

Quality of Life of Elderly People in Nursing Homes During the Covid-19 Pandemic

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ABSTRACT

Covid-19 and the restrictive measures it brought with it significantly impacted the daily habits and routines of elderly people. Residential care facilities for the elderly were high-risk environments during the Covid-19 pandemic, as the residents themselves were a vulnerable group with various morbidities and co-morbidities. This study aimed to investigate the factors influencing the quality of life of older people living in nursing homes. The research included 153 participants who were residents of nursing homes and was conducted from May to August 2021. The study included "Naš dom" in Travnik, "Revitalis" in Bugojno, "Linija života" in Donji Vakuf, "Sentivo 1" and "Sentivo 2" in Ilidža, and "Vitalis" in Ilidža. The research used the WHOQOL-BREF questionnaire, which is a shortened version of the WHOQOL-100 questionnaire developed by the World Health Organization (WHO) to assess the quality of life. The results showed that older people did not experience a significant decline in quality of life, but the results varied between institutions. Women had a lower quality of life than men, as did older participants compared to younger ones. Gender, age, educational status, and experience with COVID-19 are significant factors that may influence the quality of life of elderly people living in nursing homes.

Key words: quality of life, older people, nursing homes, Covid-19, Bosnia and Herzegovina

Introduction

In the spring of 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic and urged governments worldwide, including Bosnia and Herzegovina, to take the necessary measures to prevent the spread of the virus. As a result, countries implemented measures such as movement restrictions, lockdowns, stay-at-home orders, mandatory home isolation, quarantine, and physical distancing measures¹. While COVID-19 affected all age groups, the elderly represent a particularly vulnerable population that requires greater protection due to the severe health consequences of infection, including a higher risk of mortality. This is due to the age-related decline in the immune system, a higher prevalence of chronic diseases such as diabetes, hypertension, cardiovascular disease, and comorbidities that increase the risk of severe illness or death². One of the key concerns during the pandemic was the protection of nursing home residents, who are often a high-risk group due to their age and pre-existing health conditions. The quality of life of nursing home residents plays a crucial role in their well-being and happiness. It includes their ability to meet basic needs, main-

tain social relationships, engage in physical activity, maintain mental health, and many other aspects of their daily lives. However, the COVID-19 pandemic brought several challenges that significantly affected the quality of life of nursing home residents. Given the risks and adverse consequences of the COVID-19 pandemic and the associated measures that restricted normal activities, several factors may hurt the physical and mental health of older people. These factors include fear and concern about possible infection, disruption of daily routines, limited access to health services, difficulties in adopting modern communication technologies, and concerns that imposed social isolation may exacerbate existing mental health problems³. Daily life for residents was essentially reduced to interpersonal communication, following media reports on the current situation in the country and the world, and awaiting the lifting of restrictive measures, with telephones becoming almost the only means of communication with the outside world. Residents were required to comply with the prescribed measures, even if they often disagreed with them. Face masks, protective suits, and gloves created a sense of discomfort, distance, and threat. The lack of visibility of caregivers' facial ex-

pressions made it difficult to understand speech and recognize emotions, which is particularly important when interacting with people with cognitive impairments or hearing loss⁴. Given these challenges, it is crucial to investigate the impact of the COVID-19 pandemic on the quality of life of nursing home residents.

This study aimed to analyze aspects of the quality of life of nursing home residents during the pandemic and to identify the factors that had the greatest impact on their well-being. The data from this research can form part of a strategy for planning interventions in other emergencies or pandemics. We hope that this research will stimulate further discussion about the importance of providing adequate support for older people and ensuring their dignity and quality of life, even in challenging times such as the COVID-19 pandemic.

Material and Methods

The study was conducted in six nursing homes with a total of 153 participants. All residents of the following nursing homes were included in the study: "Naš dom" in Travnik, "Revitalis" in Bugojno, "Linija života" in Donji Vakuf, "Sentivo 1" and "Sentivo 2" in Ilidža, and "Vitalis" in Ilidža, who were able to answer the questionnaire. In the nursing homes in Travnik, Bugojno, and Donji Vakuf, due to restrictions on access by third parties, the research was carried out by nurses employed in the respective nursing homes or by residents who were able to complete the questionnaire independently or with assistance. On the other hand, the nursing homes in Ilidža opened their doors and allowed the researcher to conduct the research.

The WHOQOL-BREF questionnaire is an abbreviated version of the WHOQOL-100 questionnaire developed by the World Health Organization (WHO) to assess the quality of life. The questionnaire consists of 26 questions and each question is scored on a Likert scale from one (worst) to five (best). After score transformation, which is performed in two steps, the scores for each domain fall within a scale of 0-100.

The questionnaire also included additional questions on gender, age, health status, marital status, education, and a question on COVID-19 infection.

Statistics

The data were entered into an Excel program and the resulting data were analyzed using IBM SPSS Statistics 23.0. Two-way ANOVA is a statistical method used to examine the effects of two independent variables (in this case gender and another category) on a single dependent variable (e.g. life satisfaction). It assesses the influence of each independent variable individually, as well as their interaction effect. The results of the analysis include F-values and p-values, which are used to determine the statistical significance of differences between groups. The level of significance was set to $p < 0.05$ for all the tests.

Results

The study involved 153 participants, 111 (72.5%) women and 42 (27.5%) men. Of the total sample of 153 participants, 30 (19.6%) were younger than 73 years, including 9 (21.4%) males and 21 (18.9%) females. There were 52 (34.0%) participants in the age range of 73-82 years, with 17 (40.4%) males and 35 (31.5%) females (Table 1).

The two-way analysis of variance shows that there is no statistically significant difference in respondents' overall life satisfaction - WHOQOL based on gender ($F = 0.821$, $p > 0.05$), age categories ($F = 1.779$, $p > 0.05$) or the combined influence of these two variables ($F = 0.426$, $p > 0.05$). Both male and female respondents younger than 72 years show higher satisfaction than older respondents, regardless of gender. It is noteworthy that the oldest male respondents have a much higher level of life satisfaction ($M = 94.31$, $SD = 16.608$) than female respondents in the same age category ($M = 87.15$, $SD = 18.726$), who generally have the lowest level of life satisfaction (Table 2).

The two-way analysis of variance (ANOVA) shows that there is no statistically significant difference in participants' overall life satisfaction – WHOQOL based on their gender ($F = 0.985$, $p > 0.05$), nor based on their educational status ($F = 1.548$, $p > 0.05$), and no significant interaction effect between these two variables ($F = 0.302$, $p > 0.05$). However, it is worth noting that male participants with a primary school education have a significantly higher level of life satisfaction ($M = 100.57$, $SD = 12.995$) than female participants with a university degree ($M = 84.86$,

TABLE 1
NUMBER OF PARTICIPANTS BY AGE GROUP AND GENDER

		Group statistic gender* Age categories			Total
		Age categories			
		Less than 73 years old	73 - 82 years	Older than 82 years	
Gender	Male	9 (21.4)	17 (40.4)	16 (38.1)	42 (27.5)
	Female	21 (18.9)	35 (31.5)	55 (49.5)	111 (72.5)
	Total	30 (19.6)	52 (34.0)	71 (46.4)	153 (100.0)

TABLE 2
TWO-WAY ANALYSIS OF VARIANCE FOR THE VARIABLE TOTAL LIFE SATISFACTION OF RESPONDENTS - WHOQOL BASED ON GENDER AND AGE CATEGORIES OF RESPONDENTS

Group statistic – Life satisfaction (WHOQOL)				
Gender	Age-categories	N (%)	Mean	Standard deviation
Male	Less than 72 years old	9	98.11	19.016
	73 – 82 years	17	92.59	18.544
	Older than 82 years	16	94.31	16.608
	UKUPNO	42	94.43	17.608
Female	Less than 72 years old	21	99.00	17.956
	73 – 82 years	35	89.43	17.907
	Older than 82 years	55	87.15	18.726
	TOTAL	111	90.11	18.695
Source		F	p	
Gender		.821	.366	
Age – categories		1.779	.172	
Gender * Age – categories		.426	.654	
Dependent variable: Life satisfaction – WHOQOL				

SD = 20.429), who generally have the lowest level of life satisfaction (Table 3).

The results show a statistically significant difference in the level of life satisfaction among participants based on the residential facility in which they resided during the COVID-19 pandemic ($F = 8.327, p < 0.01$), there is no sta-

tistically significant difference in overall life satisfaction based on the gender of the participants ($F = 0.205, p > 0.05$), nor is there a significant interaction effect between gender and residential facility ($F = 0.985, p > 0.05$). It is noteworthy that male participants residing in the nursing home "Linija života" show the highest level of life satisfac-

TABLE 3
TWO-WAY ANALYSIS OF VARIANCE FOR THE VARIABLE OVERALL LIFE SATISFACTION OF PARTICIPANTS - WHOQOL IN TERMS OF GENDER AND EDUCATIONAL STATUS OF PARTICIPANTS

Group statistic – Life satisfaction (WHOQOL)				
Gender	Education	N (%)	Mean	Standard deviation
Male	Uneducated	3	90.33	27.934
	Primary school	14	100.57	12.995
	High school	13	89.92	16.785
	University degree	12	93.17	20.701
	Total	42	94.43	17.608
Female	Uneducated	28	91.00	18.696
	Primary school	29	93.90	16.853
	High school	40	88.58	19.421
	University degree	14	84.86	20.429
	TOTAL	111	90.11	18.695
Source		F	p	
Gender		.985	.323	
Education		1.548	.205	
Gender* Education		.302	.824	
Dependent variable: Overall life satisfaction – WHOQOL				

tion (M = 108.56, SD = 8.546), while female participants residing in the nursing home "Sentivo" show the lowest level of life satisfaction (M = 79.85, SD = 20.178) (Table 4).

The results demonstrate a statistically significant difference in the participants overall life satisfaction - WHOQOL depending on whether they had COVID-19 or not (F = 3.656, p < 0.05). However, there is no statistically significant difference based on participants' age categories (F = 2.153, p > 0.05), nor is there a significant interaction effect between COVID-19 and age categories (F = 1.621, p > 0.05). Interestingly, participants who are unsure whether or not they have had COVID-19 show the highest levels of life satisfaction - WHOQOL (Table 5).

Discussion

The study included 153 participants from six different nursing homes. Men made up 27.5% of the sample, while women made up 72.5%. There were significantly more women than men in each age category, suggesting that women are more likely to be placed in nursing homes than men. The largest difference was observed in the category of people aged over 82, where there were almost 3.5 times more women than men. There is no single mortality pattern for men and women anywhere in the world, and from a health perspective, the male sex is considered to be weaker⁵. This has been noted in numerous studies and is statistically supported^{6,7,8,9-10,11-12}. Marinković notes that, according to the WHO, there is almost no country in the

world where the male population has a longer life expectancy⁵. In addition, women often have lower incomes and fewer assets than men, making them more vulnerable to poverty in old age and the need for institutional care. Women are also more likely to care for others, including spouses, children, and grandchildren, which can reduce their ability to live independently in old age. All of these factors may contribute to a higher number of women in nursing homes compared to men. The results of this study may be important for further planning of health care and services in nursing homes. As older women make up a significant majority of the participants, it may be useful to consider how to ensure quality and accessible care for this population in nursing homes. In addition, future research can explore how gender affects the quality of life of older adults and how gender issues can be integrated into the provision of health care in nursing homes.

The study found that the gender of the participants themselves did not play a crucial role in determining the level of life satisfaction. However, it is significant that the oldest male participants had much higher levels of life satisfaction than female participants in the same age group, who generally had the lowest levels of life satisfaction. This may indicate the importance of other factors, such as social support or emotional well-being, which may have a greater impact on life satisfaction than gender alone. It is also important to consider contextual factors, such as cultural norms and expectations, which may influence men's and women's experiences of life satisfaction. According to Ardiani, Lismayanti, and Rosnawaty¹³, gen-

TABLE 4
TWO-WAY ANALYSIS OF VARIANCE FOR THE VARIABLE TOTAL LIFE SATISFACTION OF PARTICIPANTS - WHOQOL, BASED ON GENDER AND ELDERLY CARE FACILITY WHERE PARTICIPANTS RESIDED DURING COVID-19

Group statistics – Life satisfaction (WHOQOL)				
Gender	Nursing home	N (%)	Mean	Standard deviation
Male	Nursing home "Linija života"	9	108.56	8.546
	Nursing home "Revitalis"	4	91.25	12.420
	Nursing home "Naš dom"	9	94.67	14.300
	Nursing home "Sentivo"	11	90.91	19.154
	Nursing home "Vitalis"	9	85.78	21.545
	TOTAL	42	94.43	17.608
Female	Nursing home "Linija života"	19	105.26	11.860
	Nursing home "Revitalis"	9	100.33	9.950
	Nursing home "Naš dom"	25	95.56	10.336
	Nursing home "Sentivo"	33	79.85	20.178
	Nursing home "Vitalis"	25	83.00	19.088
	TOTAL	111	90.11	18.695
Source		F	p	
Gender		.205	.652	
Nursing home		8.327	.000	
Gender* Nursing home		.985	.418	

Dependent variable: Life satisfaction – WHOQOL

TABLE 5

TWO-WAY ANALYSIS OF VARIANCE FOR THE VARIABLE TOTAL LIFE SATISFACTION - WHOQOL CONCERNING HAVING HAD COVID-19 AND AGE CATEGORIES OF PARTICIPANTS

Group statistics – Life satisfaction (WHOQOL)				
COVID-19	Age - categories	N (%)	Mean	Standard deviation
YES	Less than 72 years	8	96.88	12.334
	73 – 82 years	8	80.00	24.767
	Older than 82 years	17	94.29	17.747
	TOTAL	33	91.45	19.219
NO	Less than 72 years	15	97.67	22.041
	73 – 82 years	34	88.88	14.773
	Older than 82 years	42	84.83	18.502
	TOTAL	91	88.46	18.217
DON'T KNOW	Less than 72 years	7	103.14	14.713
	73 – 82 years	10	104.20	15.548
	Older than 82 years	12	94.67	16.642
	TOTAL	29	100.00	15.933
Source		F	p	
COVID-19		3.656	.028	
Age – categories		2.153	.120	
COVID-19 * Age – categories		1.621	.172	
Dependent variable: Life satisfaction – WHOQOL				

der can influence the quality of life, with hormones in the human body playing an important role¹³. In a Portuguese study of older people who were at home during the pandemic, results showed that women had higher levels of subjective symptoms of depression and anxiety than men¹⁴. The quality of life of older people in nursing homes in Vietnam before the Covid-19 pandemic depended on gender, length of stay in the nursing home, activities in the center (participation in sports, material support to the community), current health status, contact with family (children/grandchildren, frequent visits and telephone contact with family) and career before retirement. The results of this study showed that men had a higher quality of life than women. Gender effects were observed in the health and functional, psychological/spiritual subscales, but not in the social/economic and family subscales¹⁵.

The study showed that participants under the age of 72 had the highest average life satisfaction scores, while those over the age of 82 had the lowest average life satisfaction scores. These findings are in line with previous research, which has also shown that older people have lower levels of life satisfaction than younger people. Possible reasons for this trend include declining health, reduced social interaction, and the loss of friends and family as people age.

One study that has looked at this issue is Global Age-Watch, which analyzed the quality of life of older people in 96 countries around the world. It found that the quality of life of older people tends to decline with age, that women often have a lower quality of life than men, and that older people in rural areas often face greater challenges

than those in urban areas. In other words, although there are differences in the quality of life of older people between countries and regions, it can generally be said that the quality of life declines with age, which poses a challenge to society as a whole in terms of providing adequate care for older people¹⁶.

According to Diener, Lucas, and Oishi¹⁷, there is no relationship between life satisfaction and age, while Wilson (cited by the same authors) found a negative relationship, with younger people being more satisfied than older people¹⁸. Reasons for this may include health problems, loss of social support, decline in functional ability, and death of loved ones. These findings highlight the importance of developing interventions that could improve the quality of life of older people. In light of these findings, it is important to consider strategies that could help improve the quality of life of older people, such as providing more opportunities for socialization and activities, support for healthy lifestyles, and access to health services.

The results of the study, which was conducted on a sample of people of different genders and educational levels, showed that there is no significant difference in life satisfaction between men and women, while there are differences according to the educational level of the participants.

These results suggest that education may be an important factor in achieving higher levels of life satisfaction. The results indicate that people with primary education and university education have higher life satisfaction than those with secondary education. This could be explained

by the fact that education is an important factor in achieving a better quality of life. It is also interesting to note that people with a university degree have a lower level of life satisfaction than those with primary education. Possible reasons for this could be high life expectations and disappointment when these expectations are not met, as well as increased stress and demands associated with higher education. The analysis of the differences between men and women in terms of educational status shows that men with primary education express significantly higher levels of life satisfaction than women with a university degree, who express the lowest levels of life satisfaction. This suggests that there is a difference in how men and women perceive their lives regarding education, which may be explained by socio-cultural factors.

The reason for this is that educated people had a higher standard of living. They used to spend their free time in nursing homes socializing with friends, walking, and going out, but the arrival of the pandemic required restrictive measures, travel bans, and the inability to receive visitors, which significantly changed their way and quality of life. On the other hand, men generally have a better quality of life, which can be attributed to the fact that they are mostly single, have access to all necessary services in the nursing home, and do not have to worry about cooking meals and maintaining hygiene in their homes. They also have opportunities for social interaction and creative work.

In contrast, most research shows a link between lower quality of life and lower education. This is supported by a Portuguese study showing that a high level of education is a protective factor for mental health in older people¹⁴. These findings are consistent with other studies that have shown that lower education is associated with lower quality of life in older age^{19,20-21,22}. Results from Šišak in Croatia show that satisfaction with the quality of life has a small negative correlation with the age of the respondents (-0.053), but it is almost insignificant, as well as with the educational level of the participants (0.034)²³.

Another cross-sectional study on social and emotional loneliness among older people in Croatia confirmed that respondents with lower education reported higher levels of loneliness than those with higher education. A lower level of education among older people affects their risky health behaviors, often including smoking and frequent alcohol consumption²⁴, which are ultimately directly related to the quality of life. A study by Cheval et al.²⁵ presented research showing that lower levels of education are associated with lower levels of physical activity throughout life, while lower levels of physical activity are associated with poorer mental health in old age. The results suggest that the effect of low education on mental health in older adults is influenced by a combination of socioeconomic (i.e. wealth) and behavioral (i.e. physical activity) factors²⁵.

The results among users of five different nursing homes showed that residents of the nursing home "Linija života" had the highest average life satisfaction score, while residents of the nursing home "Sentivo" had the lowest average score. These data may be related to the fact

that nursing homes located in smaller communities and smaller facilities tend to have residents with better health status and fewer mental and physical difficulties. In contrast, nursing homes in larger communities often admit patients with severe health conditions that smaller facilities may not have the capacity to treat and accommodate. It is important to note that the Linija života nursing home is located in a rural area, while the other nursing homes are located in urban areas, which may affect the results. Rural areas tend to have less congestion and fewer stressors than cities, and they offer more natural resources and an environment that provides more opportunities for outdoor activities, which can influence positive mood and user satisfaction.

Research has also shown that quality of life is influenced by institutional characteristics such as the size of the home^{26,27}, the type of ownership²⁸, the number of staff in the home²⁹, and financial characteristics³⁰. Although privately owned nursing homes tend to have greater financial resources, a study by Geraedts et al.²⁸ found that quality of life was higher in smaller publicly owned nursing homes because the medical staff in these facilities could devote more attention to the residents³⁰.

The data obtained indicate a statistically significant difference in life satisfaction between people who reported having had COVID-19 and those who did not. Individuals who had COVID-19 had slightly higher average life satisfaction scores than those who did not have the disease. According to a review article by Poudel et al.³¹ analyzing the impact of the COVID-19 pandemic on patients, the results indicate the groups of people most affected by the pandemic. Quality of life deteriorated significantly in people with acute COVID-19 or post-COVID syndrome. In addition, QoL decreased more in women, the elderly, those with severe clinical manifestations, and those from poorer countries³¹. A study conducted at the beginning of the pandemic also showed that quality of life declined in uninfected individuals, with older adults being the most affected³². Tucak Junaković² points out that the results of previous research on the impact of the pandemic and related interventions on the quality of life and well-being of older adults are not consistent. Some studies suggest no significant negative impact and a good adaptation of older adults to living under pandemic conditions^{33,34-35}, while others suggest significant negative effects on mental health and general well-being³⁶.

One possible reason why people who have recovered from COVID-19 have a higher quality of life is the sense of security and protection that may be associated with having overcome the disease and reduced risk of re-infection.

In addition, people who have had COVID-19 may have gone through a challenging illness experience, which may have made them more appreciative of life and more appreciative of their health after recovery. It is possible that people who have had COVID-19 have become more aware of the importance of social relationships and connections with other people, especially if they have experienced isolation during the recovery period. In addition, people who

have had COVID-19 may have developed greater resilience to stress and anxiety after facing a serious illness. It is important to note that more research is needed to better understand the relationship between COVID-19 and quality of life.

Conclusion

Based on the analysis of the collected data, it can be concluded that gender, age, educational status, and experience with COVID-19 are significant factors that can influence the quality of life of older adults living in sheltered housing and nursing homes.

Younger men and women tended to report higher life satisfaction than older participants, which may be related to their physical and mental vitality. Differences in life satisfaction were also observed between men with primary education and women with tertiary education, suggesting the influence of socio-cultural factors and support systems. Participants living in a specific nursing home,

'Life Line', reported higher life satisfaction, highlighting the importance of quality care and support in such settings. In addition, the experience of COVID-19 has an impact on life satisfaction, with participants who are unsure whether they have recovered from the disease reporting higher satisfaction. This may be due to reduced stress or worry associated with the lack of information about past illnesses.

In light of these findings, it is important for caregivers in assisted living and residential care facilities to recognize the importance of understanding and addressing these factors to improve the well-being and life satisfaction of older adults. Interventions that promote physical health, mental vitality, social support, quality of care, and provision of information may have a positive impact on the overall life satisfaction of older people in such settings. In addition, further research should focus on identifying other potential factors that may influence the quality of life of older adults in similar contexts to develop a more comprehensive understanding of their well-being.

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KVALITETA ŽIVOTA OSOBA TREĆE ŽIVOTNE DOBI SMJEŠTENIH U STARAČKIM DOMOVIMA U VRIJEME PANDEMIJE COVID-19

SAŽETAK

Covid-19 i restriktivne mjere koje je donio sa sobom su imali ogroman utjecaj na dnevne navike i rutinu osoba treće životne dobi. Ustanove za smještaj i njegu starih osoba su u periodu pandemije Covid-19 predstavljale mjesta visokog rizika, obzirom da su i sami korisnici usluga rizična kategorija sa nizom morbiditeta i komorbiditeta. Cilj rada je istražiti faktore koje utječu na kvalitetu života osoba treće životne dobi smještenih u ustanovama za smještaj i njegu starih osoba. Istraživanje je obuhvatilo 153 ispitanika, korisnika ustanova za smještaj i njegu starih osoba, a provedeno je u periodu od maja do augusta 2021.godine. U studiju su uključeni „Naš dom“ Travnik, „Revitalis“ Bugojno, „Linija života“ Donji Vakuf, „Sentivo 1“ i „Sentivo 2“ na Ilidži i „Vitalis“ Ilidža. U istraživanju je korišten upitnik WHOQOL-BREF koji predstavlja skraćenu verziju upitnika WHOQOL-100 koji je konstruirala Svjetska zdravstvena organizacija (WHO) u svrhu procjene kvalitete života. Dobijeni rezultati pokazuju da osobe treće životne dobi nisu doživjele značajan pad kvalitete života, ali i da rezultati variraju u ovisnosti od ustanove. Žene pokazuju nižu kvalitetu života u odnosu na muškarce, kao i stariji ispitanici u odnosu na mlade. Spol, dob, obrazovni status i iskustvo s COVID-19 predstavljaju značajne faktore koji mogu utjecati na kvalitetu života osoba treće životne dobi smještenih u ustanovama za smještaj i njegu starih osoba.