Determinante zadovoljstva životom starijih osoba: što je najvažnije za zadovoljstvo životom u starijoj dobi?

/ Determinants of Life Satisfaction in Older People: What Is Crucial for Life Satisfaction in Older Age?

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Zadovoljstvo životom jedan je od ključnih indikatora kvalitete života te pokazatelj uspješnosti suočavanja s različitim životnim izazovima i gubitcima u procesu starenja. Stoga je u kontekstu kontinuiranog porasta dužine života i udjela starijih osoba u populaciji od sve većeg značenja otkrivanje ključnih determinanti njihovog zadovoljstva životom, posebno onih koje su podložne intervencijama. Cilj ovoga istraživanja bio je ispitati koliki je doprinos različitih skupina potencijalnih prediktora (sociodemografski, zdravstveni, funkcionalni, psihološki i socijalni) objašnjenju individualnih razlika u zadovoljstvu životom starijih osoba. Istraživanje je provedeno na prigodnom izvaninstitucionalnom uzorku od 790 starijih osoba u dobi od 65 do 98 godina (M = 73,97 godina, SD = 6,58) iz različitih krajeva Hrvatske, od čega 460 žena (58,23 %). Upitnici koji su uključivali instrumente za ispitivanje ključnih konstrukata primjenjivani su individualno. Rezultati regresijskih analiza pokazali su da su među ispitanim potencijalnim prediktorima značajan doprinos objašnjenju zadovoljstva životom imali percipirani financijski status, funkcionalna sposobnost, mentalno zdravlje, optimizam, otpornost i socijalna podrška. Pritom su se najboljim prediktorima zadovoljstva životom ispitanih starijih osoba pokazali mentalno zdravlje i percipirani financijski status. Javne politike, javnozdravstveni programi i psihosocijalne intervencije trebali bi se usmjeriti na ove i druge čimbenike koji olakšavaju prilagodbu starijim osobama te doprinose njihovom zadovoljstvu životom.

***/** Life satisfaction is one of the key indicators of quality of life and an indicator of successful coping with various life challenges and losses in the ageing process. Therefore, in the context of the continuous increase in life expectancy and the proportion of older people in the population, it is becoming increasingly important to discover the key determinants of their life satisfaction, especially those which are subject to interventions. The aim of this study was to examine to what extent different groups of potential predictors (sociodemographic, health, functional, psychological, and social) contribute to the explanation of individual differences in life satisfaction among older people. The study was conducted on a convenience community dwelling sample of 790 older people aged between 65 and 98 years (M = 73.97 years, SD = 6.58) from different geographical regions in the Republic of Croatia, 460 of them being women (58.23%). The questionnaires which included instruments for examining key constructs were applied individually. The results of regression analyses showed that, among the examined potential predictors, perceived financial status, functional ability, mental health, optimism, resilience, and social support significantly contributed to the explanation of life satisfaction. In that context, mental health and perceived financial status proved to be the best predictors of life satisfaction among elderly respondents. Public policies, public health programmes and psychosocial interventions should focus on these and other factors that facilitate the adjustment of older people and contribute to their life satisfaction.*

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UVOD

Stanovništvo zemalja diljem svijeta ubrzano stari, odnosno udio starijih osoba u populaciji kontinuirano raste. Ovaj demografski trend već više desetljeća prati i Hrvatska u kojoj je, prema zadnjem Popisu stanovništva iz 2021., udio osoba starih 65 i više godina u ukupnom stanovništvu porastao na čak 22,45 % (1). Stoga kvaliteta i zadovoljstvo životom u starijoj dobi postaju iznimno važne teme, ne samo za starije osobe i njihove obitelji, nego su te teme i u središtu interesa javnih politika. Nekoliko međuvladinih organizacija kao što su Svjetska zdravstvena organizacija ili Ujedinjeni narodi sve višu potiču zemlje da uz uobičajene ekonomske indikatore koriste i pokazatelje dobrobiti (npr. zadovoljstvo životom) stanovništva kada donose važne političke odluke (2).

Jedna od komponenti kvalitete života i dobrobiti u širem smislu je zadovoljstvo životom. Ono se obično definira kao pojedinčeva opća procjena vlastitog života utemeljena na čimbenicima koje pojedinac smatra ključnima ili kao kognitivna ili evaluativna komponenta subjektivne dobrobiti (3,4). Pod utjecajem je genetskih, društveno-strukturnih faktora, kao i promjenjivih životnih okolnosti (5,6). Zadovoljstvo životom je jedan od pokazatelja uspješne psihološke prilagodbe u starijoj dobi, kada se osoba suočava s brojnim promjenama i gubitcima u području zdravlja, tjelesnog i kognitivnog

INTRODUCTION

The world population is rapidly ageing, that is, the proportion of older people in the population is continuously increasing. This demographic trend has also been present in Croatia for decades, where, according to the latest 2021 census, the proportion of people aged 65 and older in the total population has increased to as much as 22.45% (1). Therefore, the quality of life and life satisfaction in older age have become extremely important topics not only for older people and their families, but they have also become an area of interest for public policies. Several intergovernmental organisations, such as the World Health Organisation or the United Nations, have been increasingly encouraging countries to consider the indicators of population well-being (e.g. life satisfaction) when making important political decisions, in addition to the usual economic indicators (2).

One of the components of quality of life and well-being in a broader sense is life satisfaction. It is usually defined as an individual's general assessment of their own life based on the factors that they consider to be the key factors, or as the cognitive or evaluative component of subjective well-being (3, 4). It is influenced by genetic, sociostructural factors, as well as changeable life circumstances (5, 6). Life satisfaction is one of the indicators of successful psychological adjustment in older age, when a person is confronted by numerous changes and losses regarding their

funkcioniranja te uključenosti u socijalne i produktivne aktivnosti (7,8). Stoga je u kontekstu starenja stanovništva od sve većeg značenja otkrivanje ključnih determinanti zadovoljstva životom, posebno onih koje su podložne intervencijama, s ciljem očuvanja ili unaprjeđenja zadovoljstva životom u starijoj dobi.

Jedan od najčešće ispitivanih korelata zadovoljstva životom starijih osoba je njihov objektivni ili subjektivni zdravstveni status. Rastući je broj istraživanja koja potvrđuju povezanost većeg zadovoljstva životom s boljim zdravljem, odnosno s manjim rizikom pojave kroničnih bolesti ili s njihovim manjim brojem (2, 9-13) te sa smanjenom stopom smrtnosti (2,14). Ovaj odnos može biti dvosmjeran, odnosno bolje zdravlje doprinosi većem zadovoljstvu životom, ali i veće zadovoljstvo životom poboljšava zdravstvene ishode. Taj se utjecaj na povoljnije zdravstvene ishode zadovoljstva životom ostvaruje na više načina: (a) putem povoljnog djelovanja na druge psihološke i socijalne resurse koji štite od štetnog utjecaja stresa, (b) posrednim putem, preko djelovanja na povoljna zdravstvena ponašanja (npr. češću tjelesnu aktivnost ili zdravu prehranu) i (c) izravnim putem, preko bioloških mehanizama (npr. nižih razina upalnih biljega) (2). Uz objektivni zdravstveni status, i subjektivna samoprocjena zdravlja usko je povezana sa zadovoljstvom životom i u izvaninstitucionalnim uzorcima starijih osoba, kao i u onih koje žive u domovima za starije osobe (2, 7, 13, 15-19). Pritom se pokazuje da su starije osobe koje povoljnije procjenjuju vlastito zdravlje zadovoljnije životom. Subjektivni zdravstveni status ili subjektivna samoprocjena zdravlja odnosi se na pojedinčevu percepciju vlastitog općeg zdravstvenog stanja te je jako dobar prediktor morbiditeta i mortaliteta starijih osoba (20). Nadalje, bolje mentalno zdravlje, primjerice, niže razine depresivnih simptoma, povezano je s većim zadovoljstvom životom starijih osoba (2,11,16).

Funkcionalna sposobnost pojedinca odnosno sposobnost samostalnog izvođenja svakodnev-

health, their physical and cognitive functioning, and their inclusion in social and productive activities (7, 8). Therefore, in the context of population ageing, it is of increasing importance to identify the key determinants of life satisfaction, especially those which are subject to interventions, with the aim of preserving or improving life satisfaction in older age.

One of the most frequently examined correlates of life satisfaction in older people is their objective or subjective health status. There is a growing number of studies confirming the correlation between greater life satisfaction and better health, i.e. a decreased risk of chronic diseases or their lower number (2, 9-13), as well as reduced mortality rates (2, 14). This correlation can be two-way, meaning that better health contributes to greater life satisfaction, but also greater life satisfaction improves health outcomes. This impact of life satisfaction on more favourable health outcomes is achieved in multiple ways: (a) through the favourable impact on other psychological and social resources which protect from harmful effects of stress, (b) indirectly, through influencing favourable health behaviours (e.g. more frequent physical activity or healthy nutrition), and (c) directly, through biological mechanisms (e.g. lower levels of inflammatory markers) (2). In addition to the objective health status, subjective self-rated health is also closely associated with life satisfaction in non-institutional samples of older people, as well as those living in nursing homes (2, 7, 13, 15-19). It has thereby been proved that older people who assess their own health more favourably are more satisfied with their lives. Subjective health status or subjective self-rated health refers to an individual's perception of their general health status and is a very good predictor of morbidity and mortality in older people (20). Furthermore, better mental health, e.g. lower levels of depressive symptoms, is associated with greater life satisfaction among older people (2, 11, 16).

An individual's functional ability, i.e. the ability of independent performance of daily activities, such as maintaining personal hygiene or doing house-

nih aktivnosti, kao što je održavanje osobne higijene ili obavljanje kućanskih poslova, u uskoj je vezi sa zdravstvenim stanjem pojedinca. Očuvana funkcionalna sposobnost omogućuje starijim osobama da rade (ne samo u formalnoj radnoj ulozi), druže se, obavljaju svakodnevne aktivnosti i svoje društvene uloge, što sve utječe na njihovu dobrobit. Narušeno zdravlje može ugroziti funkcionalnu sposobnost a ograničenja u samostalnom obavljanju svakodnevnih aktivnost i ovisnost o pomoći drugih snažno negativno utječu na zadovoljstvo životom (11,13,16,17).

Uz zdravstveni i funkcionalni status brojni su psihosocijalni resursi pojedinca koji mogu utjecati na njegovo zadovoljstvo životom. I taj odnos može biti dvosmjeran, odnosno bolji psihosocijalni resursi mogu doprinijeti većem zadovoljstvu životom, ali i zadovoljstvo životom može ojačati neke indikatore psihosocijalne dobrobiti. Primjerice, u prospektivnoj studiji na nacionalno reprezentativnom uzorku odraslih osoba starijih od 50 godina u SAD-u, Kim i sur. (2) su utvrdili da su pojedinci koji su bili najzadovoljniji životom četiri godine kasnije imali povoljnije rezultate na gotovo svim ispitanim psihosocijalnim indikatorima kao što su veći pozitivni afekt, izraženiji optimizam i doživljaj životne svrhe, te manje izražene depresivne simptome, manji doživljaj usamljenosti i niži negativni afekt. Među psihološkim resursima koji mogu olakšati uspješno nošenje s promjenama u procesu starenja, sve se više istražuju optimizam i otpornost. Optimizam se općenito odnosi na pozitivna očekivanja budućih ishoda te je rastući broj empirijskih nalaza koji ukazuju na njegovu povezanost s boljim tjelesnim i mentalnim zdravljem, većim zadovoljstvom životom i dobrobiti u različitim dobnim skupinama, uključujući i starije osobe (21,22). Otpornost se odnosi na sposobnost učinkovitog svladavanja stresnih događaja i situacija uz zadržavanje normalnog psihološkog i tjelesnog funkcioniranja, odnosno mogućnost osobe da izdrži i da se lako i brzo oporavi od teških situa-

hold chores, is closely linked with their health status. Preserved functional ability enables older people to work (not only in the formal work role), socialise, perform daily activities and fulfil their social roles, all of which affects their well-being. Impaired health can jeopardise functional ability, while limitations in independent performance of daily activities and dependence on the help from others have a strong negative impact on life satisfaction (11, 13, 16, 17).

In addition to the health and functional status, there are numerous psychosocial resources in an individual which can influence their life satisfaction. That correlation can also be two-way, i.e. better psychosocial resources can contribute to greater life satisfaction, but life satisfaction can also strengthen some indicators of psychosocial well-being. For instance, in their prospective study on a national representative sample of adults over the age of 50 in the USA, Kim et al. (2) found that the individuals who were most satisfied with their lives, four years later had more favourable results in almost all the examined psychosocial indicators such as greater positive affect, higher optimism and perception of life purpose, as well as fewer depressive symptoms, lower perception of loneliness and lower negative affect. Among the psychological resources that can facilitate successful coping with changes in the ageing process, optimism and resilience have been increasingly investigated. Optimism generally refers to positive expectations of future outcomes, and there is a growing number of empirical findings showing its connection with better physical and mental health, higher life satisfaction and well-being, in different age groups, including older people (21, 22). Resilience refers to the ability of successful coping with stressful events and situations while maintaining normal psychological and physical functioning, i.e. an individual's ability to endure and to easily and quickly recover from difficult situations, such as accidents or diseases (23). More resilient people are more efficient in using available resources, they are better at coping with stress, they accept inevitable changes in the ageing process more easily and are more skilful in maintaining inclusion in the

cija, kao što su nesreće ili bolesti (23). Otpornije osobe učinkovitije koriste dostupne resurse, bolje se nose sa stresom, lakše prihvaćaju neizbježne promjene u procesu starenja i vještije su u održavanju uključenosti u one aktivnosti koje su im važne, što sve pozitivno doprinosi njihovom zadovoljstvu životom. Dosadašnja istraživanja potvrđuju doprinos otpornosti mentalnom i tjelesnom zdravlju te kvaliteti i zadovoljstvu životom u starijoj dobi (24,25).

Uz psihološke resurse, i oni socijalni koji su s njima usko povezani također imaju važnu ulogu u kontekstu dobrobiti starijih osoba. Brojna ranija istraživanja pokazala su važnost socijalne podrške, socijalne participacije ili uključenosti u različite društvene i produktivne aktivnosti (npr. čuvanje unučadi, druženje s prijateljima, volontiranje, vrtlarenje, religijske aktivnosti, aktivna participacija u udruženjima umirovljenika) za zadovoljstvo i kvalitetu života starijih osoba i njihovo uspješno i aktivno starenje (7, 13, 15, 26-29). Primjerice, socijalna podrška spominje se kao jedan od najznačajnijih prediktora zadovoljstva životom u starijoj dobi (30) jer štiti od negativnih utjecaja stresa te nepovoljnih emocionalnih stanja, kao što je depresivnost u starijih osoba (31,32). Uz to, bogatija socijalna mreža i sudjelovanje u aktivnostima u slobodno vrijeme povezani su s boljom prilagodbom na starenje i dužim životom (33).

U pogledu sociodemografskih odrednica zadovoljstva životom, rezultati ranijih istraživanja uglavnom upućuju na nepostojanje spolnih razlika u razinama zadovoljstva životom u starijih osoba (34) premda se korelati zadovoljstva životom mogu razlikovati između starijih muškaraca i žena (30). Nadalje, istraživanja jednoglasno potvrđuju povezanost višeg socioekonomskog statusa, uključujući bolje obrazovanje i bolji materijalni status, s većim zadovoljstvom životom (15, 16, 35- 37).U pogledu bračnog statusa i načina života, istraživanja pokazuju da su udovištvo i samački život povezani s nižim zadovoljstvom životom u starijoj dobi (15,29,38).

activities they find important, which all contributes positively to their life satisfaction. Previous research confirms the contribution of resilience to mental and physical health, as well as to the quality of life and life satisfaction in older age (24, 25).

In addition to psychological resources, the social resources which are closely associated with them also have an important role in the context of well-being among older people. Numerous previous studies have shown the importance of social support, social participation or inclusion in various social and productive activities (e.g. looking after grandchildren, socialising with friends, volunteering, gardening, religious activities, active participation in retiree associations) for the life satisfaction and quality of life in older people, as well as for their successful and active ageing (7, 13, 15, 26, 27-29). For example, social support is mentioned as one of the most important predictors of life satisfaction in older age (30) because it protects from the negative effects of stress and unfavourable emotional states such as depression among older people (31,32). In addition, a richer social network and participation in leisure activities are associated with better adaptation to ageing and a longer life (33).

With regard to the sociodemographic determinants of life satisfaction, the results of previous research mostly indicate a non-existence of gender differences in terms of life satisfaction levels in older people (34), although the correlates of life satisfaction can vary among older men and women (30). Furthermore, research unanimously confirms that there is a correlation between higher socioeconomic status, including better education and better financial status, and greater life satisfaction (15, 16, 35-37). With regard to marital status and lifestyle, research shows that widowhood and single life are associated with lower life satisfaction in older age (15, 29, 38). Furthermore, older people who live alone and who are socially excluded are at a higher risk of developing mental health problems, e.g. they have a higher incidence of depressive symptoms (39).

Probably one of the most interesting findings in the field of research on age-related changes in life

Također, starije osobe koje žive same i koje su socijalno isključene u većem su riziku pojave problema mentalnog zdravlja, primjerice, imaju veću pojavnost depresivnih simptoma (39).

Vjerojatno jedan od najzanimljivijih nalaza u području istraživanja dobnih promjena u zadovoljstvu životom jest taj da nepovoljne promjene i gubitci u procesu starenja, od narušenog zdravstvenog i funkcionalnog statusa do gubitka bliskih osoba, nužno ne ugrožavaju zadovoljstvo životom starijih osoba koje u većine ostaje očuvano. Ova je pojava u literaturi poznata kao paradoks dobi i dobrobiti (40). Međutim, čini se da je ona tipičnija za bogate i razvijenije zemlje (41). Despot Lučanin (40) navodi da kao teorijski okvir za objašnjenje rezultata istraživanja zadovoljstva životom u starijoj dobi najbolje mogu poslužiti model selektivne optimizacije s kompenzacijom ili tzv. SOC model (42) i teorija socioemocionalne selektivnosti (43). Prema prvom modelu, uspješno starenje i očuvano zadovoljstvo životom u starijoj dobi moguće je zahvaljujući održavanju povoljnog balansa između razvojnih dobitaka i gubitaka, odnosno zahvaljujući odabiru manjeg broja ostvarivih i smislenih ciljeva, optimizaciji energije uložene u pojedine aktivnosti te kompenzaciji ograničenja i gubitaka u starijoj dobi (44). Prema teoriji socioemocionalne selektivnosti, socijalna mreža se tijekom odrasle dobi sužava zbog ograničene vremenske perspektive, ali raste kvaliteta užeg kruga emocionalno ispunjavajućih i vrlo bliskih socijalnih odnosa. To veće ulaganje u odnose s vrlo bliskim osobama doprinosi zadovoljstvu i dobrobiti starijih osoba (30).

Na kraju, u kontekstu istraživanja determinanti zadovoljstva životom u starijoj dobi, treba naglasiti da takvih istraživanja još uvijek manjka jer se većina istraživanja zadovoljstva životom provodi u mlađim dobnim skupinama. Također, još uvijek se ne zna dovoljno o relativnom doprinosu čimbenika iz različitih skupina (npr. zdravstveni, funkcionalni, psihosocijalni) zadovoljstvu životom starijih osoba.

satisfaction is that unfavourable changes and losses in the ageing process, from impaired health and functional status to the loss of close persons, do not necessarily jeopardise life satisfaction among older people, and in most cases it remains preserved. In literature, this phenomenon is known as the age and well-being paradox (40). However, it seems to be more typical for wealthy and more developed countries (41). Despot Lučanin (40) argues that the model of selective optimisation with compensation, or the so-called SOC model, (42) and the socioemotional selectivity theory (43) can serve as the theoretical framework for explaining the results obtained in the research on life satisfaction in older age. According to the first model, successful ageing and preserved life satisfaction in older age can be achieved by maintaining a favourable balance between developmental gains and losses, i.e. due to a selection of a smaller number of reachable and meaningful goals, optimisation of the energy invested in individual activities and compensation of limitations and losses in older age (44). According to the socioemotional selectivity theory, the social network shrinks in adult age due to a limited time perspective, but the quality of the close circle of emotionally fulfilling and very close social relationships increases. This greater investment in relationships with very close persons contributes to the satisfaction and well-being of the elderly (30).

Finally, within the context of research focusing on the determinants of life satisfaction in older age, it should be pointed out that there are still few studies on this subject since most studies on life satisfaction are conducted among younger age groups. Moreover, enough is not yet known about the relative contributions of factors from different groups (e.g. health, functional, psychosocial) to life satisfaction in older people.

THE AIM OF THE STUDY

The aim of this study was to examine to what extent the potential predictors from different groups contribute to the explanation of individu-

CILJ ISTRAŽIVANJA

Cilj ovoga istraživanja bio je dobiti odgovor na pitanje koliki je doprinos potencijalnih prediktora iz različitih skupina objašnjenju individualnih razlika u zadovoljstvu životom starijih osoba. Ispitane su sljedeće skupine potencijalnih prediktora: a) sociodemografski (spol, dob, stupanj obrazovanja, financijsko stanje, način života - samački život ili suživot s drugom osobom/osobama), b) zdravstveni (broj kroničnih bolesti, mentalno zdravlje i subjektivna procjena zdravlja), c) funkcionalni (funkcionalna sposobnost), d) psihološki (optimizam i otpornost) i e) socijalni (socijalna podrška i uključenost u socijalne i produktivne aktivnosti u zajednici).

Pretpostavljeno je da će sve skupine zahvaćenih potencijalnih prediktora (sociodemografski, zdravstveni, funkcionalni, psihološki i socijalni) pridonijeti objašnjenju individualnih razlika u zadovoljstvu životom starijih osoba. Točnije, očekivano je da će viši stupanj obrazovanja, bolja financijska situacija, nesamački život, zatim manji broj kroničnih bolesti, bolje mentalno zdravlje, povoljnija subjektivna procjena zdravlja te bolji funkcionalni status biti pozitivni prediktori zadovoljstva životom starijih osoba. Nadalje, pretpostavljeno je da će izraženiji optimizam, otpornost, socijalna podrška te veća socijalna uključenost pozitivno pridonijeti zadovoljstvu životom u starijoj dobi.S obzirom na ranije nesuglasne i nedostatne nalaze o relativnom doprinosu pojedinih skupina prediktora, nisu formirane eksplicitne hipoteze u pogledu usporedbe jačine prediktivnog doprinosa pojedinačnih potencijalnih prediktora.

METODA

Sudionici

U istraživanju je sudjelovao prigodni izvaninstitucionalni uzorak od 790 starijih osoba koje su većinski živjele u vlastitom domu, od čega 460 žena (58,23 %). Prosječna dob sudionika

al differences in life satisfaction among older people. The following groups of potential predictors were examined: a) sociodemographic (gender, age, education level, financial status, way of life – single life or living with another person/other persons), b) health (number of chronic diseases, mental health and subjective self-rated health), c) functional (functional ability), d) psychological (optimism and resilience) and e) social (social support and inclusion in social and productive activities in the community).

It was assumed that all these groups of examined potential predictors (sociodemographic, health, functional, psychological and social) would contribute to the explanation of individual differences in life satisfaction among older people. More precisely, it was expected that a higher level of education, better financial situation, non-single life, a lower number of chronic diseases, better mental health, more favourable subjective self-rated health and better functional status would be positive predictors of life satisfaction among the elderly. Furthermore, it was assumed that higher optimism, resilience, social support and greater social inclusion would positively contribute to life satisfaction in older age. In view of the earlier inconsistent and insufficient findings relating to the relative contribution of individual groups of predictors, no explicit hypotheses were formed regarding the comparison of extent of the predictive contributions of individual potential predictors.

METHOD

Participants

The study was conducted on a convenience community-dwelling sample of 790 older people mainly living in their own homes, 460 of them being women (58.23%). The average age of participants was 73.97 years (*SD* = 6.58; age range: 65 - 98 years). Most were married (64%) or widowed (29%). Most of the participants lived only with their spouses (44.5%) or alone (22.5%), whereas

iznosila je 73,97 godina (*SD* = 6,58; dobni raspon: 65-98 godina). Većina sudionika živjela je u bračnoj zajednici (64 %) ili su bili udovci/udovice (29 %). Većina sudionika je živjela samo s bračnim partnerom (44,5 %) ili sami (22,5 %), dok je u proširenoj obitelji s bračnim partnerom i djecom živjelo 19,6 % sudionika, a samo s djecom živjelo ih je 11,8 %. Većina sudinika završila je srednju školu (44,8 %), dok ih je 28,5 % završilo nekoliko razreda ili osmogodišnju osnovnu školu. Završenu višu ili visoku školu imalo je 26,7 % sudionika. U gradu je živjelo 64 % sudionika, u manjem mjestu/općini 18,5 %, dok je na selu živjelo 17,5 % uzorka. Velika većina ispitanih osoba imala je djecu (96 %).

Instrumenti

U uvodnom dijelu upitnika zahvaćene su sociodemografske varijable: spol, dob, stupanj obrazovanja (nezavršena osnovna škola, završena osnovna škola, srednja škola, viša ili visoka škola), bračno stanje, s kim žive, gdje žive (grad, manje mjesto/općina, selo), žive li u vlastitom domu, broj djece te procjena financijskog stanja/materijalne situacije (na ljestvici od 1- vrlo loše, do 5 - izvrsno).

Zadovoljstvo životom ispitano je *Ljestvicom zadovoljstva životom* (*Satisfaction with Life Scale-SWLS*) (3). Ljestvica pomoću pet čestica ispituje opću evaluaciju vlastitog života. Sudionici pomoću ljestvice od 1 (*uopće se ne slažem*) do 7 (*u potpunosti se slažem)* izražavaju svoje slaganje sa svakom tvrdnjom. Ukupan rezultat je prosjek procjena na svim tvrdnjama. Cronbach alfa koeficijent pouzdanosti je u ispitanom uzorku iznosio 0,87.

Kronične bolesti ispitane su na način da su sudionici na popisu od 10 kroničnih bolesti (artritis, povišeni krvni tlak, bolesti srca i krvnih žila, rak, dijabetes itd.), koje su najzastupljenije u starijoj populaciji (45), označavali one bolesti od kojih boluju. Također je bilo omogućeno navođenje dodatnih bolesti.

19.6% of the participants lived in extended families with their spouses and children, and 11.8% of them lived only with their children. The majority of the participants had completed high school (44.8%), while 28.5% of them had completed several grades or eight-year elementary school, and 26.7% of participants had a college or university degree. A total of 64% of participants lived in a city, 18.5% lived in a smaller town/municipality, whereas 17.5% of the sampled participants lived in rural areas. The vast majority of the respondents had children (96%).

Instruments

The introductory part of the questionnaire included sociodemographic variables: gender, age, education level (incomplete elementary school, elementary school, high school, college or university), marital status, who they live with, where they live (city, smaller town/municipality, rural areas), whether they live in their own homes, the number of children and self-assessment of their financial status/material situation (from 1 – very bad, to 5 – excellent).

Life satisfaction was assessed using the *Satisfaction with Life Scale - SWLS* (3). This 5-item scale measures the general assessment of one's own life. Using the scale ranging from 1 (*completely disagree*) to 7 (*completely agree*), the participants express their agreement with each statement. The total result represents the average of assessments on all statements. Cronbach's alpha reliability coefficient in the examined sample amounted to 0.87.

Chronic diseases were assessed in such manner that on the list of ten chronic diseases (arthritis, hypertension, cardiovascular diseases, cancer, diabetes etc.) which are most common in older population (45), the participants marked the diseases which they were suffering from. It was also possible to list additional diseases.

Subjective health was assessed using the following question: "How would you rate your present health?", with a proposed 5-point answer scale (from 1- very bad to 5 - excellent).

Subjektivno zdravlje ispitano je pomoću pitanja: "Kako biste ocijenili svoje sadašnje zdravlje?" 5-stupanjskom ljestvicom za odgovore (od 1- vrlo loše do 5 - odlično).

Funkcionalna sposobnost ispitana je pomoću *Ljestvice dnevnih aktivnosti* (46). Ljestvica uključuje 14 aktivnosti svakodnevnog života i samozbrinjavanja (npr. korištenje stepenica, pranje i kupanje) za koje su sudionici označavali stupanj samostalnosti u njihovom izvođenju pomoću ljestvice od 1 (*ne mogu uopće*) do 4 (*mogu bez poteškoća*). Ukupan rezultat je zbroj procjena na svih 14 čestica pri čemu viši rezultat označava bolju funkcionalnu sposobnost. Cronbach alfa koeficijent ljestvice je u ispitanom uzorku iznosio 0,92.

Mentalno zdravlje ispitano je pomoću podljestvice mentalnog zdravlja iz Upitnika zdravstvenog statusa SF-36 (47, 48). Upitnikom se pomoću 36 čestica procjenjuje 8 domena zdravlja, uključujući emocionalnu dobrobit ili mentalno zdravlje. Podljestvica mentalnog zdravlja uključuje 5 čestica i uglavnom zahvaća procjenu anksioznosti, depresivnosti i stresa. Ukupni rezultat se izražava kao vrijednost od 0 do 100 gdje viši rezultat označava bolje mentalno zdravlje. Cronbach alfa koeficijent podljestvice mentalnog zdravlja u ovom je istraživanju iznosio 0,85.

Optimizam je kao opća sklonost očekivanju pozitivnih ishoda ispitan ljestvicom optimizma *Life Orientation Test revised - LOT-R* (49) koja sadrži šest tvrdnji. Slaganje sa svakom tvrdnjom procjenjuje se pomoću 5-stupanjske ljestvice (od 1 - *uopće se ne slažem* do 5 - *potpuno se slažem*). Ukupan rezultat je prosjek procjena na svim česticama, uz prethodno obrnuto bodovanje tri čestice negativnog smjera. Pouzdanost ljestvice izražena pomoću Cronbach alfa koeficijenta u ovom je uzorku iznosila 0,76.

Otpornost je ispitana adaptiranom hrvatskom verzijom (50) *Kratke ljestvice otpornosti* (*Brief Resilience Scale*) (51). Ljestvica od 6 tvrdnji ispituje sposobnost uspješnog nošenja i oporavka od različitih stresnih situacija i nedaća. Slaganje s tvrdnjama izražava se pomoću ljestvice

Functional ability was assessed using the *Daily Activities Scale* (46). The scale comprises 14 daily and self-care activities (e.g. using the stairs, washing and bathing) for the performance of which the participants marked their level of independence ranging from 1 (*cannot do it at all*) to 4 (*can do it without difficulties*). The total result is the sum of assessments on all 14 items, whereby a higher score indicates better functional ability. Cronbach's alpha coefficient of the scale in the examined sample amounted to 0.92.

Mental health was assessed using the mental health subscale (MH) from the Medical Outcomes Study Questionnaire Short Form 36 Health Survey (SF-36) (47, 48). The questionnaire utilises 36 items to assesses eight domains of health, including emotional well-being or mental health. The mental health subscale comprises five items and mainly assesses anxiety, depression and stress. The total result is expressed as the score ranging from 0 to 100, whereby a higher score indicates better mental health. Cronbach's alpha coefficient of the Mental Health Subscale amounted to 0.85 in this study.

Optimism as a general tendency to expect positive outcomes was assessed using the *Life Orientation Test revised - LOT-R* (49), consisting of six statements. Agreement with each statement is assessed using a 5-point scale (from 1 – *completely disagree* to 5 –*completely agree*). The total result is the average of assessments on all items, with previous reverse scoring of the three negatively formulated items. The reliability of the scale expressed with Cronbach's alpha coefficient in this sample amounted to 0.76.

Resilience was assessed using the adapted Croatian version (50) of the *Brief Resilience Scale* (51). The scale consisting of six statements measures the ability to successfully cope with and recover from various stressful situations and adversities. Agreement with the statements is expressed using a 5-point scale (from 1 – *completely disagree* to 5 – *completely agree*). The total result is calculated as the average of assessments on all items, with previous reverse scoring of the three negatively

od pet stupnjeva (od 1 - *uopće se ne slažem* do 5 - *potpuno se slažem*). Ukupan rezultat se izračunava kao prosjek procjena na svim česticama, uz prethodno obrnuto bodovanje tri čestice negativnog smjera. Cronbach alfa koeficijent ljestvice dobiven u ovom uzorku iznosio je 0,75.

Socijalna podrška ispitana je prilagođenom verzijom *Ljestvice socijalne podrške* autorice Despot Lučanin (46) koja uključuje tri tvrdnje koje ispituju tri vrste podrške: druženje, emocionalnu i instrumentalnu podršku. Te su tri vrste podrške ispitane u odnosu na dva izvora: (a) članove obitelji te (b) prijatelje i susjede. Sudionici su procjenjivali dostupnost ispitanih oblika socijalne podrške iz dvaju izvora na ljestvici od tri stupnja (1 - *nemam nikoga,* 2 – *imam, povremeno,* 3 - *imam, gotovo uvijek*). Pritom se može izračunati ukupan rezultat za socijalnu podršku od članova obitelji, te za podršku od prijatelja i susjeda, kao i ukupan rezultat na ljestvici kao zbroj prosječnih procjena za ova dva izvora podrške. Za potrebe ovoga istraživanja izračunat je ukupan rezultat na ljestvici kao pokazatelj ukupne percipirane socijalne podrške. Pouzdanost ljestvice izražena Cronbach alfa koeficijentom iznosila je 0,68.

Uključenost u socijalne i produktivne aktivnosti ispitana je pomoću popisa od 9 različitih kategorija socijalnih i produktivnih aktivnosti (npr. pomaganje prijateljima ili članovima obitelji, odlaženje na kulturne aktivnosti (kino, kazalište, koncerti, izložbe, muzeji), vjerske aktivnosti (odlazak na mise, vjerske proslave i sl.), volontiranje). Popis je osmišljen za potrebe ovoga istraživanja. Sudionici su trebali označiti kategorije aktivnosti u kojima su sudjelovali u zadnjih šest mjeseci. Ukupan rezultat je izražen kao broj kategorija aktivnosti u kojima su sudionici sudjelovali u zadnjih šest mjeseci.

Postupak

Istraživanje je provedeno u sklopu institucionalnog projekta Sveučilišta u Zadru *Uspješno starenje: razvoj i validacija integriranog višedi-*

formulated items. Cronbach's alpha coefficient of the scale obtained in this sample amounted to 0.75.

Social support was assessed using the adapted version of the *Social Support Scale* by author Despot Lučanin (46) which comprises three items measuring three types of support: socialising, emotional and instrumental support. These three types of support were assessed in relation to two sources: (a) family members, and (b) friends and neighbours. Participants assessed the availability of the examined types of social support from the two sources on a 3-point scale (1 – *do not have anyone*, 2 – *have, occasionally*, 3 – *have, almost always*). It is thereby possible to calculate the total result both for social support from family members and for social support from friends and neighbours, as well as the total result on the scale as the sum of average assessments for these two sources of support. For the purposes of this study, the total result on the scale was calculated as an indicator of the total perceived social support. The reliability of the scale expressed through Cronbach's alpha coefficient amounted to 0.68.

Inclusion in social and productive activities was assessed using a list that included nine different categories of social and productive activities (e.g. helping friends or family members, attending cultural activities (cinema, theatre, concerts, exhibitions, museums), religious activities (attending masses, religious celebrations etc.), volunteering). The list was designed for the purposes of this study. The participants were asked to mark the categories of the activities in which they had participated in the last six months. The total result is expressed as the number of categories of activities in which participants had participated in the last six months.

Procedure

The study was conducted as part of the institutional project entitled *Successful Ageing: Development and Validation of an Integrated Multidimensional Model* (IP.01.2021.21), supported by the

menzionalnog modela (IP.01.2021.21). Upitnike koji su uključivali gore opisane mjerne instrumente primjenjivali su individualnim intervjuom u domovima sudionika ili na drugom dogovorenom mjestu članovi istraživačkog tima, studenati psihologije Sveučilišta u Zadru i Filozofskog fakulteta Sveučilišta u Zagrebu te troje vanjskih anketara - magistara psihologije. U istraživanju su sudjelovale starije osobe iz različitih krajeva Hrvatske ali većinski iz dalmatinskih županija i Grada Zagreba. Uzorak se širio metodom snježne grude. Provedbu istraživanja odobrilo je Etičko povjerenstvo Sveučilišta u Zadru. Istraživanje je provedeno u razdoblju od studenog 2021. do veljače 2022. godine.

REZULTATI

Osnovni deskriptivni podatci i povezanosti ispitanih varijabli prikazani su u tablici 1.

Kolmogorov-Smirnovljev test normalnosti distribucije pokazao je da distribucije rezultata na svim ljestvicama značajno odstupaju od normalne. Međutim, indeksi asimetričnosti i spljoštenosti nemaju ekstremne vrijednosti što dopušta korištenje parametrijske statistike (52). Iz tablice 1 je nadalje vidljivo da su rezultati na mjerama zadovoljstva životom, funkcionalne sposobnosti, mentalnog zdravlja, subjektivne procjene zdravlja, optimizma i socijalne podrške pomaknuti prema višim vrijednostima. Rezultati na ljestvici otpornosti kreću se oko teorijskog prosjeka. Financijsko stanje većina procjenjuje prosječnim. Broj bolesti se kreće u rasponu od 0 do 8, a većina je osoba izvijestila da boluje od jedne ili dvije kroničke bolesti. Svi ovi podatci pokazuju da je riječ o uzorku starijih osoba koje su relativno dobrog zdravlja te dobrih psiholoških i socijalnih resursa. Jedino je uključenost u produktivne i socijalne aktivnosti bila niža te su sudionici izvještavali o uključenosti u dvije do tri kategorije aktivnosti u prosjeku, od ponuđenih 9. Na-

University of Zadar, Croatia. The questionnaires including the aforementioned measuring instruments were administered to the participants during individual interviews in their own homes or at other locations of their choice by the members of the research team, psychology students of the University of Zadar and the Faculty of Humanities and Social Sciences of the University of Zagreb, as well as three external interviewers with masters in psychology. Older people from different geographical regions in the Republic of Croatia, but mainly from Dalmatian counties and the City of Zagreb, participated in the study. Participants were recruited using the snowball sampling method. The study was approved by the Ethics Committee of the University of Zadar. The study was conducted in the period from November 2021 to February 2022.

RESULTS

Basic descriptive data and correlations of the assessed variables are shown in Table 1.

The Kolmogorov-Smirnov distribution normality test showed that the distributions of results on all scales deviated significantly from normal. However, the skewness and kurtosis indexes did not reach extreme values, allowing the use of parametric statistics (52). Table 1 further shows that the results concerning the measures of life satisfaction, functional ability, mental health, subjective self-rated health, optimism and social support have shifted towards higher values. The results on the resilience scale are within the theoretical average. Financial status was assessed as average by the majority of the participants. The number of diseases ranges from zero to eight, and most participants reported having one or two chronic diseases. All of these data indicate that this is a sample of older people who are relatively healthy and have good psychological and social resources. The only variable with a lower score was the inclusion in productive and social activities, and on average, participants reported on being included in two to three categories of activities

TABLICA 1. Osnovni deskriptivni podaci i povezanosti ispitanih varijabli (N=790)
TABLE 1. Basic descriptive data and correlations of the examined variables (N=790)

VARIJABLE / VARIABLES	Dob / Age	FIN	ZŽ / LS	B / D	FS / FA	MZ / MH	SZ / SH	OP	OTP / R	SP / SS	USPA / ISPA
Dob / Age	1,00										
Financije (FIN) / Finances (FIN)	0,03	1,00									
Zadovoljstvo životom (ZŽ) / Life satisfaction (LS)	-0,02	0,39**	1,00								
Broj bolesti (B) / Number of diseases (D)	0,19**	-0,18**	-0,24**	1,00							
Funkcionalna sposobnost (FS) / Functional ability (FA)	-0,39**	0,15**	0,28**	-0,34**	1,00						
Mentalno zdravlje (MZ) / Mental health (MH)	-0,06	0,27**	0,55**	-0,24**	0,29**	1,00					
Subjektivno zdravlje (SZ) / Subjective health (SH)	-0,17**	0,31**	0,38**	-0,47**	0,43**	0,44**	1,00				
Optimizam (OP) / Optimism (OP)	-0,09*	0,19**	0,43**	-0,16**	0,24**	0,47**	0,32**	1,00			
Otpornost (OTP) / Resilience (R)	-0,08*	0,18**	0,39**	-0,25**	0,22**	0,47**	0,33**	0,42**	1,00		
Socijalna podrška (SP) / Social support (SS)	-0,08*	0,04	0,22**	-0,08*	0,08*	0,15**	0,08*	0,22**	0,15**	1,00	
Uključenost u socijalne i produktivne aktivnosti (USPA) / Inclusion in social and productive activities (ISPA)	-0,27**	0,11**	0,19**	-0,15**	0,34**	0,23**	0,29**	0,15**	0,18**	0,12**	1,00
M (aritmetička sredina) / *M* (arithmetic mean)	73,97	3,21	4,89	1,85 (*Mod*=1)	51,70	66,20	3,24	3,53	3,07	4,81	2,62
SD (standardna devijacija) / *SD* (standard deviation)	6,58	0,68	1,23	1,34	6,36	16,02	0,78	0,72	0,71	0,75	1,81
Dobiveni raspon / Range	65-98	1-5	1-7	0-8	17-56	4-100	1-5	1-5	1-5	2-6	0-9
Asimetričnost (SKW) / Skewness (SKW)		0,16	-0,47	0,93	-2,16	-0,39	0,14	-0,49	-0,17	-0,23	0,91
Spljoštenost (KTS) / Kurtosis (KTS)		1,33	-0,19	1,22	5,29	0,08	0,583	0,52	-0,01	-0,38	1,09
Kolmogorov-Smirnovljev test (K-S d) / Kolmogorov-Smirnov test (K-S d)		0,35**	0,09**	0,20**	0,25**	0,08**	0,31**	0,07**	0,07**	0,09**	0,17**

*p < 0,05, **p < 0,01

dalje, povezanosti zadovoljstva životom i svih njegovih potencijalnih zdravstvenih, funkcionalnih, psiholoških i socijalnih prediktora bile su značajne i pozitivne, izuzev očekivane značajne negativne povezanosti zadovoljstva životom i broja bolesti. Korelacije između po-

out of the nine that were offered. Furthermore, the correlations between life satisfaction and all its potential health, functional, psychological and social predictors were significant and positive, with the exception of the expected significant negative correlation between life satisfaction and

jedinih potencijalnih prediktora zadovoljstva životom (iz skupina zdravstvenih, funkcionalnih, psiholoških i socijalnih varijabli) također su bile značajne i pozitivne, osim korelacija broja bolesti s ostalim varijablama, koje su bile značajne i negativne.

Kako bi se odgovorilo na glavni problem ovoga istraživanja, a to je ispitati koliki je doprinos potencijalnih prediktora iz različitih skupina zadovoljstvu životom starijih osoba, najprije je provedena standardna multipla regresijska analiza u kojoj su svi potencijalni prediktori (sociodemografske karakteristike, zdravstvene varijable, funkcionalna sposobnost, psihološki i socijalni resursi) zajedno uvedeni u regresijsku analizu. Rezultati ove analize, prikazani u tablici 2, pokazali su da među svim uvedenim prediktorima dob, financije, funkcionalna sposob-

the number of diseases. The correlations between individual potential predictors of life satisfaction (from the groups of health, functional, psychological and social variables) were also significant and positive, except for the correlations between the number of diseases and other variables, which were significant and negative.

In order to address the main issue of this study, which was to examine the extent of the contribution of potential predictors from different groups to life satisfaction in older people, a standard multiple regression analysis was first conducted wherein all the potential predictors (sociodemographic characteristics, health variables, functional ability, psychological and social resources) were introduced in the regression analysis together. The results of this analysis, presented in Table 2, showed that among all the introduced

TABLICA 2. Rezultati standardne multiple regresijske analize sa zadovoljstvom životom kao kriterijem i sociodemografskim karakteristikama, značajkama zdravstvenog i funkcionalnog statusa te psihološkim i socijalnim resursima kao prediktorima (N=790)
TABLE 2. The results of standard multiple regression analysis with life satisfaction as a criterion and sociodemographic characteristics, characteristics of health and functional status, and psychological and social resources as predictors (N=790)

	ZADOVOLJSTVO ŽIVOTOM / LIFE SATISFACTION
PREDIKTORI / PREDICTORS	**ß**
Spol (1-muškarci, 2-žene) / Gender (1 - men, 2 - women)	0,01
Dob / Age	0,07*
Obrazovanje (nezavršena OŠ, završena OŠ, SŠ, VSŠ) / Education (incomplete elementary school, elementary school, high school, college)	-0,04
Način života (1-žive sami, 2- žive s nekim) / Way of life (1- living alone, 2-living with someone)	0,05
Financije / Finances	0,23***
Broj bolesti / Number of diseases	-0,03
Funkcionalna sposobnost / Functional ability	0,09**
Mentalno zdravlje / Mental health	0,31**
Subjektivno zdravlje / Subjective health	0,02
Optimizam / Optimism	0,14***
Otpornost / Resilience	0,08*
Socijalna podrška / Social support	0,11***
Socijalna uključenost / Social inclusion	0,02
R^2	0,437***
Korigirani R^2 */ Adjusted* R^2	0,428***
F (13,775)	46,390***

*p < 0,05, **p < 0,01, ***p < 0,001

nost, mentalno zdravlje, optimizam, otpornost i socijalna podrška značajno doprinose objašnjenju zadovoljstva životom ispitanih starijih osoba. Pri tome viša dob, bolje procijenjeno financijsko stanje, bolja funkcionalna sposobnost, bolje mentalno zdravlje, izraženiji optimizam i otpornost te veća socijalna podrška doprinose većem zadovoljstvu životom. Kada je riječ o utvrđenom doprinosu više dobi većem zadovoljstvu životom, vjerojatno je riječ o supresorskom efektu s obzirom na to da je korelacija dobi i zadovoljstva životom bila negativna i neznačajna (vidi u tablici 1). Sve su varijable uvedene u regresijsku analizu zajedno objasnile značajnih 43 % varijance zadovoljstva životom. Najveći zasebni doprinos zadovoljstvu životom imali su mentalno zdravlje i financije.

U nastavku se pokušalo ispitati koliki je zasebni doprinos pojedinih skupina prediktora zadovoljstvu životom. U tu svrhu provedena je hijerarhijska regresijska analiza u kojoj su sociodemografske značajke uvedene u prvom koraku, varijable zdravstvenog i funkcionalnog statusa u drugom, a psihološki i socijalni resursi u trećem koraku analize (tablica 3). Među uvedenim sociodemografskim varijablama jedino su financije pokazale značajan doprinos objašnjenju zadovoljstva životom u prvom koraku analize. Sociodemografske varijable zajedno su objasnile značajnih 16 % varijance kriterijske varijable. Uz kontrolu doprinosa sociodemografskih značajki, varijable zdravstvenog i funkcionalnog statusa su u drugom koraku objasnile dodatnih značajnih 23 % varijance zadovoljstva životom. Pritom su značajan pozitivan doprinos ostvarili mentalno zdravlje i funkcionalna sposobnost. Nakon kontrole doprinosa varijabli uvedenih u prethodna dva koraka, psihosocijalni resursi uvedeni u trećem koraku hijerarhijske regresijske analize objasnili su dodatnih skromnih ali statistički značajnih 4 % varijance zadovoljstva životom. Pritom su sve uvedene varijable osim uključenosti u produktivne i socijalne aktivnosti

predictors, age, finances, functional ability, mental health, optimism, resilience and social support significantly contribute to the explanation of life satisfaction among the older people who were interviewed. In that context, higher age, better assessed financial status, better functional ability, better mental health, higher optimism and resilience, as well as higher social support contribute to greater life satisfaction. The specified contribution of higher age to greater life satisfaction can be regarded as a suppressor effect, given that the correlation between age and life satisfaction was negative and non-significant (see Table 1). All the variables introduced in the regression analysis together explained the significant 43% variance in life satisfaction. Mental health and finances had the greatest individual contributions to life satisfaction.

An attempt was further made to examine the specific contributions of each group of predictors to life satisfaction. For that purpose, a hierarchical regression analysis was conducted in which sociodemographic characteristics were introduced in the first step, health and functional status variables were introduced in the second, and psychological and social resources were introduced in the third step (Table 3). Among the introduced sociodemographic variables, only finances showed a significant contribution to the explanation of life satisfaction in the first step of the analysis. The sociodemographic variables together explained the significant 16% variance in the criterion variable. After controlling the contribution of sociodemographic characteristics, health and functional status variables explained the additional significant 23% variance in life satisfaction in the second step. At the same time, mental health and functional ability had a significant positive contribution. After controlling the contribution of the variables introduced in the previous two steps, the psychosocial resources introduced in the third step of the hierarchical regression analysis explained the additional modest, but statistically significant, 4% variance in life satisfaction. All the introduced variables, except for inclusion in productive and social activities, thereby had a

TABLICA 3. Rezultati hijerarhijske regresijske analize sa zadovoljstvom životom kao kriterijem i sociodemografskim karakteristikama, značajkama zdravstvenog i funkcionalnog statusa te psihološkim i socijalnim resursima kao prediktorima (N=790)
TABLE 3. The results of hierarchical regression analysis with life satisfaction as a criterion and sociodemographic characteristics, characteristics of health and functional status, and psychological and social resources as predictors (N=790)

	ZADOVOLJSTVO ŽIVOTOM / LIFE SATISFACTION	
Prediktori / Predictors	**ß**	**(ß)**
1. korak / 1st step		
Sociodemografske varijable / Sociodemographic variables		
Spol (1-muškarci, 2-žene) / Gender (1 - men, 2 - women)	-0,02	(0,01)
Dob / Age	-0,02	(0,08*)
Obrazovanje (nezavršena OŠ, završena OŠ, SŠ, VSŠ) / Education (incomplete elementary school, elementary school, high school, college)	0,03	(-0,04)
Način života (1-žive sami, 2- žive s nekim) / Way of life (1 - living alone, 2 - living with someone)	0,06	(0,06)
Financije / Finances	0,39***	(0,23***)
R^2	0,166***	
Korigirani R^2 / Adjusted R^2	0,161***	
2. korak / 2nd step		
Zdravstveni i funkcionalni prediktori / Health and functional predictors		
Broj bolesti / Number of diseases	-0,04	(-0,03)
Funkcionalna sposobnost / Functional ability	0,12***	(0,09**)
Mentalno zdravlje / Mental health	0,42***	(0,31***)
Subjektivno zdravlje / Subjective health	0,07	(0,04)
ΔR^2	0,230**	
R^2	0,397***	
Korigirani R^2 / Adjusted R^2	0,390***	
3. korak / 3rd step		
Psihološki i socijalni resursi / Psychological and social resources		
Optimizam / Optimism	0,14***	(0,14***)
Otpornost / Resilience	0,08*	(0,08*)
Socijalna podrška / Social support	0,11***	(0,11***)
Socijalna uključenost / Social inclusion	0,02	(0,02)
ΔR^2	0,040***	
R^2	0,437***	
Korigirani R^2 / Adjusted R^2	0,428***	

*p < 0,05, **p < 0,01, ***p < 0,001; (β) - β-koeficijent u završnom koraku
/ *p < 0,05, **p < 0,01, ***p < 0.001; (β) - β- coefficient in the final step

imale značajan pozitivan doprinos. U zadnjem koraku analize značajnim prediktorima (među svim ispitanima) pokazali su se isti oni koji su se značajnima pokazali i u standardnoj regresijskoj analizi, potvrđujući ponovno najveći doprinos mentalnog zdravlja i financijskog stanja zadovoljstvu životom u starijoj dobi.

significant positive contribution. In the last step of the analysis, significant predictors (among all the examined predictors) were the same as those that proved to be significant in the standard regression analysis, confirming that mental health and financial status have the greatest contribution to life satisfaction in older age.

RASPRAVA

Bez obzira na rastući interes za teme dobrobiti i kvalitete života u starijoj dobi, potaknut kontinuiranim porastom dužine života i udjela starijih osoba u populaciji, još uvijek nedostaje istraživačkih nalaza u pogledu usporedbe doprinosa različitih skupina čimbenika (npr. zdravstvenih varijabli, funkcionalne sposobnosti, psiholoških i socijalnih resursa) zadovoljstvu životom starijih osoba. Stoga je provedeno istraživanje na uzorku od 790 starijih osoba od 65 i više godina s ciljem utvrđivanja doprinosa potencijalnih prediktora iz različitih skupina (sociodemografskih, zdravstvenih i funkcionalnih, psiholoških i socijalnih) objašnjenju individualnih razlika u njihovom zadovoljstvu životom. Kako populacija stari, nužno je identificirati čimbenike koji štite zdravlje i dobrobit kako bi se zaustavio porast incidencije kroničnih bolesti i troškova zdravstvene zaštite povezanih sa sve dužim životnim vijekom (53) te, općenito, osigurao što kvalitetniji i dostojanstveniji život u starosti. Zadovoljstvo životom jedan je od ključnih indikatora kvalitete života te pokazatelj uspješnosti suočavanja s različitim životnim izazovima i tjelesnim, zdravstvenim, kognitivnim i socijalnim gubitcima s kojima se osoba suočava u starijoj dobi (7,8). Ono je determinirano većim brojem različitih čimbenika, od genetskih, situacijskih, do širih društveno-strukturnih čimbenika (5,6).

Među različitim ispitanim skupinama potencijalnih prediktora zadovoljstva životom u provedenom istraživanju, značajnim prediktorima zadovoljstva životom pokazali su se percipirani financijski status, funkcionalna sposobnost, mentalno zdravlje, optimizam, otpornost i socijalna podrška. I svi ostali zahvaćeni pojedinačni prediktori iz skupine zdravstvenih, funkcionalnih i psihosocijalnih bili su značajno i u očekivanom smjeru povezani sa zadovoljstvom životom, iako se svi nisu pokazali njegovim značajnim prediktorima u provedenim regresijskim analizama. Najznačajnijim prediktorima

DISCUSSION

Regardless of the growing interest in topics concerning the well-being and quality of life in older age, which is encouraged by the continuously increasing life expectancy and the proportion of older people in the population, there is still a lack of research findings referring to the comparison of the contributions that different groups of factors (e.g. health variables, functional abilities, psychological and social resources) have to life satisfaction in older people. This study was, therefore, conducted on a sample of 790 older people aged 65 years and above, with the aim of determining the contributions of potential predictors from different groups (sociodemographic, health and functional, psychological and social) to the explanation of individual differences in their life satisfaction. As the population ages, it is necessary to identify the factors which protect health and well-being in order to stop the increase in the incidence of chronic diseases and health care costs associated with the increasing life expectancy (53) and, generally, to ensure a life of better quality and dignity in old age. Life satisfaction is one of the key indicators of quality of life, and an indicator of successful coping with different life challenges and physical, health, cognitive and social losses that people face in older age (7, 8). It is defined by a large number of different factors, from genetic and situational ones, to wider sociostructural factors (5, 6).

Among the different groups of potential predictors of life satisfaction assessed in the present study, perceived financial status, functional ability, mental health, optimism, resilience and social support proved to be significant predictors of life satisfaction. All the other health, functional and psychosocial predictors included in the study were also significantly and expectedly associated with life satisfaction, although not all of them proved to be its significant predictors in the conducted regression analyses. Mental health and perceived finan-

zadovoljstva životom ispitanih starijih osoba pokazali su se mentalno zdravlje i percipirani financijski status. Dobiveni rezultati sukladni su nekim ranijim nalazima. Primjerice, ranija istraživanja također su pokazala da je dobro mentalno zdravlje, primjerice, manje izražena depresivnost, povezano s većim zadovoljstvom životom starijih osoba (2,11,16). Sasvim je očekivano da bolje mentalno zdravlje, odnosno niže razine depresivnosti, anksioznosti, stresa i drugih problema mentalnog zdravlja, doprinose većem zadovoljstvu životom. Međutim, moguć je i obrnuti smjer međusobnog utjecaja ovih varijabli pri čemu veće zadovoljstvo životom može pozitivno pridonijeti različitim pokazateljima dobrog mentalnog zdravlja, kao što su veća otpornost, izraženije pozitivne emocije, manja usamljenost ili niže razine depresivnosti (2).

Uz mentalno zdravlje, u provedenom istraživanju se najznačajnijim prediktorom zadovoljstva životom pokazalo percipirano financijsko stanje. I neki raniji nalazi ukazuju na pozitivnu vezu višeg socioekonomskog statusa, uključujući i bolje financijsko stanje, i zadovoljstva životom (15,16,35-37). Pritom je važno ne samo objektivno nego i percipirano financijsko stanje tj. način na koji osoba procjenjuje svoju financijsku situaciju. U psihologijskim istraživanjima se često zanemaruje ova materijalna komponenta koja je očigledno važna odrednica dobrobiti pojedinca jer mu financijski resursi omogućuju zadovoljavanje različitih potreba, od osnovnih egzistencijalnih, do onih društvenih i rekreativnih, koje utječu na njegovo zadovoljstvo životom. Materijalni status nakon umirovljenja ozbiljno je ugrožen u mnogih starijih osoba pa tim više značajno doprinosi zadovoljstvu životom u starijoj dobi. Jedno recentnije kvalitativno istraživanje provedeno u Hrvatskoj pokazalo je da starije osobe u nas, među ostalim čimbenicima, ističu važnost materijalne sigurnosti za uspješno starenje općenito (54). Suprotno očekivanjima, druge ispitane sociodemografske varijable, kao što su spol, dob, obrazovanje i (ne)samački život, nisu

cial status proved to be the most significant predictors of life satisfaction among the older people included in the study. The obtained results correspond to certain previous findings. For example, previous studies have also shown that good mental health, e.g. less pronounced depression, correlates to higher life satisfaction in older people (2, 11, 16). It is expected that better mental health, i.e. lower levels of depression, anxiety, stress, and other mental health problems contribute to greater life satisfaction. However, a reverse direction of interaction among these variables is also possible, whereby greater life satisfaction can positively contribute to different indicators of good mental health, such as greater resilience, more positive emotions, less loneliness or lower levels of depression (2).

In addition to mental health, the study found that perceived financial status was the most significant predictor of life satisfaction. Some previous findings also show a positive correlation between a higher socioeconomic status, including better financial status, and life satisfaction (15, 16, 35-37). In this context, beside the objective status, the perceived financial status, i.e. how an individual assesses their own financial status, is important as well. This material component is often neglected in psychological research, however, it is obviously an important determinant of an individual's well-being since the financial resources allow them to meet their different needs, from the basic existential ones to the social or recreational ones, all of which have an impact on life satisfaction. Material status after retirement is seriously jeopardised in a large number of older people, and this contributes more significantly to life satisfaction in older age. A recent qualitative study conducted in the Republic of Croatia has shown that, among other factors, older people in our country emphasise the importance of material security for successful ageing in general (54). Contrary to expectations, other assessed sociodemographic variables, such as gender, age, education, and (non)single life, did not play a significant role

imale značajnu ulogu u objašnjenju zadovoljstva životom ispitanih starijih osoba.

Utvrđen pozitivni doprinos funkcionalne sposobnosti zadovoljstvu životom rezultat je koji ne iznenađuje. Naime, očuvana pokretljivost i mogućnost samostalnog obavljanja svakodnevnih aktivnosti i aktivnosti samozbrinjavanja omogućuje starijim osobama da sudjeluju u različitim radnim, društvenim te drugim produktivnim i smislenim aktivnostima u vlastitom domu i zajednici. Nadalje, očuvana funkcionalna sposobnost doprinosi osjećaju autonomije i kontrole nad vlastitim životom. Sve to doprinosi kvaliteti i zadovoljstvu životom u starijoj dobi. S druge strane, istraživanja pokazuju da ograničenja u samostalnom izvođenju svakodnevnih aktivnost i ovisnost o pomoći drugih, najčešće uzrokovani narušenim zdravljem,- mogu značajno ugroziti zadovoljstvo životom (11,13,16,17). Suprotno očekivanjima, broj kroničnih bolesti te subjektivna samoprocjena zdravlja nisu značajno pridonijeli zadovoljstvu životom, što je suprotno nekim ranijim nalazima koji pokazuju značajnu povezanost objektivnog, kao i subjektivnog zdravstvenog statusa sa zadovoljstvom životom (2,7,9-13, 15-19).

Među ispitanim psihološkim i socijalnim resursima, u ovom je istraživanju potvrđena značajna uloga optimizma, otpornosti i socijalne podrške u zadovoljstvu životom starijih osoba. To je sukladno nalazima nekih ranijih istraživanja koja su pokazala da ovi psihosocijalni resursi mogu olakšati uspješno nošenje s promjenama u procesu starenja. Optimizam koji se odnosi na pozitivna očekivanja budućih ishoda olakšava nošenje s izazovnim životnim situacijama te je povezan s boljim tjelesnim i mentalnim zdravljem, većim zadovoljstvom životom i dobrobiti u skupinama osoba različite dobi, uključujući i one starije (21,22,30). Istraživanja također potvrđuju doprinos otpornosti mentalnom i tjelesnom zdravlju i zadovoljstvu životom u starijoj dobi (24,25). Otpornije osobe lakše izdržavaju i brže se oporavljaju od stresnih događaja (23).

in the explanation of life satisfaction among the older people interviewed.

The identified positive contribution of functional ability to life satisfaction is not surprising. Namely, preserved mobility and ability to independently perform the daily and self-care activities enables older people to participate in various work, social and other productive and meaningful activities in their own homes and in the community. Furthermore, preserved functional ability contributes to the feeling of autonomy and control over one's own life. All of this contributes to the quality of life and life satisfaction in older age. On the other hand, research has shown that limitations in independent performance of daily activities and dependence on the help from others, mostly caused by impaired health, can significantly jeopardise life satisfaction (11, 13, 16, 17). Contrary to expectations, the number of chronic diseases and subjective self-rated health did not significantly contribute to life satisfaction, which contradicts some previous findings showing a significant correlation between objective, as well as subjective, health status and life satisfaction (2, 7,9-13,15-19).

Among the examined psychological and social resources, this study has confirmed the important role of optimism, resilience and social support when it comes to life satisfaction among the elderly. This is in accordance with the findings of some previous studies which have shown that these psychosocial resources could facilitate successful coping with changes in the ageing process. Optimism which refers to positive expectations of future outcomes facilitates coping with challenging life situations, and is associated with better physical and mental health, greater life satisfaction and well-being in groups of people of different age, including the elderly (21, 22, 30). The studies also confirm the contribution of resilience to mental and physical health and life satisfaction in older age (24, 25). More resilient people endure stressful events more easily and recover from them better (23). They are better at coping with stress because they

Bolje se nose sa stresom jer učinkovitije koriste resurse koji su im na raspolaganju. Otpornije osobe lakše prihvaćaju neizbježne promjene u procesu starenja i bolje održavaju uključenost u one aktivnosti koje su im važne. Na sve te opisane načine otpornost pozitivno doprinosi zadovoljstvu životom i dobrobiti općenito. U kontekstu socijalnih resursa, koji su usko povezani sa psihološkima, treba naglasiti da istraživanja dosljedno potvrđuju doprinos socijalne podrške i uključenosti u različite društvene i produktivne aktivnosti kao što su druženje s prijateljima, sudjelovanje u religijskim aktivnostima, hobiji itd., zadovoljstvu i kvaliteti života starijih osoba te njihovom uspješnom starenju općenito (7,13,15,26-29). Socijalna podrška je značajan čimbenik zaštite od nepovoljnog utjecaja stresa te neugodnih emocionalnih stanja u starijoj dobi (31, 32). Također, kvalitetni socijalni odnosi mogu smanjiti rizik smrtnosti (55).

Jača strana provedenog istraživanja zasigurno je relativno veliki uzorak ispitanih starijih osoba. Međutim, ne možemo zanemariti ni njegova ograničenja. Jedno od njih je provedba istraživanja u vrijeme pandemije COVID-19 bolesti (premda u razdoblju manjih epidemioloških ograničenja) u kojem su ljudi, uključujući i stariju populaciju, bili manje socijalno aktivni što se moglo odraziti na percipiranu socijalnu podršku i uključenost u aktivnosti u zajednici. Nadalje, mogućnost generalizacije dobivenih rezultata na opću populaciju starijih osoba, uključujući i one koje žive u institucionalnom smještaju, je ograničena jer je istraživanje provedeno na prigodnom izvaninstitucionalnom uzorku starijih osoba čije je zdravlje relativno dobro, a funkcionalna sposobnost i zadovoljstvo životom dobro očuvani.Jedno od ograničenja je i kros-sekcijski korelacijski nacrt istraživanja, kao i korištenje mjera samoiskaza koje bi u budućim istraživanjima bilo uputno nadopuniti objektivnim mjerama (npr. liječničkom procjenom zdravstvenog statusa ili funkcionalne sposobnosti pojedinca).

use the available resources in a more efficient manner. More resilient people accept inevitable changes in the ageing process more easily, and they are better at maintaining inclusion in the activities which they find important. Resilience has a positive contribution to life satisfaction and well-being in general, in all the manners described above. In the context of social resources, which are closely connected with the psychological ones, it must be pointed out that research consistently confirms the contribution of social support and inclusion in various social and productive activities, such as socialising with friends, participation in religious activities, hobbies, etc., to life satisfaction and quality of life in older people, and their successful ageing in general (7, 13, 15, 26 - 29). Social support is an important factor contributing to the protection from the negative impacts of stress and adverse emotional states in old age (31, 32). Furthermore, quality social relations can reduce the risk of mortality (55).

The strength of the conducted study is certainly the relatively large sample of the older people interviewed. However, its limitations cannot to be neglected either. One of them is the fact that the study was conducted during the pandemic of COVID-19 disease (although it was the period of milder epidemiological restrictions) when people, including the older population, were less socially active, which could have had an impact on perceived social support and inclusion in activities in the community. Furthermore, the possibility of generalising the obtained results to the general population of older people, including those living in institutional care, is limited because the study was conducted on a convenience community-dwelling sample of older people in relatively good health and with well-preserved functional ability and life satisfaction. Some of the limitations are also the cross-sectional correlation research design and the use of self-report measures, which should be complemented with objective measures in future research (e.g. medical assessment of an individual's health status or functional ability).

ZAKLJUČAK

Provedeno istraživanje pokazuje da je zadovoljstvo životom starijih osoba uvjetovano djelovanjem većeg broja različitih čimbenika, od onih eksternalnih (poput financija) preko funkcionalne sposobnosti i mentalnog zdravlja, do unutarnjih psiholoških resursa (optimizma i otpornosti) te socijalnih resursa poput socijalne podrške. U kontekstu praktičnih implikacija ovoga i sličnih istraživanja, posebno je važno identificirati one determinante zadovoljstva životom u starijoj dobi koje su podložne promjeni i na koje se može djelovati u svrhu njegovog očuvanja ili unaprjeđenja. U tom su pogledu izuzetno važni svi javnozdravstveni programi (npr. promicanje preventivnih pregleda i tjelesne aktivnosti), kao i psihosocijalne intervencije (npr. poticanje održavanja socijalne mreže i socijalne uključenosti, jačanje otpornosti, pozitivnog pogleda na svijet i doživljaja smisla života i dr.) koje će olakšati prilagodbu starijih osoba promjenama zdravlja i životnih okolnosti te pridonijeti zadovoljstvu i kvaliteti života u starijoj dobi (ali i u ranijim životnim razdobljima).

CONCLUSION

The conducted study shows that life satisfaction among older people is influenced by a larger number of different factors ranging from external factors (e.g. finances), functional ability and mental health, to internal psychological resources (optimism and resilience) and social resources such as social support. In the context of practical implications of this and similar studies, it is of particular importance to identify the determinants of life satisfaction in old age which are subject to changes and which can be influenced, in order to preserve or improve life satisfaction in older people. In that respect, all public health programmes (e.g. promotion of preventive health examinations and physical activity) are of vital importance, including the psychosocial interventions (e.g. encouraging the maintenance of social networks and social inclusion, strengthening of resilience and positive life attitude, as well as the meaning of life etc.) that will facilitate the adaptation of older people to changes in their health and life circumstances, and will contribute to life satisfaction and quality of life in old age (as well as in the earlier periods of life).

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