

# Age Identity, Social Influence and Socialization through Physical Activity in Elderly People Living in a Nursing Home

Petra Prevc<sup>1</sup> and Mojca Doupona Topič<sup>2</sup>

<sup>1</sup> Department of Kinesiology, Faculty of Sport, University of Ljubljana, Ljubljana, Slovenia

<sup>2</sup> Department of Sociology and History of Sport, Faculty of Sport, University of Ljubljana, Ljubljana, Slovenia

## ABSTRACT

*Elderly people perceive their own ageing in very different ways and the aim of the present study was to explore age identity, the perception of »old age«, the role of physical activity in the socialization of elderly people and social influences on physical activity in elderly people living in a nursing home. Questionnaires were answered by 75 nursing home residents (79±8 years old; 19 males, 56 females), coming from two different Slovenian regions. Subjective age (»felt age«) was on average 5.5 years less than chronological age. Neither increasing chronological age nor subjective age was significantly correlated with a negative perception of health. Subjective age was neither correlated with any of the statements related to well-being and satisfaction with life. The importance of health in old age was confirmed by significant correlation of health status with perception of one's well-being and satisfaction with life. Interestingly, the age at which one perceives a person as having become old was not significantly related to one's own age. Nursing home residents in general associate old age with physical impairment and poor health. Slight differences between genders were noted; men grade retirement and communication difficulties with younger people as more prominent in old age. Interaction with other residents seems to be an important component of physical activity, as participants grade the importance of socializing during exercise quite highly; no significant differences between regions nor between men and women were noted. The social influence on physical activity did not differ significantly between genders and observed regions; the presence of negative social influence was relatively low. Furthermore, in the third period of life, physical activity plays an important socialization role and is, at the same time, influenced by the beliefs and ideas of the environment.*

**Key words:** elderly, physical activity, age identity, social influence, socialization, nursing home, Slovenia

## Introduction

Ageing is a complex process of physical, psychological, and social changes. Besides the physical changes that occur, the ageing process is also influenced by culture and society's expectations of how people should act as they grow older. Even though categorization based on chronological age is very straightforward and obscures the physiological, psychological and social diversity of older people<sup>1</sup>, the threshold of 65 years of age is most commonly used as the beginning of »old age«, mostly because statistics show that health problems that affect activities of daily living and lead to loss of independence are more pronounced after that age. Above mentioned beginning of »elder hood« is a sociopolitical construct developed by social security systems and government organizations to decide an arbitrary age at which benefits should be paid<sup>2</sup>.

The age group of 65 or more years covers up to 40 years of future life, and comprises both the delight of the »third age« and the vulnerability of the »oldest old«, including those at the limits of their functional capacity<sup>3</sup>. In the recent years, the term »successful ageing« has often been used. The biomedical aspect of successful aging is centered on the absence of disease, good physical and mental functioning, whereas the socio-psychological model includes life satisfaction, social functioning and participation, or psychosocial resources<sup>4</sup>.

### *Age identity*

People feel old at different ages and the well known saying »You are as old as you feel« reveals that the per-

ception of one's age is not based solely on chronological age, but mostly on individuals' perceptions of themselves, which is influenced by the symbols and beliefs of society as well on what is happening in their life course. Age identity reflects how a person perceives himself in terms of age; how he looks on his own age, how old he feels, looks or behaves. Age identity is not divorced from chronological age, and some ages (e.g., 21, 30, 50, 65) have particular significance<sup>5</sup>.

Age identity may also be associated with the loss of previous roles and beginning with new roles (as experienced with retirement and widowhood); in that way, a change of social roles may present transition from one age category into another. However, findings are mixed concerning the effect of role changes on age identity among older people. It has been shown that retirement indirectly encourages an older identity and discourages well-being through its effect on community activities<sup>6</sup>, whereas others have found no relationship between age identity and either retirement or widowhood<sup>5</sup>. Thus, it is not completely clear whether social roles affect age identity.

Associations between subjective age (which represents individuals' perceptions of age) and individual's health status, well-being and life satisfaction have been reported in many studies. People who perceived themselves younger than they actually were (had younger age identity) also had better subjective or objective health statuses<sup>4,7,8</sup>. However, findings are mixed concerning the association between satisfaction with life and age identity. Some have found that younger age identity is associated with higher life satisfaction<sup>5,9,10</sup>, whereas others report opposite findings<sup>11</sup>.

Subjective age has been revealed as a more sensitive indicator (in comparison to the chronological age) of elderly people's health, psychological and social characteristics<sup>1</sup>. Age identity merits further exploration, as studies suggest that subjective age has the potential to predict future morbidity and expected longevity<sup>12</sup>.

Subjective perception of age also changes throughout one's lifetime. Teenagers had older subjective age identities and during the early adult years the age identities maintained the same, whereas individuals in the middle and later adult years reported younger age identities<sup>11</sup>. The threshold that someone sets to denote »old age« also seems to be dependent on his actual age. Research on age-identity among the general British public has shown that the older the respondent is, the later the age at which he or she states the old age begins<sup>13</sup>. This finding is consistent with reports that perceived age of leaving middle age progress with respondents' age<sup>14</sup>.

### *Socialization of elderly people (for living in a nursing home) through physical activity*

Some people live their old age in nursing home; the reasons for which are most commonly a loss of independence, an inability to take care of themselves and health problems. The Homes for the Elderly are public or private social care institutions, whose main activity is insti-

tutionalized forms of care for the elderly. Homes for the Elderly provide social as well as nursing services for suppressing the personal distress and problems of people above 65 and those who cannot live at home due to old age, poor health or other reasons. Presently in Slovenia there are 16,594 places in 78 homes for the elderly that can accommodate 4.5% of the Slovenian population older than 65 years<sup>15</sup>.

The effects of institutionalization on elderly people are of significance, both socially and physiologically<sup>16</sup>. Leaving family circle or independent life and entering new living environment can be experienced as a stress and adjusting to life in institution poses a serious problem<sup>17</sup>. Loss of control over personal decision making seems to affect the life satisfaction of institutionalized elderly people<sup>18</sup>.

It has been shown that organized and suitable leisure activities are able to improve the life quality of old people living in nursing homes<sup>17</sup>. Physical activity and sport offer opportunities for dynamic meetings (interaction) and communication, adopting different roles, learning social skills (tolerance, respecting others), adopting different behaviors connected with activity (contribution to personal development), encountering emotions that are not present in other fields of life, adopting some positive elements of lifestyle (nutrition/diet, rest) and accommodating the demands of the group (cooperation, cohesiveness, being socially active, group effectiveness). All of the above-mentioned can represent important factors helping people to socialize in a nursing home with the help of physical activity.

The influence of the exercise environment (group versus alone) on emotional states in older adults has been explored; social (group) environments when compared with exercising alone resulted in significant improvements in the emotional state that was accompanied by increases in self-efficacy<sup>19</sup>. The social environment in which the physical activity takes place can have a great impact on psychological and sociological well-being. The social relations of elderly people integral to the exercise environment were revealed as significant determinants of subjective well-being, manifested as improvements in satisfaction with life and a reduction of loneliness<sup>20</sup>.

### *Social influence on physical activity*

Social influence plays an important role in elderly people's physical activity. Positive social influences represent actions of support and encouragement that helps someone to participate in physical activity. In contrast, negative social influence is characterized by actions that hinder and exclude someone from physical activity. According to social support research and physical activity research, there are three major distinct sources of social influence: family members, friends, and health professionals<sup>21</sup>.

The positive and negative social influences were demonstrated as independent domains, and each dimension was further divided into three sub dimensions<sup>21</sup>. The positive influence was represented by companionship support, informational support and esteem support, whe-

reas the dimensions of negative influence were: inhibitive behavior, justifying behavior and criticizing behavior<sup>21</sup>.

Social support from spouses, family members, friends, and doctors contributed more to the intention to be physically active for the older population than for the middle aged population<sup>22</sup>, which could indicate that social support in later years of life is an even more important determinant of physical activity.

Majority of athletes aged over 70 years who recently participated in a major sporting event reported experiencing some negative social influence regarding their physical activity, which was particularly felt during the initial phase of their sport participation and consisted of social and cultural beliefs (values) on how an older person should behave<sup>23</sup>. Stigma associated with being older also poses a significant physical, sociological and psychological challenge/barrier for an elderly person who wants to become physically active<sup>23</sup>.

Social influence on individual level can have a strong influence on the motivation of elderly people to be physically active, as family seemed to have a significantly greater influence on the healthy and active lifestyles of elderly women than the wider social environment of friends and neighbors<sup>24</sup>.

In the present study, we wanted to explore age identity in older people living in nursing homes; the differences between subjective age and chronological age, the association between age and self perception of health status, the connection between subjective age, satisfaction with life and perception of old age, as well as the association between perception of health and satisfaction with old age. We wanted to explore opinions about the beginning of »old age«, if the threshold that someone denotes as beginning of old age changes with getting older and what elderly people associate old age with. The study also aimed to discover how elderly people value the socialization aspect of physical activity. We wanted to know how nursing homes residents experience the negative and positive influences on physical activity from their surroundings. In all the above-mentioned fields of interest, the differences between genders as well as between regions were explored.

## Subjects and Methods

### Subjects

Questionnaires were answered by 75 nursing home residents, aged from 60 to 92 years (79±8). Forty-five elderly people were living in two nursing homes in Ljubljana region, while the other 30 residents came from two nursing homes in Slovenian Koroška (Carinthia) region. The Ljubljana region spreads around the capital in the central part of Slovenia, has the highest GDP (gross domestic product) of all the regions and one of the lowest unemployment rates, its population is 270 000. Conversely, the Koroška region lies in the northern part of Slovenia, its GDP is below the country's average and the unemployment rate is higher; its population is 74 000.

The study included 19 males and 56 females; all participants voluntarily joined the study. Twelve percent of respondents had at least some college education, 55% were high school graduates, one-quarter finished elementary school and 7% had just four years of elementary school. The majority of them were widowed (56%), 20% never got married, 16% were still married and 8% divorced. Regarding their attitude towards their inclusion in a nursing home, 87% had agreed and 13% had refused to come there.

## Methods

### Questionnaire

A closed type self-constructed questionnaire was used with five-point Likert scale (answers ranged from 1=total disagreement to 5=total agreement). The measure obtained an acceptable degree of internal reliability in this sample, as reflected in the Cronbach statistic; values of Cronbach's  $\alpha$  are greater than 0.7, except for statements concerning social influence on physical activity (Cronbach's  $\alpha=0.565$ ). The internal reliability in that case was accepted because relatively low value is partly caused by different sources of social influence.

### Variables

Independent variables: gender, age and region.

Dependent variables:

- Age identity:
  - Subjective age – self perceived age (Statement: How old do you feel?)
  - Opinion about health status (Statement: My health status is great/excellent.)
  - Perception of old age (well-being, satisfaction), (Cronbach's  $\alpha=0.710$ )
    1. I am very satisfied with my life.
    2. Old age is a nice period of life.
    3. Things keep getting worse as I get older.
    4. As years pass by I get annoyed more easily.
- Opinion about the beginning of the »old age«
 

The participants were asked to state the age at which they consider someone to be old.

  - At what age do you consider someone to be old?

Statements:

  1. You are old when you retire.
  2. You are old when you sleep is disturbed.
  3. You are old when you can't move independently any more.
  4. You are old when you have health problems.
  5. You are old when you have difficulties communicating with younger people.
- Social meaning of physical activity(exercise) (Cronbach's  $\alpha=0.770$ )
  1. If I exercised, socialization (hanging out) with others residents would mean a lot to me.

2. I prefer exercising in a group than alone.
  3. Exercise helps to get used to life in a nursing home.
  4. Company isn't an important aspect of exercise.
- Social influence on physical activity (Cronbach's  $\alpha=0.565$ )
    1. My friends advise me not to exercise.
    2. If I exercised, my friends would support me.
    3. Some residents find exercise inappropriate for old age.
    4. Some residents say that exercise is dangerous and you can get injured.

**Statistics**

The statistic analysis was conducted with the SPSS for Windows statistical package (version 15.0). Differences between groups were analyzed by t-test for dependent and independent samples, correlation was calculated with Pearson's correlation coefficient. The statistical significance was set at 0.05.

**Results and Discussion**

*Age identity*

Descriptive statistics for the age identity variables are presented in Table 1. While the mean age of the sample was 79, people felt 73 years old. Subjective age (»felt age«) was on average 5.5 years less than chronological age ( $t(74)=6.414, p<0.000$ ), which is consistent with other studies that found subjective age of older adults to be significantly less than their chronological age<sup>8,11</sup>.

Ageing is complex process that is demonstrated differently in every individual; the same is true for health problems that usually increase with ageing. The results of our study show that increasing age was not accompanied by a worse perception of health, which is shown by the lack of correlation between chronological age and perception of health status ( $r=-0.023, p=0.847$ ).

Since an individual's attitude towards his old age is to a great extent influenced by his health status, we expected that those who perceive their health as poor would feel older, while those who feel good will feel younger. Subjective age (»felt« age) did not show significant correlation with the perception of health ( $r=-0.153, p=0.90$ ), which is opposite to other studies that showed younger age identity to be associated with better health<sup>1,8</sup>.

It has been argued that age identity is closely linked to well-being. Subjective age (as also difference between

chronological and subjective age) was not correlated with any of the statements related to well-being and satisfaction with life ( $r=-0.153-0.11; p=0.897-0.145$ ), which is not consistent with other studies reporting younger age identity associated with higher life satisfaction<sup>5,9,10</sup>.

Health status is one of the most important factors influencing the perception of old age. Quality of life and a positive attitude towards ageing are, to a great extent, influenced by health problems and levels of mobility. In particular, respondents who judged their health status better were more likely to have better perceptions of their old age, as better health status showed significant correlation with all the statements regarding well-being and satisfaction with life (Table 2).

*Opinion about the beginning of the »old age«*

Interestingly, the results show that the age at which one perceives a person to become old is not related to one's own age. The higher chronological ages of our participants were not significantly correlated with the thresholds that they set to denote »old age« ( $r=0.128, p=0.273$ ). Our findings are not in agreement with other studies that report the perceived age of entering old age increasing with age<sup>13,14</sup>. The reasons for our results could be the small range/span of age of our participants (from 60 to 92 years) and it may be that the opinion about beginning of »old age« does not change as much during that period as it does from young years till late adulthood. The findings also suggest that »old age« is thought to begin in early seventies (at the age of 71 years).

As we explored the characteristics associated with old age, we noticed (Table 3) that nursing home residents to a great extent associate old age with physical impairment and poor health. That is shown with high level of agreement with statements: »You are old when you can't move independently any more« ( $4.1\pm 1.3$ ) and »You are old when you have health problems« ( $3.9\pm 1.3$ ). Participants attributed less importance to retirement ( $2.6\pm 1.5$ ), disturbed sleep ( $2.6\pm 1.5$ ) and troubles in communication with younger people ( $2.8\pm 1.5$ ) in marking the beginning of old age.

In opinions about the beginning of »old age«, the difference between nursing homes in different regions was not so obvious as the regions differed just in the grade of one statement, i.e.: »You are old when you retire«. Resi-

**TABLE 2**  
CORRELATION BETWEEN SELF PERCEPTION OF HEALTH STATUS (»MY HEALTH STATUS IS EXCELLENT«) AND PERCEPTION OF OLD AGE

Statement	r	p
I am very satisfied with my life.	0.285	0.013
Old age is a nice period of life.	0.325	0.004
Things keep getting worse as I get older.	-0.418	0.000
As years pass by I get annoyed more easily.	-0.302	0.008

**TABLE 1**  
CHARACTERISTICS OF CHRONOLOGICAL AND SUBJECTIVE AGE OF THE PARTICIPANTS

	$\bar{X}$	SD	Range
Chronological age	78.9	7.9	60–92
Subjective age	73.0	9.6	50–100

**TABLE 3**  
GENDER DIFFERENCES IN OPINION ABOUT BEGINNING OF »OLD AGE«

Statement	Gender	N	$\bar{X}$	SD	t	p
You are old when you retire.	Men	19	3.21	1.48	2.233	0.029
	Women	56	2.34	1.47		
	Total	75	2.56	1.51		
You are old when you sleep is disturbed.	Men	19	3.11	1.37	1.949	0.055
	Women	56	2.36	1.47		
	Total	75	2.55	1.47		
You are old when you can't move independently any more.	Men	19	4.16	1.21	0.150	0.881
	Women	56	4.11	1.29		
	Total	75	4.12	1.26		
You are old when you have health problems.	Men	19	3.95	1.03	0.304	0.762
	Women	56	3.84	1.42		
	Total	75	3.87	1.33		
You are old when you have difficulties communicating with younger people.	Men	19	3.47	1.54	2.489	0.015
	Women	56	2.52	1.41		
	Total	75	2.76	1.50		

dents of Carinthia's nursing homes attribute significantly ( $t(73)=-2.99$ ,  $p<0.005$ ) greater value in the beginning of »old age« at retirement ( $3.2\pm 1.5$ ) than nursing home residents in Ljubljana ( $2.2\pm 1.4$ ). The greater value that is attributed to retirement in defining old age in the rural environment (Carinthia) could be influenced by more marked experiencing of social roles. Transition from one role (employee) to another (retiree) could be more dramatically experienced because of stereotypical views on retirement and old age.

Concerning gender differences in views on beginning of »old age«, the significant difference was seen only in two opinions: »You are old when you retire« and »You are

old when you have difficulties communicating with younger people«. Men grade the importance of retirement ( $3.2\pm 1.5$  vs.  $2.3\pm 1.5$ ,  $t(73)=2.23$ ,  $p<0.05$ ) and troubles in communication with younger people ( $3.5\pm 1.5$  vs.  $2.5\pm 1.4$ ,  $t(73)=2.49$ ,  $p<0.05$ ) significantly higher than women (Table 3). Greater value that men attributed to retirement in perception of old age could be due to importance and influence that work and occupation had on their life and consequently identified with their job in greater extent than their women counterparts. Many women in our study reported being occupied as housewives and working on farms, so retirement for them did not mean the conclusion of their work. We can speculate that for

**TABLE 4**  
COMPARISON OF OPINIONS ABOUT SOCIALIZATION ASPECT OF PHYSICAL ACTIVITY BETWEEN REGIONS

Statement	Region	N	$\bar{X}$	SD	t	p
Exercise helps to get used to life in a nursing home.	Ljubljana	45	3.44	1.47	-2.804	0.006
	Carinthia	30	4.27	0.79		
	Total	75	3.77	1.30		
If I exercised, socializing with others residents would mean a lot to me.	Ljubljana	45	3.58	1.41	-3.152	0.002
	Carinthia	30	4.50	0.94		
	Total	75	3.95	1.31		
I prefer exercising in a group than alone.	Ljubljana	45	3.80	1.50	-2.052	0.044
	Carinthia	30	4.47	1.17		
	Total	75	4.07	1.41		
Company isn't an important aspect of exercise.	Ljubljana	45	2.89	1.66	2.724	0.008
	Carinthia	30	1.90	1.35		
	Total	75	2.49	1.61		

men retirement meant a greater change and loss of social role that might be a great part of their identity and a source of self-confidence.

*Socialization of elderly people (for living in a nursing home) through physical activity*

Interaction with other residents seems to be an important component of physical activity, as participants grade the importance of socializing during exercise quite highly (4.0±1.3). We also noticed high level of agreement with the preference for group exercise instead of individual activity (4.1±1.4).

The results show that opinion of physical activity as a mode of socialization did not differ much between men and women. Significant gender difference was observed just in the grading of one statement (»Exercise helps me to get used to life in a nursing home«). Men attributed to exercise significantly greater importance (t (73)=2.16, p<0.05) in getting used to life in a nursing home (4.3±0.9) than women (3.6±1.4). Significant differences in all statements between regions demonstrate that people living in Carinthia nursing homes attribute to physical activity greater socialization meaning (Table 4). The noted distinction between regions could be perhaps explained by the stereotypically more individual and private (separate) life of residents of the Ljubljana region (»They keep/stick to themselves«), that is typical characteristic of life in a big city, whereas in small towns all people know each other and are more social.

*Social influence on physical activity*

In physical activity science, social support has been recognized as an important determinant of leisure time physical activity; social support is related to adherence to exercise classes, the intention to be physically active, self-efficacy for physical activity, and perceived behavioral control in physical activity settings<sup>25</sup>. The results did not show greater differences in social influence on

physical activity between nursing homes in different regions of Slovenia. The significant difference (t (73)=-2.00, p<0.05) was noticed only in the perception of negative social influence from friends (»My friends advise me not to exercise«), that was more obvious in the Carinthia region than in the Ljubljana region (1.8±1.5 vs. 1.3±0.8) but still relatively low.

A comparison between genders showed that men and women did not significantly differ in the perceptions of social influence on their physical activity. We hypothesized that women would experience more negative influence from their environment regarding their physical activity, based on historical disapprobation of female physical activity that is rooted in the social and medical protection of women’s bodies and their reproductive roles<sup>26</sup>. In contrast to our expectation, gender differences in the perception of social influence on physical activity were not present among the nursing home residents. The findings indicated that elderly women’s physical activity has found its place (in Slovenia) and is not viewed by the environment as inappropriate and dangerous. Of further interest would be to explore how negative social influences interact with adherence to physical activity, as it has been shown that elderly women that are not regularly physically active report not receiving enough support from their family and friends<sup>27</sup>.

**Conclusion**

To our knowledge, this has been the first study to investigate age identity, the social aspect of physical activity and social influences on physical activity in the nursing home setting, which is an especially vulnerable environment and often pushed to the outskirts of the social attention.

In general, age identity refers to the subjective evaluation of a person’s age, which is subject to individual and historical perspectives. Many studies have found discrep-

**TABLE 5**  
COMPARISON OF SOCIAL INFLUENCE (SUPPORT AND HINDRANCE) ON PHYSICAL ACTIVITY BETWEEN REGIONS

Statement	Region	N	$\bar{X}$	SD	t	p
My friends advise me not to exercise.	Ljubljana	45	1.27	0.78	-1.998	0.049
	Carinthia	30	1.80	1.52		
	Total	75	1.48	1.16		
If I exercised, my friends would support me.	Ljubljana	45	3.80	1.63	-0.561	0.577
	Carinthia	30	4.00	1.31		
	Total	75	3.88	1.51		
Some residents find exercise inappropriate for old age.	Ljubljana	45	2.62	1.48	-1.858	0.067
	Carinthia	30	3.30	1.64		
	Total	75	2.89	1.57		
Some residents say that exercise is dangerous and you can get injuries.	Ljubljana	45	2.24	1.51	-0.818	0.416
	Carinthia	30	2.53	1.48		
	Total	75	2.36	1.50		

ancies between one's real (chronological) age and perceived (subjective) age<sup>8,11</sup>. The present research, which included 75 nursing home residents from two Slovenian regions (45 from Ljubljana region and 30 from Carinthia region), was able to confirm that finding, as relative to their actual age, respondents felt 5.5 years younger. Our study was not able to confirm the high correlation of subjective age and some health, psychological and social characteristics of elderly people that were reported by recent studies<sup>1,5,10,28</sup>. The findings indicated that an individual's perception of his own age (subjective age) was not correlated with perception of his health status, nor with life satisfaction or perception of old age. Neither was chronological age associated with the perception of health status. In contrast, our study was able to demonstrate the importance of health in the later years of life. The findings indicated that people who judged their health better showed greater satisfaction with life, perceived old age more positively, did not see things as getting worse and were not annoyed as easily. The diversity of perceptions of old age is also confirmed with the threshold that our participants set for the beginning of old age that spanned from 50 to 90 years. An unexpected finding was the lack of age's effect on the threshold of entering »old age«.

The importance of health status on older adults' »quality ageing« and life satisfaction was confirmed with our participants' opinion about old age. Old age was mostly associated with physical impairment and health problems. To a lesser extent, old age was characterized by retirement, sleep disturbance and problems with communication with younger people. Differences between regions were noticed in opinions about old age: residents of Carinthia nursing homes attributed more importance to retirement than those in the Ljubljana region. Gender differences were also noted: men perceived the role of retirement as more crucial than women did. A change of social role (retirement) can represent great milestone for

an individual, as retirement (a bureaucratic act) is just a command that makes a sixty years old person, just by the age criterion, an unimportant oldster, that can represent a great shock and frustration<sup>29</sup>. Society plays an important role in modulation of older adult's perception of his own old age. The society's view on retirement and old age can be frequently characterized as stereotypic.

When considering the positive influence of physical activity in old age, we should not ignore its socialization role. The results of our study show that elderly people find the company of others very important and prefer to exercise in group than alone. Participants also agreed that physical activity helped them get used to life in an institution. Men valued the socialization role of exercise in adjusting to the new living environment more highly than women. The difference in the socialization role of physical activity was also obvious between regions. Residents of the Carinthia nursing homes viewed physical activity and company when exercising as helpful in adjusting to life in a nursing home to a significantly greater extent than their counterparts from the Ljubljana region.

The participation of older adults in physical activity is also influenced by the expectations, prejudices, values and ideals of the society in which one ages. Those social influences can play a crucial role for involvement in active lifestyle. We assumed that rooted stereotypical perceptions of old age as a period of rest and inactivity were more pronounced in a rural environment (Carinthia region), so we expected negative social influences to be greater there. The significant difference was observed only in the negative influence of friends that was greater in the Carinthia region. We also expected that women would experience more negative influence from their family, other residents, friends and nursing home staff. On the contrary, it has been shown that men and women did not significantly differ in the perceptions of social influence on their physical activity.

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*P. Prevc*

*Faculty of Sport, University of Ljubljana, Gortanova 22, 1000 Ljubljana, Slovenia  
e-mail: petra.prevc@fsp.uni-lj.si*

## **IDENTITET DOBI, DRUŠTVENI UTJECAJ I SOCIJALIZACIJA KROZ FIZIČKU AKTIVNOST MEĐU STARIJIM OSOBAMA KOJI ŽIVE U STARAČKOM DOMU**

### **S A Ž E T A K**

Stariji ljudi shvaćaju svoje starenje vrlo različito, a cilj ove studije je bio istražiti identitet dobi, precepciju »stare dobi«, ulogu fizičke aktivnosti u socijalizaciji starijih osoba te društveni utjecaj na fizičku aktivnost starijih osoba koji žive u staračkom domu. Upitnici su ispunjavani na 75 osoba iz staračkog doma (79±8 godina stare osobe, 19 muškaraca, 56 žena), iz dvije slovenske regije. Subjektivna dob (»osjetna dob«) u prosjeku je 5,5 godina manja od kronološke dobi. Ni povećavajuća kronološka dob niti subjektivna dob nisu bile značajno korelirane sa percepcijom zdravlja. Subjektivna dob ne korelira s niti jednom tvrdnjom povezanom s općim stanjem i zadovoljstvom u životu. Važnost zdravlja u starijoj dobi potvrđena je značajnom korelacijom zdravstvenog stanja i općim stanjem i životnim zadovoljstvom. Zanimljivo je da dob koju osoba percipira kao onu kada se postaje star nije značajno povezana sa stvarnom dobi. Štićenici staračkog doma, općenito povezuju staru dob s fizičkom nemogućnosti i lošim zdravljem. Primjećene su male razlike između spolova; muškarci ocjenjuju probleme kod umirovljenja i komunikacijske probleme kao istaknutije kod starijih nego kod mlađih. Interakcija sa drugim štićenicima čini se kao važna komponenta fizičke aktivnosti, budući da ispitanici ocjenjuju vrlo visoku važnost druženja prilikom vježbanja; nema značajne razlike između regija niti među spolovima. Društveni utjecaj na fizičku aktivnost nije se značajno razlikovao između spolova i regija; prisutnost negativnog društvenog utjecaja bila je vrlo niska. Nadalje, u trećoj životnoj dobi, fizička aktivnost igra važnu socijalizacijsku ulogu i u isto vrijeme je pod utjecajem vjerovanja i ideala okoline.