

KVALITET ŽIVOTA STARIH OSOBA SMEŠTENIH U STARAČKOM DOMU

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SAŽETAK

Moderno društvo poslednjih decenija suočava se sa velikim porastom udela osoba starijih od 65 godina u ukupnoj populaciji. Istraživanja pokazuju da je trend porasta broja starih takav da je procena da će udeo osoba starosti 65 i više godina u svetskoj populaciji znatno porasti (za 56%), sa 901 milion (12,3%) u 2015. godini na 1,4 milijarde (16,5%) u 2030. godini. Domovi za smeštaj i negu starih lica predstavljaju sigurna mesta koja starim osobama sa smanjenim fizičkim aktivnostima i ostalim mogućnostima osiguravaju život dostojan čoveka. Široko polje interesovanja za istraživanje jesu percepcija i iskustvo korisnika domova za stara lica o tome šta bi moglo predstavljati dobar kvalitet života u ovom okruženju. U sklopu procene kvaliteta života procenjuju se različiti domeni, a u izbor domena kvaliteta života uključen je i određen stepen subjektivne procene. S obzirom na demografske promene koje su dovele do starenja stanovništva, kao i na sve duži životni vek, nove mere socijalne i zdravstvene politike prema starima se sve više usmeravaju na podizanje kvaliteta života starih, dok se naučna istraživanja sve više usmeravaju na otkrivanje faktora koji utiču na kvalitet života starih.

Ključne reči: stare osobe, domovi za stare, kvalitet života, procena

Uvod

Produženje očekivanog trajanja života i porast populacije starih širom sveta uticali su na promenu morbiditeta i mortaliteta u 21. veku. Moderno društvo poslednjih decenija suočava se sa velikim porastom udela osoba starijih od 65 godina u ukupnoj populaciji, što je rezultat produžavanja životnog veka, napretka u medicini i nauci uopšte, kao i poboljšanja kvaliteta života. Istraživanja pokazuju da je trend porasta broja starih takav da je procena da će udeo osoba starosti 65 i više godina u svetskoj populaciji znatno porasti (za 56%), sa 901 milion (12,3%) u 2015. godini na 1,4 milijarde (16,5%) u 2030. godini (1). Stari predstavljaju vulnerabilnu populacionu grupu čije su potrebe brojne, raznovrsne i visoko specifične (2). Mnogobrojne potrebe (zdravstvene, ekonomske i socijalne) prisutne su u velikoj meri u gerijatrijskoj populaciji, što zahteva posebne načine rada na svim nivoima zdravstvene zaštite (3).

Kvalitet života starih osoba

Razlozi za procenu kvaliteta života su različiti, kako na polju društvenih nauka tako i na polju prirodnih nauka. Autori iz različitih oblasti pristupaju konceptu kvaliteta života na različite načine, te danas postoji i veliki broj definicija kvaliteta života (4). Prema definiciji kvaliteta života koju su dali *Felce* i *Perry* (5) kvalitet života predstavlja sveukupno opšte blagostanje, koje obuhvata objektivne faktore i subjektivno vrednovanje fizičkog, materijalnog, socijalnog i emocionalnog blagostanja. Svetska zdravstvena organizacija kvalitet života definiše kao percepciju pojedinca o sopstvenom položaju u životu u kontekstu kulture i sistema vrednosti u kojem živi, a takođe i u odnosu na sopstvene ciljeve, očekivanja, standarde i interesovanja (6). Evidentno je da je, prema definiciji Svetske zdravstvene organizacije kvalitet života na prvom mestu psihološka kategorija, koja ne proizilazi automatski iz zadovoljavanja nekih osnovnih potreba, već iz celokupne psihološke strukture pojedinca u inter-

QUALITY OF LIFE OF ELDERLY PERSONS PLACED IN A NURSING HOME

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SUMMARY

Modern society in recent decades is facing a large increase in the share of people over 65 in the total population. The research shows that the trend of increasing the number of the elderly is such that it is estimated that the share of people aged 65 and over in the world population will increase significantly (by 56%), from 901 million (12.3%) in 2015 to 1.4 billion (16.5%) in 2030. Nursing homes for the accommodation and care of the elderly are safe places that provide the elderly with reduced physical and other abilities and a life worthy of a human being. A wide field of interest for the research is the perception and experience of home care users about what a quality life in this environment could represent. As part of the quality of life assessment, different domains are assessed, and a certain degree of subjective assessment is included in the choice of quality of life domains. Given the demographic changes that have led to an aging population, as well as longer life expectancy, new measures of social and health policy towards the elderly are increasingly aimed at raising the quality of life of the elderly, while scientific research is increasingly focused on identifying factors that affect the quality of life of the elderly.

Key words: elderly people, old people's homes, quality of life, assessment

Introduction

The prolongation of life expectancy and the increase in the number of elderly people all over the world have influenced the change in morbidity and mortality in the 21st century. In recent decades, modern society has faced a large increase in the share of people older than 65 in the total population, which is the result of longer life expectancy, progress in the field of medicine and science in general, as well as the improvement of life quality. Studies have shown that the trend of increase in the number of elderly people is such that it is estimated that the share of people aged 65 and older in the world population will increase significantly (by 56%), from 901 million (12.3%) in 2015 to 1.4 billion (16.5%) in 2030. The elderly represent a vulnerable population group, whose needs are numerous, different and highly-specific (2). A lot of needs (health, economic, social) are present to a great extent in the geriatric population, which demands specific ways of work at all levels of health care (3).

The quality of life of elderly people

Reasons for the assessment of quality of life are different in the field of social sciences, as well as in the field of natural sciences. Authors from different fields have approached the concept of quality of life in different ways, and therefore there are numerous definitions of quality of life today (4). According to the definition of quality of life given by Felce and Perry (5), quality of life presents an overall general well-being, which integrates objective indicators and subjective evaluation of physical, material, social and emotional well-being. The World Health Organization defines quality of life as an individual's perception of their own position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns (6). It is evident that, according to the definition of the World Health Organization, quality of life is, first of all, a psychological category, which does not come automatically from the satisfaction of some basic needs, but from the overall psychological struc-

akciji sa fizičkom i socijalnom okolinom u kojoj živi (6). Nema sumnje da će u budućnosti stare osobe patiti od raznih bolesti koje dovode do invaliditeta i smanjenog kvaliteta života. Interesi starijih i poboljšanje kvaliteta života u ovom dobu, uključujući i njihove zdravstvene probleme, moraju biti prioritet u narednim godinama (7).

Domovi za stara lica

Domovi za smeštaj i negu starih lica su ustanove za zbrinjavanje starih osoba koje više nisu u mogućnosti da brinu o najosnovnijim svakodnevnim životnim potrebama, a nemaju nikakvu pomoć porodice i svojih bližnjih. Predstavljaju sigurna mesta koja starim osobama sa smanjenim fizičkim i ostalim mogućnostima osiguravaju život dostojan čoveka. Potražnja za domovima je uvek aktuelna, iako postoje brojne pritužbe na domski smeštaj i brigu o starim osobama ovakvog tipa (8). U današnje vreme mnoga istraživanja su usmerena ka proceni kvaliteta života starih osoba koje su smeštene u domovima. Korisnici doma uglavnom govore o umerenom nivou kvaliteta života. Široko polje interesovanja za istraživanje jesu percepcija i iskustvo korisnika o tome šta bi moglo predstavljati dobar kvalitet života u ovom okruženju. Ne ograničavajući se na zdravstvene probleme, na kvalitet života u domovima za stare utiče mnoštvo aspekata i dimenzija. Međutim, zbog učestalih fizičkih ili kognitivnih ograničenja u ovoj životnoj fazi i kontekstu, istraživanje kvaliteta života često se svodi na kvalitet života vezan za zdravlje i/ili kvalitet nege. Ovi koncepti su nesumnjivo važni, ali ne mogu zameniti višedimenzionalnu konceptualizaciju kvaliteta života, jer zanemaruju druge dimenzije osim zdravlja i nege (9). Utvrđeno je da je kvalitet života značajan prediktor smrtnosti, fizičke zavisnosti i korišćenja usluga kod starijih osoba. Starije osobe imaju veću verovatnoću da doživljavaju smanjen kvalitet života zbog pogoršanja zdravstvenog stanja, promena u životnom okruženju, krute svakodnevne rutine i izmenjenog obrasca društvene interakcije (10).

Studija koja je sprovedena u Zagrebu kod 2531 ispitanika smeštenih u 19 domova za starije i nemoćne osobe pokazuje da je 60% starih osoba koje žive u domovima zadovoljno ili jako zadovoljno svojim životom (jedan od indikatora kvaliteta života), dok je 12,8% jako nezadovoljno i nezadovoljno svojim životom. Autori navode da su rezultati puno bolji nego u drugim istraživanjima sprovedenim među starim osobama izvan domova

za stare. Najveći broj osoba je zadovoljan ili potpuno zadovoljan životom u domu, njih 70,4%, dok je 4,8% potpuno nezadovoljno i nezadovoljno. Gotovo jedna petina ispitanika (24,8%) svoje zadovoljstvo domom procenjuje osrednje. Rezultati studije sprovedene u Zagrebu, takođe, ukazuju da je zadovoljstvo druženjem i aktivnostima u domu, prema zbirnoj varijabli, najslabije ocenjen aspekt zadovoljstva domskim uslugama. Skoro trećina učesnika u istraživanju (31,2%) ocenila je svoje zadovoljstvo druženjem u domu kao osrednje, 8,4% je izjavilo da su veoma nezadovoljni i nezadovoljni, a 57,2% ispitanika je reklo da su zadovoljni i veoma zadovoljni druženjem u domu, dok je 3,2% ispitanika uskratilo svoj odgovor na ovo pitanje. Zadovoljstvo druženjem u domu ispitano je kroz nekoliko varijabli, u smislu zadovoljstva raznolikošću sadržaja, učestalosti društvenih događanja i uključenosti u događanja. Od svih navedenih varijabli, varijabla koja se odnosila na zadovoljstvo njihovim učešćem u aktivnostima u domu imala je najnižu vrednost. Raznolikost sadržaja i učestalost društvenih događanja su varijable koje su procenjene lošijima od svih drugih varijabli u bilo kom drugom aspektu domskog života (11).

Rezultati istraživanja Klarina i Telebara (12), koje je sprovedeno na uzorku od 260 osoba starije životne dobi smeštenih u domu za starije i nemoćne, pokazuju da je zadovoljstvo životom blago pomerenom prema višim vrednostima. Može se pretpostaviti da su osobe koje žive u institucijama kao što su domovi za starije svesne toga da se mogu osloniti na celokupni tim stručnjaka koji brine o njima, da imaju više prilika da se druže sa svojim vršnjacima, te da su manje usamljeni i ne razmišljaju negativno o svom životu. Osobama starije životne dobi koje žive u domu za starije i nemoćne, savremenim pristupom omogućeno je dostojanstveno i ugodno starenje (12). U istraživanju, sprovedenom kod 55% ispitanika smeštenih u domovima za stare u Belgiji, *Van Malderen* i saradnici (9) su ispitali u kojoj meri domovi za stare primenjuju pristup usmeren aktivnom starenju, te navode da, što više korisnici doživljavaju pristup koji je usmeren prema aktivnom starenju u domu, to je veći i njihov kvalitet života. Ustanovljeno je da su korisnici prilično pozitivni u pogledu aktivnog starenja u svojim domovima i da imaju umereno pozitivnu ocenu kvaliteta svog života. Autori ističu da navedeni rezultati odgovaraju rezultatima drugih studija i suprotstavljaju se široko rasprostranjenim

ture of an individual in interaction with physical and social environment (6). Undoubtedly, in the future the elderly will suffer from various diseases, which lead to disability and lower quality of life. Interests of elderly people and improving quality of life in this life stage, including their health problems, must be the priority in the years to come (7).

Nursing homes for the elderly

Nursing homes for the residential care of elderly people are institutions for elderly people who are not able to take care of basic daily routines, and who are not assisted by their family and close people. They represent safe places which provide a life worthy of a man to elderly people with diminished physical and other abilities. Demand for nursing homes is always present, although there have been numerous complaints about accommodation and care in nursing homes for the elderly (8). Nowadays, a lot of research studies are focused on assessing the quality of life of elderly people who are accommodated in nursing homes. Residents of nursing homes mainly speak about the moderate level of quality of life. Residents' experience and perception about what would be good quality of life in this environment present a wide field of interest for the research. A lot of aspects and dimensions influence quality of life in nursing homes, not only health problems. However, due to frequent physical or cognitive limitations in this life stage and context, the research of quality of life is often limited to quality of life in relation to health and/or quality of care. These concepts are undoubtedly important, but they cannot replace the multidimensional conceptualization of quality of life because they disregard other dimensions except health and care (9). It has been found out that quality of life is a significant predictor of mortality, physical dependence and use of services in elderly people. There is a great possibility that elderly people will experience lower quality of life due to the worsening of health condition, changes in the surroundings, rigid daily routine and changed pattern of social interaction (10).

A study, which was conducted in Zagreb and which included 2351 examinees placed in 19 nursing homes for elderly and helpless people, showed that 60% of elderly people living in nursing homes were satisfied or very satisfied with their lives (one of the indicators of quality of life), while 12.8% were very dissatisfied or dissatisfied

with their lives. The authors stated that the results were a lot better in comparison to other research studies that included elderly people not living in nursing homes. The largest number of people was satisfied or completely satisfied with the life in the nursing home, that is, 70.4% of them, while 4.8% were completely dissatisfied or dissatisfied. Almost one fifth of examinees (24.8%) estimated their satisfaction with the nursing home as moderate. The results of the study conducted in Zagreb also pointed to the fact that satisfaction with social activities in the nursing home, according to the collective variable, was the most weakly assessed aspect of satisfaction with nursing home services. Almost one third of participants of this research (31.2%) evaluated their satisfaction with socializing in the nursing home as moderate, 8.4% stated that they were very dissatisfied and dissatisfied, while 57.2% of examinees said that they were satisfied and very satisfied with socializing in the nursing home, while 3.2% of examinees did not respond to this question. Satisfaction with socializing in the nursing home was assessed with the help of several variables in terms of satisfaction with the variety of contents, frequency of social events and participation in those events. Of all the mentioned variables, the variable relating to their satisfaction with the participation in activities in the nursing home had the lowest value. The variety of contents and frequency of social events were variables that were assessed as worse than all the other variables regarding any other aspect of life in the nursing home (11).

The results of the research of Klarin and Tešbar (12), which was conducted on the sample of 260 elderly people placed in the nursing home for the elderly and helpless, showed that satisfaction with life slightly improved to higher values. It could be assumed that people, who lived in institutions such as nursing homes for the elderly, were aware of the fact that they could rely on the whole team of professionals who took care of them, that they had more opportunities to socialize with their peers, and therefore they were less lonely and did not think of their lives in a negative way. The modern approach enabled dignified and comfortable ageing for elderly people living in a nursing home. In the research, which included 55% of examinees placed in nursing homes in Belgium, Van Malderen and associates (9) examined to which extent nursing homes applied the

društvenim predrasudama da korisnici doma za stare imaju loš kvalitet života (9).

Pavlović (13), u istraživanju sprovedenom u Republici Srpskoj među osobama starijim od 65 godina života, navodi da na kvalitet života starih osoba utiče i nedostatak gerijatarata i osoblja specijalizovanog za oblast gerontologije u Bosni i Hercegovini, što doprinosi veličini problema među korisnicima staračkih domova za negu i zanemarivanju procene kvaliteta života, jer su korisnici staračkih domova uglavnom stariji i slabiji. Ispitanici u staračkim domovima imaju lošiji i funkcionalni status u odnosu na ispitanike koji žive u zajednici, što zahteva obavezan stalan nadzor u obavljanju osnovnih i instrumentalnih aktivnosti svakodnevnog života (13). Slične nalaze opisuju i drugi autori koji su istraživali vezu između mesta boravka starih osoba i njihovog fizičkog funkcionisanja (14).

Merenje kvaliteta života

Postoje brojni instrumenti koji služe za merenje kvaliteta života kod starih osoba. U praksi se koriste i višedimenzionalna merenja koja koriste skalu pomoću koje se kvalitet života definiše preko različitih dimenzija za koje se smatra da su bitne za evaluaciju. U sklopu procene kvaliteta života procenjuju se različiti domen, a u izbor domena kvaliteta života je uključen i određen stepen subjektivne procene (15,16).

Danas postoji veoma veliki broj instrumenata pomoću kojih se meri konstrukt kvaliteta života povezan sa domenom zdravlja, a mogu se podeliti u tri grupe. Prva grupa instrumenata je višedimenzionalna (obuhvata veći broj područja kvaliteta života) i ima najširu upotrebu te se koristi kod različitih oboljenja, ali i kod zdrave populacije, gde se ispituju demografske i kulturološke razlike kada je u pitanju procena kvaliteta života. Od instrumenata ove vrste često se koriste SF-36 (engl. *Short Form Survey-36*) i Upitnik kvaliteta života Svetske zdravstvene organizacije (engl. *The World Health Organization Quality of Life Assessment*) (6,17). Drugu grupu čine instrumenti vezani za određene bolesti, razvijeni za specifičnu upotrebu kod pacijenata koji imaju slične tegobe. Neki od njih konstruisani su za tegobe kod osoba obolelih od raka, artritisa, dijabetesa i slično, a upitnicima su obuhvaćeni domen kvaliteta života koji su značajni za pojedino oboljenje. Kod starih pacijenata obolelih od artritisa kvalitet života često se ispituje Skalom za merenje uticaja artritisa (engl. *Arthritis Impact Measurement Scale*) (18).

Kod pacijenata obolelih od raka upotrebljava se Skala Evropske organizacije za istraživanje i lečenje raka (engl. *European Organization for Research on Treatment of Cancer*). Treću grupu čine instrumenti koji se koriste za procenu domena kvaliteta života, poput telesnog funkcionisanja ili psihičkog zdravlja. Primer ove vrste upitnika je Bekov upitnik depresije (engl. *Beck Depression Inventory*) (19,20). Rezultati istraživanja pokazuju da postoje značajne razlike u uticaju pola na četiri različite skale kvaliteta života (fizičko zdravlje, psihološko zdravlje, socijalne veze i okruženje), pri čemu žene imaju znatno niže vrednosti na ovim skalama, što ukazuje na niži kvalitet života žena u odnosu na kvalitet života muškaraca (7).

Po Meknultiju (21), pozitivna psihologija se bazira na subjektivnim pozitivnim iskustvima. Ova unutrašnja iskustva su određena opštim blagostanjem čoveka, duhovnim i materijalnim; zadovoljstvom i optimizmom, što se i nalazi u korenu koncepta kvaliteta života. Proučavanje kvaliteta života od izuzetnog je značaja za staru populaciju (21). S obzirom na demografske promene koje su dovele do starenja stanovništva, kao i na sve duži životni vek, nove mere socijalne i zdravstvene politike prema starima se sve više usmeravaju na podizanje kvaliteta života starih, dok se naučna istraživanja sve više usmeravaju na otkrivanje faktora koji utiču na kvalitet života starih. Istraživači su u poslednje vreme počeli da razlikuju dva aspekta blagostanja: emocionalno blagostanje, gde ispitanici daju odgovore o kvalitetu svakodnevnih emocionalnih iskustava; i evaluaciju svog života, gde ispitanici treba da izaberu vrednost na skali, i ocene svoj život u potpunosti (22,23). Najčešće korišćene mere kvaliteta života su Indeks subjektivno procenjenog blagostanja (engl. *Subjective Well Being, Happy Planet Index*), kao i Indeks zadovoljstva životom (engl. *Life Satisfaction Index*). Većina mera se bazira na skali Likertovog tipa, gde se kvalitet života računa kao skor vrednosti (24,25).

Rezultati mnogih istraživanja upućuju na postojanje dobnih razlika u proceni kvaliteta života u celini, ali i u pojedinim domenima kvaliteta života. Subjektivna procena kvaliteta života se smanjuje kako organizam stari, ali ostaje u okviru očekivane vrednosti kod svih starosnih grupa osim kod osoba starih 70 i više godina. Proučavanje različitih društvenih aspekata starosti i njihovog istorijskog toka sa sigurnošću doprinosi boljem razumevanju ovog fenomena. Multimorbiditet, učestale hospitalizaci-

approach oriented to active ageing. They stated that the more residents experienced the approach oriented to active ageing, the better quality of life they had. It was found out that the residents were quite positive about active ageing in their nursing homes and they had a moderately positive estimate of their lives. The authors emphasized that the above mentioned results corresponded with the results of other studies and they confronted the widespread prejudice that nursing homes residents had poor quality of life (9).

Pavlovic (13) in the research conducted in The Republic of Srpska among people aged 65 and older stated that the quality of life of the elderly was influenced by the lack of geriatric doctors and staff specialized in gerontology in Bosnia and Herzegovina, which contributed to the size of the problem among residents of nursing homes and neglecting the evaluation of life quality because residents are usually elderly and weak people. Examinees in nursing homes had a weaker functional status than examinees who lived in the community, which demanded compulsory and constant supervision regarding basic and instrumental daily activities (13). Similar findings were described by other authors, who examined the relationship between the place of residence of elderly people and their physical functioning (14).

Measuring quality of life

There are numerous instruments that are used for measuring quality of life in elderly people. In practice, multidimensional measurements are used as well, and they use the scale with the help of which quality of life is defined through different dimensions, which are deemed to be important for the evaluation. Within the assessment of quality of life, different domains are assessed, and a level of subjective assessment is included in the choice of quality of life domains (15,16).

Nowadays, there are numerous instruments with the help of which the construct of quality of life is assessed in relation to health domain, and they can be divided into three groups. The first group of instruments is multidimensional (it integrates a greater number of quality of life domains) and it is most widely used. Therefore, it is used in different diseases, as well as in a healthy population, when demographic and cultural differences are examined in relation to quality of life assessment. As far as this group of instruments is

concerned, SF-36 (Short Form Survey-36) and The World Health Organization Quality of Life Assessment are often used (6,17). The second group includes instruments connected with specific diseases that were developed for the specific use in patients with similar problems. Some of them were designed for troubles in patients affected by cancer, arthritis, diabetes, while some questionnaires incorporated only domains of quality of life that were significant for a specific disease. In elderly patients with arthritis, quality of life is often assessed with the help of Arthritis Impact Measurement Scale (18). In patients with cancer, scale of the European Organization for Research on the Treatment of Cancer is used. The third group is instruments, which are used for the assessment of quality of life domains such as physical functioning or mental health. An example of this kind of questionnaire is Beck Depression Inventory (19,20). The results of the research showed that there was a significant difference in gender-related influence on four different scales of quality of life (physical health, mental health, social relations and environment), while women had lower values on these scales, which pointed to lower quality of life of women in comparison to men (7).

According to McNulty (21), positive psychology is based on subjective positive experience. This inner experience is determined by the general well-being of a man, spiritual and material well-being; satisfaction and optimism, which are rooted in the concept of quality of life. Analyzing quality of life is of great importance for the population of elderly people (21). Having in mind demographic changes that have led to population ageing, as well as longer life expectancy, new measures of social and health politics are becoming more and more oriented towards the increase of quality of life of elderly people, whereas scientific research is oriented towards discovering factors that influence quality of life of elderly people. Researchers recently started to make difference between two aspects of well-being: emotional well-being, where examinees give answers about the quality of everyday emotional experience; and the evaluation of their lives, where examinees have to choose a value on the scale and evaluate their lives completely (22,23). The most frequently used measures of quality of life are the Index of subjectively assessed well-being (Subjective Well Being, Happy Planet Index), as well as the Life Satisfac-

je, polifarmacija, gubitak zuba, mišićna slabost, otežana pokretljivost i kognitivna oštećenja negativno utiču na kvalitet života starih osoba posebno onih koji borave u staračkim domovima. Prospektivne studije su neophodne kako bi se analizirali faktori onesposobljavanja starih i potencijalni modeli nege koji mogu doprineti očuvanju funkcionalne sposobnosti gerontoloških pacijenata (13).

Na osnovu svega navedenog, može se reći da je kvalitet života starih osoba koncept koji se sve više istražuje u relevantnoj svetskoj literaturi i predmet je interesa mnogih naučnika, ali procena kvaliteta života starih osoba ima i svoje praktične doprinose. Stare osobe imaju mnogobrojne probleme, a samim tim i mnogobrojne potrebe, koje su najčešće u trećem životnom dobu narušene. Zahtevi za zadovoljavanjem zdravstvenih i socijalnih potreba starijih osoba gotovo su uvek veći od ekonomskih mogućnosti društva, koliko god ono bilo bogato. Trajan nedostatak sredstava je bazična konstanta svake socijalne politike koja je usmerena ka zadovoljavanju potreba starijih osoba (13).

Zaključak

Starenje populacije jedan je od najvećih izazova sa kojima se suočava savremeni svet. Život u domovima za stare nudi pogodnosti korisnicima, ali istovremeno ima mnogo i izazova sa kojima se oni susreću. S obzirom na to da se starija populacija povećava u najrazvijenijim zemljama, deo ove populacije će živeti u domovima za stare. Zbog toga je važno razmotriti načine i sredstva za poboljšanje uslova smeštaja u domovima za stara lica i naći sredstva za poboljšanje života starijih koji žive u ovim institucijama.

Kvalitet života nalazi se u fokusu javnozdravstvenih politika usmerenih na stare, tako da istraživači u oblasti javnog zdravlja i drugih srodnih disciplina pažnju usmeravaju na identifikaciju faktora od značaja za podizanje blagostanja i životnog standarda kod starih osoba. Od velike važnosti je i implementacija naučnih saznanja u nacionalnim i globalnim strategijama, u cilju promovisanja zdravog i aktivnog starenja, međugeneracijske solidarnosti, kao i stvaranja društvene sredine koja može adekvatno da odgovori na mnoge potrebe starije populacije.

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tion Index. The majority of measures are based on Likert scale, where quality of life is measured as a score of values (24,25).

The results of many studies have pointed to the existence of age-related difference in the evaluation of the overall quality of life, as well as specific domains of quality of life. The subjective assessment of quality of life decreases as an organism gets older, but it remains in the scope of expected values in all age groups, except in people older than 70 years. The analysis of different social aspects of old age and their historical course certainly contributes to better understanding of this phenomenon. Multimorbidity, frequent hospitalizations, polypharmacy, loss of teeth, muscular weakness, impeded mobility and cognitive damage influence negatively the quality of life of elderly people, especially those in the nursing homes. Prospective studies are necessary in order to analyze trigger factors that disable the elderly, as well as potential models of care, which could contribute to preserving functional ability of gerontology patients (13).

According to the above mentioned, it could be said that the quality of life of elderly people is the concept that is more and more researched in the relevant world literature and it is the field of interest for many scientists, but the assessment of quality of life of elderly people has its practical contribution. Elderly people have numerous problems, and therefore, numerous needs that are impaired in this life stage. Demands for satisfying health and social needs of elderly people are almost always greater than the economic possibilities of one society, no matter how prosperous it is. Permanent lack of resources is the basic constant of each social policy, which is focused on satisfying old people's needs (13).

Conclusion

Population ageing is one of the greatest challenges, which the contemporary world faces. Life in nursing homes offers comforts to the users, but they are faced with a lot of challenges. Considering the fact that the population of elderly people increases in the most developed countries, it is certain that one part of them will live in nursing homes. Therefore, it is important to examine the means and resources for the improvement of conditions of accommodation in nursing homes for the elderly and to find means for improving the lives of elderly people who live in these institu-

tions.

Quality of life is in focus of public health policies oriented towards the elderly, and therefore, researchers from the field of public health and other related disciplines focus on identifying factors that are important for improving the welfare and life standard of elderly people. The implementation of scientific knowledge is of great importance in national and global strategies, aimed at promoting healthy and active ageing, inter-generational solidarity, as well as creating social environment which can respond adequately to numerous needs of elderly population.

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