 čestica) i ljubavnih veza (podljestvica usamljenosti u ljubavi, 12 čestica). Dakle sveukupno je 36 tvrdnji na koje se odgovara na ljestvici Likertovog tipa sa 7 stupnjeva od 1 do 7 (1-uopće se ne slažem, 2-uglavnom se ne slažem, 3-donekle se ne slažem, 4-niti se slažem, niti se ne slažem, 5-donekle se slažem, 6-uglavnom se slažem, 7-potpuno se slažem). Sve podljestvice sadrže i pozitivno i negativno formulirane tvrdnje pri čemu veći rezultat ukazuje na veću usamljenost pozitivne tvrdnje smo dekodirali u negativne. Na uzorku ovog istraživanja izračunali smo Cronbachov koeficijent alfa. Tako pouzdanost za socijalnu usamljenost iznosi 0,94, za usamljenost u ljubavi 0,86, a za usamljenost u obitelji 0,91.

## Statistička analiza

Prije analize podataka prema postavljenim problemima istraživanja, provjerena je normalnost distribucije Kolmogorov-Smirnoffovim testom i

gree Likert-type scale from 1 to 5 (1 – totally inaccurate, 2 – mostly inaccurate, 3 – nor accurate or inaccurate, 4 – mostly correct, 5 – completely correct). The overall result is calculated as a linear combination of estimates on each of the items. Given that higher scores on the scale indicate greater self-esteem, the negative statements had to be decoded as positives. On the sample in this study, we calculated Cronbach's alpha coefficient, which was 0.86 and indicated a high reliability.

## Scale of social and emotional loneliness

The scale of social and emotional loneliness (SELSA-S Scale) (25) was used in this work and consists of three sub-scales that examine loneliness in the domains of friendly relationships (sub-scales of social loneliness, 13 items), family relationships (sub-scale of loneliness, in family, 11 items) and love relationships (sub-scale of loneliness in love, 12 items). There were thus 36 statements that corresponded to the Likert-type scale with 7 degrees from 1 to 7 (1 – I completely disagree, 2 – I mostly disagree, 3 – I partly disagree, 4 – I neither agree nor disagree, 5 – I partly agree, 6 – I mostly agree, 7 – I completely agree). All sub-scales contained both positively and negatively formulated statements, with the larger result indicating greater loneliness, so we had to decode positive statements into negative ones. In the sample of this study, we computed the Cronbach alpha coefficient. For social loneliness it was 0.94, 0.86 for loneliness in love and 0.91 for loneliness in the family.

## Statistical analysis

Prior to analysing the data according to the set research problems, the distribution of the normality was verified by the Kolmogorov-Smirnoff test and the Shapiro-Wilk test. Considering the deviation of the observed variables from the normal (Gauss) distribu-



Shapiro-Wilkovim testom. S obzirom da se ustvrdilo odstupanje promatranih varijabli od normalne (Gaussove) distribucije testiranje je provedeno pomoću neparametrijskih inačica testova odnosno Kruskal Wallisovim testom, Mann-Whitneyevim U testom, Wilcoxon W testom. Kako bi se uočila povezanost između promatranih varijabli i kategorija izračunat je Spearmanov koeficijent korelacije, a za utvrđivanje značajnosti svih testova, prigodom testiranja, postavljena je na 5 %, što je razina pouzdanosti od 95 %. U svrhu statističke analize upotrijebili smo statistički program SPSS (inačica 21.0, SPSS Inc., Chicago, IL, SAD).

## REZULTATI

Iz tablice 2 vidimo značajnu razliku kod samopoštovanja s obzirom na mjesto stanovanja sudionika ( $p < 0,05$ ), pri čemu je manja prosječna vrijednost rangova za sudionike u domovima umirovljenika (177,83) u odnosu na sudionike u kućama (200,50), što ukazuje da su odgovori na ljestvici samopoštovanja značajno veći za sudionike u kućama. Iz tablice 2 također vidimo značajnu razliku kod usamljenosti u ljubav-

tion, the testing was performed using nonparametric variants of the test or Kruskal Wallis test, Mann-Whitney's In Test and Wilcoxon W test. The significance for all tests was set at 5%, which is the 95% confidence level. For the purpose of statistical analysis we used the SPSS statistical program (version 21.0, SPSS Inc., Chicago, IL, USA).

## RESULTS

**Table 2** shows significant difference in self-esteem with regard to the place of residence of the participants ( $p < 0.05$ ), with lower average values for the participants in retirement homes (177.83) compared with the participants living in their home (200.50), which suggests that the responses on the scale of self-esteem were significantly higher for participants living in their homes.

**Table 2** also shows a significant difference in loneliness with regard to the place of residence of the participants ( $p < 0.05$ ), with the average value being higher for the participants living in retirement homes (202.15) than in those

**TABLE 2.** The values of overall results of the participants living in retirement homes and their houses with regard to self-esteem, social loneliness, loneliness in love and family

	Participants	N	Arithmetical mean rankings	p*
Self-esteem	D	199	177.83	<b>.043</b>
	K	177	200.50	
	Total	376		
Social loneliness	D	197	191.0	.328
	K	175	180.71	
	Total	372		
Loneliness in love	D	191	202.15	<b>.000</b>
	K	171	158.43	
	Total	362		
Loneliness in family	D	192	193.15	.083
	K	175	173.97	
	Total	367		

Legend: D-participants in institutions (retirement homes), K- participants in their homes  
\*Mann-Whitney U test, Wilcoxon W test

vi s obzirom na mjesto stanovanja sudionika ( $p < 0,05$ ), pri čemu je prosječna vrijednost rangova veća za sudionike u domovima umirovljenika (202,15) u odnosu na sudionike u kućama (158,43), što ukazuje da su odgovori na podljestvici usamljenosti u ljubavi značajno veći za sudionike u domovima umirovljenika.

Iz tablice 3 vidimo značajnu razliku kod sudionika koji žive u kućama kod usamljenosti u ljubavi s obzirom na spol ( $p < 0,05$ ), pri čemu je prosječna vrijednost rangova veća za ženske sudionike (92,73), u odnosu na muške (71,42), što ukazuje da su odgovori ženskih sudionika na podljestvici usamljenosti u ljubavi značajno veći od muških sudionika. Međutim, kod usamljenosti u ljubavi uočena je značajna razlika kod sudionika koji žive u domovima umirovljenika s obzirom na spol ( $p < 0,05$ ) pri čemu je prosječna vrijednost rangova veća za muške (111,60) u odnosu na ženske sudionike (90,13), što ukazuje da su odgovori muških sudionika na podljestvici usamljenosti u obitelji značajno veći od odgovora ženskih sudionika.

Iz tablice 4 vidimo značajnu razliku kod samopoštovanja s obzirom na dob sudionika koji

living in their homes (158.43), suggesting that responses to loneliness in love were significantly higher for participants in retirement homes.

**Table 3** shows a significant difference between the participants living in their homes when it comes to loneliness in love in terms of gender ( $p < 0.05$ ), with the average value higher for female participants (92.73) compared with male (71.42), indicating that responses in women to loneliness in love were significantly higher than those of male participants. However, for loneliness in love there was a significant difference in the number of the participants living in retirement homes in terms of gender ( $p < 0.05$ ), with the average values higher for male participants (111.60) compared with female participants (90.13), indicating that male responses to loneliness in family were significantly higher than female ones.

**Table 4** shows a significant difference in self-esteem with respect to the age of the participants living in their homes ( $p < 0.05$ ), with the average value (94.32) being the highest for the participants in the age group 65-74 and the lowest (10.50) in the age group over 85 years.

**TABLE 3.** Values of the results on self-esteem, social loneliness, loneliness in love and loneliness in family with regard to gender (in both groups of participants)

	Gender	N		Arithmetical rankings		p*	
		D	K	D	K	D	K
Self-esteem	Male	58	57	108.44	91.37	.157	.671
	Female	140	120	95.80	87.88		
	Total	198	177				
Social loneliness	Male	58	56	107.36	86.47	.183	.784
	Female	193	119	95.51	88.72		
	Total	197	175				
Loneliness in love	Male	56	54	93.99	71.42	.746	<b>.009</b>
	Female	135	117	96.83	92.73		
	Total	191	171				
Loneliness in family	Male	57	56	111.60	84.44	<b>.014</b>	.521
	Female	135	119	90.13	89.68		
	Total	192	175				

Legend: D - participants in institutions (retirement homes), K - participants in their homes  
\* Mann-Whitney U test, Wilcoxon W test.

**TABLE 4.** Values of the results on self-esteem, social loneliness, loneliness in love and loneliness in family with regard to age (in both groups of participants)

	Age (in years)	N		Arithmetical mean rankings		p*	
		D	K	D	K	D	K
Self-esteem	65-74	29	125	105.62	94.32	.269	<b>.002</b>
	75-84	112	47	100.97	79.66		
	85 and more	54	4	87.74	10.50		
	Total	195	176				
Social loneliness	65-74	29	123	103.53	82.09	.523	<b>.017</b>
	75-84	111	47	94.00	96.83		
	85 and more	55	4	103.16	144.25		
	Total	195	174				
Loneliness in love	65-74	28	119	114.09	78.40	<b>.042</b>	<b>.002</b>
	75-84	111	47	87.27	97.98		
	85 and more	50	4	101.48	150.13		
	Total	189	170				
Loneliness in family	65-74	28	124	104.70	80.34	.417	<b>.004</b>
	75-84	108	46	95.86	102.34		
	85 and more	53	4	88.12	140.63		
	Total	189	174				

Legend: D - participants in institutions (retirement homes), K - participants in their homes  
\* Kruskal Wallis test

žive u kućama ( $p < 0,05$ ) pri čemu je prosječna vrijednost rangova (94,32) najveća za sudionike u dobnoj skupini 65-74 godina, a najniža prosječna vrijednost rangova (10,50) je u dobnoj skupini starijih od 85 godina.

Kod socijalne usamljenosti s obzirom na dob uočena je značajna razlika kod sudionika koji žive u kućama ( $p < 0,05$ ), pri čemu je prosječna vrijednost rangova (144,25) najveća za ispitanike u dobnoj skupini starijih od 85 godina, a najniža prosječna vrijednost rangova (82,09) je u dobnoj skupini 65-74 godina.

Kod usamljenosti u ljubavi s obzirom na dob uočena je značajna razlika u obje skupine sudionika ( $p < 0,05$ ) pri čemu je najveća prosječna vrijednost rangova (114,09) za sudionike koji žive u domovima umirovljenika u dobnoj skupini 65-74 godina, a najniža prosječna vrijednost rangova (87,27) je u dobnoj skupini 75-84 godina. Kod sudionika koji žive u kućama najveća prosječna vrijednost rangova (150,13) je u

Regarding social loneliness with respect to age, a significant difference was observed among the participants living in their homes ( $p < 0.05$ ), with the average value (144.25) being the highest for the participants over the age of 85 and the lowest (82.09) in the age group of 65-74 years.

Regarding loneliness in love with respect to age, a significant difference was observed in both groups of participants ( $p < 0.05$ ), with the highest average value (114.09) in the participants living in retirement homes in the age group 65-74 and the lowest average value (87.27) in the age group of 75-84 years. The participants living in their homes rank the highest (150.13) in the age group of 85 and the lowest average value of 78.40 was observed in the age group of 65-74 years.

For loneliness in family with respect to age, a significant difference was observed among the participants living in their homes ( $p < 0.05$ ),

dobnoj skupini starijih od 85 godina, a najniža prosječna vrijednost rangova (78,40) je u dobnoj skupini 65-74 godina.

Kod usamljenosti u obitelji s obzirom na dob uočena je značajna razlika kod sudionika koji žive u kućama ( $p < 0,05$ ), pri čemu je najveća prosječna vrijednost rangova (140,63) za sudionike starije od 85 godina, a najniža (80,34) je u dobnoj skupini 65-74 godina.

Iz tablice 5 vidimo značajnu razliku kod usamljenosti u ljubavi s obzirom na bračno stanje u obje skupine sudionika ( $p < 0,05$ ), pri čemu kod sudionika u kućama koji su udovci/ice najveća je prosječna vrijednost rangova (120,83), a najniža prosječna vrijednost rangova je kod sudionika u kućama koji su u braku (45,57).

with the highest value (140.63) in the participants older than 85 and the lowest (80.34) in the age group of 65-74 years.

**Table 5** shows a significant difference in loneliness in love in terms of marital status in both groups of participants ( $p < 0.05$ ), where the highest average value (120.83) was observed among the participants who were widowed and living in their homes, and the lowest average value among married participants and participants living in their homes (45.57). The highest average value (127.07) was found among the participants who were unmarried and living in retirement homes, while the lowest average value was in married participants living in retirement homes (50.39). For loneliness in fami-

**TABLE 5.** Values of the results on self-esteem, social loneliness, loneliness in love and loneliness in family with regard to marital status (in both groups of participants)

	Marital status	N		Arithmetical rankings		p*	
		D	K	D	K	D	K
Self-esteem	Single	16	11	92.66	85.09	.228	.198
	Widow	138	79	96.35	81.65		
	Divorced	25	10	121.16	79.05		
	Married	20	77	104.63	98.40		
	Total	199	177				
Social loneliness	Single	16	11	121.28	111.77	.095	.116
	Widow	136	78	98.99	93.91		
	Divorced	25	10	77.82	76.10		
	Married	20	76	107.70	80.06		
	Total	197	175				
Loneliness in love	Single	15	10	127.07	116.90	<b>.000</b>	<b>.000</b>
	Widow	132	76	103.77	120.83		
	Divorced	25	9	71.02	99.00		
	Married	19	76	50.39	45.57		
	Total	191	171				
Loneliness in family	Single	15	11	137.43	120.55	<b>.031</b>	<b>.000</b>
	Widow	134	78	92.96	102.16		
	Divorced	23	9	93.35	100.83		
	Married	20	77	93.18	97.51		
	Total	192	175				

Legend: D - participants in institutions (retirement homes), K - participants in their homes  
\* Kruskal Wallis Test

Kod sudionika u domovima umirovljenika koji su neudani/neoženjeni najveća je prosječna vrijednost rangova (127,07), a najniža sudionika u domovima umirovljenika koji su u braku (50,39).

Kod usamljenosti u obitelji s obzirom na bračno stanje u obje skupine sudionika uočena je značajna razlika ( $p < 0,05$ ) pri čemu je za sudionike u kućama koji su neudani/neoženjeni najveća prosječna vrijednost rangova (120,55), a kod sudionika u kućama koji su u braku je najniža (97,51). Kod sudionika u domovima umirovljenika najveća je prosječna vrijednost rangova neudanih/neoženjenih sudionika (137,43), a najniža je kod sudionika u domovima umirovljenika koji su u braku (93,18).

Iz tablice 6 vidimo značajnu razliku kod samopoštovanja s obzirom na obrazovanje sudioni-

ly with respect to marital status there was a significant difference ( $p < 0.05$ ) in both groups of participants, where the participants who were unmarried and living in their homes showed the highest average value (120.55), and the participants who were married and living in their homes showed the lowest average value rating (97.51). The highest average value was found among the participants who were unmarried and living in retirement homes (137.43), and the lowest average value was found among the participants who were married and living in their homes (93.18).

**Table 6** shows a significant difference in self-esteem with regard to education ( $p < 0.05$ ) among both group of the participants. The participants living in their homes who have a

**TABLE 6.** Values of the results on self-esteem, social loneliness, loneliness in love and loneliness in family with regard to education (in both groups of participants)

	Level of education	N		Arithmetical mean rankings		p*	
		D	K	D	K	D	K
Self-esteem	Elementary school	100	72	89.04	77.18	<b>.010</b>	<b>.036</b>
	Secondary school	71	79	98.42	95.89		
	Higher education and/or University	22	26	128.59	100.79		
	Total	193	177				
Social loneliness	Elementary school	99	71	96.83	92.10	.465	.374
	Secondary school	70	78	99.04	88.32		
	Higher education and/or University	22	26	82.59	75.85		
	Total	191	175				
Loneliness in love	Elementary school	99	70	93.87	95.41	.324	.068
	Secondary school	65	76	98.11	82.39		
	Higher education and/or University	22	25	78.23	70.62		
	Total	186	171				
Loneliness in family	Elementary school	99	72	91.67	94.87	.825	.212
	Secondary school	65	77	96.84	80.57		
	Higher education and/or University	22	26	91.89	90.98		
	Total	186	175				

Legend: D - participants in institutions (retirement homes), K - participants in their homes  
\* Kruskal Wallis test



ka koji žive u kućama ( $p < 0,05$ ) i sudionika koji žive u domovima umirovljenika. Kod sudionika u kućama koji imaju završenu višu i/ili visoku školu najveća je prosječna vrijednost rangova (100,79), a kod sudionika u kućama koji imaju završenu osnovnu školu je najniža (77,18). Kod sudionika domovima umirovljenika koji imaju završenu višu i/ili visoku školu najveća je prosječna vrijednost rangova (128,59), a kod sudionika u domovima umirovljenika je najniža (89,04).

Iz tablice 7 vidimo značajnu razliku kod samopoštovanja s obzirom na zdravstveno stanje u obje skupine sudionika ( $p < 0,05$ ) pri čemu je najveća prosječna vrijednost rangova (94,69), kod sudionika u kućama koji su svoje zdravstveno stanje procijenili kao izvrsno i dobro, a kod sudionika u kućama koji su svoje zdravstveno stanje procijenili kao zabrinjavajuće je najniža (59,98). U domovima umirovljenika najveća je prosječna vrijednost rangova (110,05) kod sudionika koji su svoje zdravstveno stanje procijenili kao izvrsno i dobro, a kod sudionika koji

higher / university education had the highest average value (100.79), and the participants living in their homes who only completed elementary school had the lowest average value (77.18). The participants living in retirement homes who completed higher / university education had the highest average value rating (128.59), while the lowest average value was found among the participants living in retirement homes who only completed elementary school (89.04).

**Table 7** shows a significant difference in self-esteem with respect to the health status of both groups of the participants ( $p < 0.05$ ), with the highest average value (94.69) being found among participants living in their houses who assessed their health status as excellent and good, and the lowest average value of rating (59.98) found among participants living in their homes who assessed their health as the most worrisome. In the retirement homes, the highest average value (110.05) was among the participants who assessed their health as ex-

**TABLE 7.** Values of the results on self-esteem, social loneliness, loneliness in love and loneliness in family with regard to health status (in both groups of participants)

	Health condition	N		Arithmetical mean rankings		p*	
		D	K	D	K	D	K
Self-esteem	Excellent and good	128	148	110.05	94.69	<b>.000</b>	<b>.001</b>
	Worrisome	70	29	80.20	59.98		
	Total	198	177				
Social loneliness	Excellent and good	127	145	93.24	84.82	.056	.117
	Worrisome	70	29	109.45	100.88		
	Total	197	174				
Loneliness in love	Excellent and good	122	143	92.47	85.27	.240	.890
	Worrisome	69	27	102.24	86.70		
	Total	191	170				
Loneliness in family	Excellent and good	123	147	95.01	84.02	.619	<b>.032</b>
	Worrisome	69	27	99.16	106.44		
	Total	192	174				

Legend: D-participants in institutions (retirement homes), K-participants in their homes \* Mann-Whitney U test, Wilcoxon W test

su svoje zdravstveno stanje procijenili kao zabrinjavajuće je najniža (80,20).

Kod usamljenosti u obitelji uočena je značajna razlika kod sudionika koji su u kućama ( $p < 0,05$ ), pri čemu je veća prosječna vrijednost rangova (106,44) kod sudionika koji su svoje zdravstveno stanje procijenili kao zabrinjavajuće a niža prosječna vrijednost rangova (84,02) je kod sudionika koji su svoje zdravstveno stanje procijenili kao izvrsno i dobro.

Na tablici 8 prikazani su koeficijenti korelacije za sudionike smještene u kućama. Iz prikazane tablice može se uočiti kako je najveća pozitivna razina korelacije zabilježena za usamljenost u obitelji i usamljenost u ljubavi ( $r = 0,537$ ,  $p < 0,01$ ), dok je najveća negativna korelacija zabilježena između socijalne usamljenosti i samopoštovanja ( $r = -0,521$ ,  $p < 0,01$ ), te između usamljenosti u obitelji i samopoštovanja ( $r = -0,499$ ,  $p < 0,01$ ).

Na tablici 9 prikazani su koeficijenti korelacije za sudionike smještene u domovima umirovljenika. Iz prikazane tablice može se uočiti

cellent and good, and those who assessed their health as worrisome had a low average value (80.20). With loneliness in family, there was a significant difference among the participants living in their homes ( $p < 0.05$ ), with the higher average value (106.44) being among the participants who assessed their health status as worrisome and lower average value (84.02) among the participants who assessed their health as excellent and good.

**Table 8** shows correlation coefficients for participants living in their homes. The highest positive level of correlation was recorded for loneliness in family and loneliness in love ( $r = 0.537$ ,  $p < 0.01$ ), while the highest negative correlation was recorded between social loneliness and self-esteem ( $r = -0.521$ ,  $p < 0.01$ ) and between loneliness in family and self-esteem ( $r = -0.499$ ,  $p < 0.01$ ).

**Table 9** shows the correlation coefficients for the participants in retirement homes. The highest positive correlation level was recorded for loneliness in family and social loneliness ( $r$

**TABLE 8.** Values of Spearman's correlation coefficient between self-esteem, social loneliness, loneliness in love and loneliness in family among the participants living in their homes

		1.	2.	3.	4.
Self-esteem	r	-			
Social loneliness	r	-.521**	-		
Loneliness in love	r	-.324**	.266**	-	
Loneliness in family	r	-.499**	.358**	.537**	-

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

\* Correlation is significant at the 0.05 level (2-tailed).

**TABLE 9.** Values of Spearman's correlation coefficient between self-esteem, social loneliness, loneliness in love and loneliness in family among the participants living in retirement homes

		1.	2.	3.	4.
Self-esteem	r	-			
Social loneliness	r	-.483**	-		
Loneliness in love	r	-.203**	.365**	-	
Loneliness in family	r	-.321**	.517**	.334**	-

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

\* Correlation is significant at the 0.05 level (2-tailed).

kako je najveća pozitivna razina korelacije zabilježena za usamljenost u obitelji i socijalnu usamljenost ( $r=0,517$ ,  $p<0,01$ ), dok je najveća negativna korelacija zabilježena između socijalne usamljenosti i samopoštovanja ( $r=-0,483$ ,  $p<0,01$ ).

## RASPRAVA

Analizom skupnih razlika između sudionika koji žive u domovima umirovljenika i sudionika koji žive u kućama dobiven je jednim dijelom postojeći trend razlike pri čemu se pokazalo kako su sudionici koji žive u domovima procijenili veću razinu usamljenosti u ljubavi. Međutim, iznenađujuće je da između obih skupina sudionika nije bilo statistički značajne razlike u socijalnoj usamljenosti i usamljenosti u obitelji, što nam otvara nova pitanja povezana s kvalitetom života starijih osoba u vlastitoj kući i u njihovoj društvenoj sredini. S obzirom da domski smještaj izdvaja staru osobu iz njene fizičke i socijalne sredine te ju tako izlaže pojačanom stresu i nezadovoljstvu (15), rezultati našeg istraživanja pokazali kako su sudionici u domovima umirovljenika svoje samopoštovanje procijenili nižim u odnosu na sudionike u kućama. Kako bi se očuvala samostalnost i autonomija starije osobe te rasteretili institucionalni oblici skrbi potrebno je promicati boravak i skrb starijih osoba u vlastitome domu što je dulje moguće. „Obiteljski i društveni odnosi temeljni su elementi kvalitete života starijih osoba, pri čemu su visoke razine usamljenosti upravo povezane sa smještajem u domu“ (26). Tako je poštivanje autonomije kod starijih osoba u domovima umirovljenika poseban izazov, jer mnoge starije osobe doživljavaju stvaran i stalan gubitak neovisnosti i autonomije s obzirom da institucionalni zahtjevi otežavaju potpuni individualni pristup (27). Goffman (27) spominje „kontaminaciju osobnosti“ te ju opisuje kao otuđenje osobnih stvari dola-

= 0.517,  $p<0.01$ ), while the highest negative correlation was between social loneliness and self-esteem ( $r = -0.483$ ,  $p<0.01$ ).

## DISCUSSION

The aim of this study was to determine the differences in self-assessed social and emotional loneliness and self-esteem with regard to the place of residence (retirement homes or their own homes), sociodemographic characteristics (gender, age, education, marital status) and health status of elderly people.

By analysing collective differences between the participants living in retirement homes and participants living in their own homes, an existing trend of difference was identified, showing that those living in retirement homes reported a greater level of loneliness in love. However, it is surprising that there was no statistically significant difference between the two groups of participants in social loneliness and loneliness in family, which raises new questions about the quality of life of the elderly living in their homes and their social environment.

Given that retirement home accommodation displaces older persons from their physical and social environment and exposes them to increased stress and dissatisfaction (15), the results in our study have shown that participants in retirement homes rated their self-esteem lower than those living in their home. In order to preserve the independence and autonomy of the elderly and relieve the institutional forms of care, it is necessary to promote care for the elderly and enable them to stay in their own home as long as possible. “Family and social relations are the fundamental elements of the quality of life of older people, with high levels of loneliness being associated with living in a retirement home” (26). Respecting the autonomy of elderly people in retirement homes is a special challenge, as many elderly people

skom u instituciju, pregled cijelog tijela koji je neugodan i ponekad ponižavajući kao i ulazak osoblja u bilo koje vrijeme u sobu korisnika u domovima što svakako može utjecati na opadanje samopoštovanja.

Analizom samoprocjene usamljenosti prema spolu, dobiveni su rezultati pokazali kako su žene koje žive u kućama iskazale veću razinu usamljenosti u ljubavi. Rezultati sličnih istraživanja (6,22,28) pokazali kako su žene usamljenije u intimnim i prijateljskim odnosima (emocionalna usamljenost), a muškarci u socijalnim odnosima u grupi (socijalna usamljenost).

Ako ćemo pogledati rezultate ovog istraživanja prema dobnim skupinama sudionika u kućama, možemo vidjeti kako su sudionici u najstarijoj dobnj skupini (iznad 85 godina) procijenili nižu razinu samopoštovanja. Također, rezultati našeg istraživanja pokazali su kako obrazovaniji sudionici u objema skupinama (sudionici u domovima umirovljenika i u kućama) procjenjuju svoje samopoštovanje značajno većim u odnosu na sudionike s nižim obrazovanjem.

Razmatranjem rezultata korelacijske analize uočava se negativna korelacija u obje skupine sudionika i to kod socijalne usamljenosti u odnosu na samopoštovanje. Utjecaj starenja na stvaranje pojma o sebi predmet je mnogih istraživanja, ali valjani zaključci o odnosu samopoštovanja i dalje nisu doneseni (29). Međutim „postupno opadanje samopoštovanja u djetinjstvu slijedi daljnje opadanje u adolescenciji da bi se samopoštovanje postupno povećavalo i došlo do vrhunca u odrasloj dobi i završilo oštrim padom u staroj dobi s početkom u 70-im godinama života“ (6,30). Nadalje, pogledom na zdravstveno stanje sudionika iz rezultata našeg istraživanja možemo vidjeti kako su sudionici u domovima umirovljenika i sudionici u kućama koji su svoje zdravstveno stanje procijenili kao izvrsno i dobro ujedno iskazali i veću razinu samopoštovanja.

experience a real and permanent loss of independence and autonomy since institutional requirements make it difficult for a complete individual approach (27). Goffman (24) mentions “personality contamination” and describes it as alienation of personal things by coming to the institution, including a whole body cheque up that is uncomfortable and sometimes humiliating as well as staff entering at any time into the room of the home user, which can certainly affect the decline in self-esteem.

The analysis of self-assessment of loneliness by gender showed that women living in their homes demonstrated a greater level of loneliness in love. The results of similar studies (6,22,28) showed that women are lonelier in intimate and friendly relationships (emotional loneliness) and men in social relationships in a group (social loneliness).

If we look at the results of this survey by age groups of those living in their homes, we can see that participants in the oldest age group (over 85) estimated a lower level of self-esteem. Also, the results of our study show that more educated participants in both groups (participants in retirement homes and their own homes) estimate their self-esteem significantly higher than those with a lower education.

Considering the results of the correlation analysis, there was a negative correlation in both groups of participants in case of social loneliness in relation to self-esteem. The influence of aging on the perception of oneself is the subject of many studies, but valid conclusions on self-esteem have not yet been made (29). However, “the gradual decline in self-esteem in childhood follows a further decay in adolescence, a gradual increase and reaching its peak in adulthood, and then ends with a sudden fall by the age of 70” (6,30). Furthermore, if we look at the health status of the participants, we can see that the participants in retirement homes and those living in their homes who assessed their health as excel-





vremena, dosadašnjim životom te usporedbom svoga života sa životima prijatelja (32). Nadalje, zaštitni čimbenik koji je dosljedno potvrđen u istraživanjima je prisutnost partnera, odnosno osobe s partnerom doživljavaju manje socijalne i emocionalne usamljenosti od osoba koje nisu u partnerskoj vezi (6). Bračni status povezan je sa smanjenim mortalitetom, tj. povezan je s produženim životnim vijekom do čak deset godina (36). Također, utvrđeno je da su oženjeni i oni u trajnoj izvanbračnoj vezi manje usamljeni od samaca, razvedenih i udovaca (37). Kad se analiziraju uzorci starijih osoba kod kojih je zamijećen porast usamljenosti vidi se da je taj porast veći među udovcima/udovicama i osobama lošijeg zdravstvenog stanja nego među oženjenima/udanima i dobrog zdravstvenog stanja (22). Naime, kada je riječ o smrti supružnika, za drugog supružnika financijska, domaćinska i emocionalna odgovornost se i više nego udvostručuje, pri čemu su ljutnja, depresija, beznade, usamljenost i osjećaj socijalne izolacije najvažniji osjećaji supružnika koji je izgubio izvor emocionalne podrške (28). Smrt bračnog partnera na članove socijalne mreže udovca djeluje centripetalno, odnosno okupljaju se prijatelji i rođaci te pružaju emocionalnu i instrumentalnu podršku, a rastava braka na socijalnu mrežu djeluje centrifugalno, prijatelji i rođaci se povlače i ponekad se trajno udaljuju i prekidaju vezu, posebice sa ženama (38) „Smrt supružnika može biti posebno teška u slučaju jasne podjele tradicionalnih spolnih uloga u vezi kada je jedan partner nepripremljen na preuzimanje zadataka koji su nužni da bi se održavalo domaćinstvo. Tako je udovištvo za većinu starijih osoba daleko više od emocionalnog gubitka žene ili muža, ono obično znači duboku promjenu življenja koja nije slobodno izabrana ni željena, oduzimanje svakodnevne aktivnosti interakcija, gubitak budućnosti koju su zajedno planirali, blizinu završetka života, a često i gubitak identiteta i životnog smisla“ (28).

and also when comparing their lives with the lives of their friends (32). Furthermore, the protective factor that was consistently confirmed in studies is the presence of a partner, i.e. a person with a partner experiences less social and emotional loneliness than single people (6). Marital status is associated with reduced mortality, i.e. it is associated with an extended lifespan of up to ten years (36). It has also been confirmed that married people and those in a lasting extramarital relationship are less lonely than single, divorced and widowed people (37). When analysing the patterns of elderly people with a higher level of loneliness, it has been found that this increase is higher among widows / widowers and people with a poorer health status than among married people and those a good health status (22). When it comes to the spouse's death, the financial, household and emotional responsibility of the other spouse is more than doubled, with anger, depression, hopelessness, loneliness and social isolation being the main feelings of a spouse who lost the source of emotional support (28). The death of a spouse acts centripetally on the members of the social network of widows/widowers, that is, they gather friends and relatives and provide emotional and instrumental support, while divorce acts centrifugally: friends and relatives draw back and sometimes permanently alienate themselves and end any relationship, especially women.

“Spousal death can be particularly difficult in the case of a clear division of traditional sex roles when one partner is unprepared to take on the tasks that are necessary to maintain the household. Thus, widowhood for most of the elderly is far more than the emotional loss of a wife or husband, it usually means a profound change of life that is not freely chosen or desired, taking away everyday interaction activities, loss of the future planned together, closeness to death, and often loss of identity and life meaning” (28).

## Ograničenja istraživanja

Naposlijetku, potrebno je naznačiti ograničenja provedenog istraživanja, ponajprije ograničenja uzorka i odabranog nacrt istraživanja. Uzorak se sastojao od dvije različite i relativno male skupine sudionika što može negativno utjecati na reprezentativnost uzorka i smanjiti mogućnost generalizacije rezultata. Tako veličina uzorka i činjenica da se istraživanje provelo u danom trenutku a ne tijekom dužeg razdoblja, ograničuje valjanost procjena i onemogućuje dinamičku analizu, odnosno provedeno istraživanje dalo je samo uvid u trenutačno stanje sudionika te je na taj način onemogućeno mjerenje trajnosti (dinamike) usamljenosti. Također sudionici koji su u domu i sudionici u kućama kako se razlikuju u uzorku ovog istraživanja tako se razlikuju i u populaciji po pitanju dobi, spola, zdravstvenog stanja, obrazovanja i bračnog stanja. Nadalje, podatke koji su interpretirani osim autora ovog rada prikupljali su i socijalni radnici i radni terapeuti (za sudionike u domovima umirovljenika) te se taj dio prikupljanja podataka odvijao izvan kontrole autora ovog istraživanja. S obzirom da se istraživanje temeljilo na samoiskazima odnosno samoprocjeni starijih osoba te zbog njihovog brzog zamaranja pri samostalnom rješavanju upitnika, anketiranje je provedeno usmenim putem, pa postoji mogućnost da su sudionici davali socijalno poželjne odgovore.

Kao sljedeći ograničavajući čimbenik je sama dobna podjela koju smo koristili u istraživanju pri čemu je dob sudionika kao jedna vrlo važna varijabla prikupljena prema dobnim rasponima umjesto precizno zbog čega je dobivena nejednakost u veličinama podskupina. Tako srednja dob (75-85 godina) obuhvaća čak deset godina što je ogroman raspon u starijoj dobi i može značiti velike razlike u funkcionalnoj sposobnosti. Sljedeći značajan nedostatak je kros-sekcijski nacrt istraživanja pri čemu su zaključci ovog istraživanja isključivo korelacijske prirode te kao takvi ne predstavljaju uzročno-posljedične odnose među varijablama.

## Study limitations

Finally, it is necessary to point out the limitations of the study, primarily sample limitations and the selected design of the study. The sample consisted of two different and relatively small groups of participants, which could adversely affect the representativeness of the sample and reduce the validity of generalizing the results. Furthermore, the size of the sample and the fact that the study was carried out at a single point rather than a longer period of time limits the validity of the estimates and prevents dynamic analysis, i.e., the conducted study only provided insight into the present state of the participants and thus does not measure the actual persistence of loneliness. Additionally, participants in retirement homes and in their own homes also differed in age, gender, health, education and marital status. Furthermore, the data interpreted were not only collected by the author of this work but also by social workers and work therapists (for participants in retirement homes) and this part of data gathering was carried without any control of the author of this study. Since the study was based on self-assessment of elderly persons and because of their rapid fatigue in solving the questionnaire, the interview was conducted verbally and there was a possibility that the participants provided socially desirable answers.

The next limiting factor was the age distribution we used in the research, where the age of the participants as a very important variable was collected by age range and not precisely, which consequently resulted in inequality in subgroup sizes. Thus, middle age (75-85) covers up to ten years, which is a huge range at an older age and can mean major differences in functional ability. The final significant disadvantage is the cross-sectional design of the research, where the conclusions of this study are exclusively correlative in nature and as such do not represent causative-consequential relationships among the variables.

Usamljenost je značajan javnozdravstveni problem s kojim se susreću osobe starije životne dobi. Provedeno istraživanje dalo nam je uvid u različitosti ali i sličnosti u samoprocjeni usamljenosti i samopoštovanja između sudionika u domovima umirovljenika i sudionika u kućama. Tako su rezultati pokazali kako su sudionici u domu umirovljenika koji imaju nižu razinu obrazovanja i lošije zdravstveno stanje ujedno iskazali nižu razinu samopoštovanja, a neudati/neoženjeni sudionici su iskazali veću razinu usamljenosti u ljubavi i usamljenosti u obitelji. Kod sudionika u kućama rezultati su pokazali kako su sudionici stariji od 85 godina svoje samopoštovanje procijenili najnižim te su iskazali najveću socijalnu usamljenost i usamljenost u ljubavi.

Iako ovo istraživanje ima dosta ograničenja i nedostataka, ovakva i slična istraživanja su potrebna kako bi se mogli razviti modeli prevencije usamljenosti te time spriječiti njezine posljedice s ciljem povećanja kvalitete života osoba starije životne dobi.

Kako bi se nadopunile spoznaje iz ovog istraživanja bilo bi korisno za buduća istraživanja procijeniti povezanost funkcionalne sposobnosti i samozbrinjavanja (*self-care*) sa usamljenosti te utjecaj usamljenosti na negativno zdravstveno ponašanje poput konzumacije alkohola, pušenja, smanjene fizičke aktivnosti ili pak učestalijih korištenja zdravstvenih usluga. Svakako bilo bi korisno provesti i kvalitativno istraživanje putem polustrukturiranih intervjua kako bi se dobio širi uvid u problematiku usamljenosti kod starijih osoba.

Loneliness is a major public health problem which older people face. The present study has provided insight into differences and similarities in self-assessment of loneliness and self-esteem among participants in retirement homes and participants living in their own homes. The results showed that the participants living in retirement homes who had a lower level of education and poor health also showed a lower level of self-esteem, and unmarried participants demonstrated a higher level of loneliness in love and loneliness in family. For the participants living in their own homes, the results showed that participants over the age of 85 rated their self-esteem the lowest and expressed the highest social loneliness and loneliness in love.

Although this study has a many of limitations and disadvantages, further studies are needed in order to develop models of loneliness prevention and thus prevent its effects, with the aim of increasing the quality of life of older persons.

In order to complement the findings from this study, it would be useful for future studies to assess the correlation between functional ability and self-care with loneliness and the impact of loneliness on negative health behaviour such as alcohol consumption, smoking, reduced physical activity or more frequent use of health services. It would certainly be useful to conduct qualitative research through semi-structured interviews to gain a wider insight into loneliness issues among the elderly.

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