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SELF-ASSESSED NEEDS OF THE ELDERLY FOR THE NON-INSTITUTIONAL CARE SERVICES OF GERONTOLOGICAL CENTERS IN RELATION TO THEIR FUNCTIONAL ABILITY

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Aim of this paper is to determine whether there is a difference between the expressed need and choice of priorities of the non-institutional care services provided by gerontological centres and the category of their functional independence in the elderly who are on the official waiting list for placement in the decentralized Nursing home Split "Vukovarska".

Methods: The research was conducted in November 2021. The participants were aged 65 and over who were on the official waiting list of the Nursing home Split. The research was conducted via telephone survey with the guaranteed anonymity of the participants. The following questionnaires were used: Questionnaire on sociodemographic characteristics, Questionnaire for self-assessment of elderly persons on the need and choice of offered services of non-institutional care, Barthel index modified according to Shah S., Vanclay F. and Cooper B. (MBI).

Results: The study included 182 participants. There was a statistically significant difference between the participants' stated need and choice of priorities for the offered services of the gerontological centre and the category of functional independence of the participants in relation to offered services: help at home ($p<0.001$); day stay ($p<0.001$); programs of continuous physical, mental, work, and cultural and entertainment activities ($p<0.001$); medical, social and psychological services ($p<0.002$); technical assistance ($p<0.001$).

Conclusions: This study indicates that the functional independence of the elderly is an important gerontological public health indicator in the planning of non-institutional care for the elderly population.

Keywords: GERONTOLOGICAL CENTRES, NON-INSTITUTIONAL CARE FOR THE ELDERLY, FUNCTIONAL INDEPENDENCE OF THE ELDERLY

INTRODUCTION

Integral range of health care of the elderly in the intersectoral gerontological approach includes measures and procedures of healthcare services and social care for the elderly (1-2). It entails the necessity of applying a gerontological public health approach specifically aimed at the psychological, biological,lsocial, and living conditions of the elderly (1-4). Also, the heterogeneity of the elderly population indicates the necessity of applying an individualized gerontological approach as part of comprehensive health care, based on the functional capacity and previously determined health needs of the elderly in relation to their family and the local community (1-2). In order to apply the most efficient, rational and appropriate integral range of health care of the elderly, it is necessary to determine, study, monitor, evaluate and plan the needs of the elderly for healthcare services and social care (1-2). Different types of needs of the elderly have been recognized depending on the level of their functional ability (from both physical and psychological aspect), health condition, social functioning, socioeconomic status, personality, level of education, personal preferences and other (1-2, 4).

In order to minimize potential mistakes when creating the strategy, plan and program of measures and procedures for the health care of the elderly, it is necessary to act upon the possible lack of interest among experts in the expectations of elderly individuals (1, 4). It is also necessary to harmonize the expectations based on the self-assessment of an elderly person with the objectively assessed and determined actual health and social needs. The co-responsible inclusion of the elderly person and their partnership in the processes of creating a program of health care measures and activities in the

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older demographic is in accordance with the principles of healthy, active aging (1, 5). Creating an age-friendly environment for the elderly supports intergenerational solidarity (6). Ensuring health care that enables the elderly to live in their homes as long as possible is in line with the recommendations of the World Health Organization and scientific-gerontological guidelines (4, 7). The role of gerontological centres, which are recognized as a model of successful practice of non-institutional care in integral range of health care of the elderly in the city of Zagreb as well as throughout Croatia, is important for ensuring active, healthy aging (1-2, 8).

The University of Split Department of Health Studies launched an institutional project titled: "Self-assessed need of the elderly for the services of gerontological centres (non-institutional care) in Split" (SOZS-IP-2020-5) of which this research is an integral part closely following the guidelines of the WHO Action Plan "Decade of Healthy Aging 2020-2030" (1, 9-10).

GERONTOLOGICAL CENTRES OF NON-INSTITUTIONAL CARE FOR THE ELDERLY

Gerontological centres are multifunctionalscentres for the elderly which provide immediate non-institutional care in the local community with a wide range of services from the integral programs of health care of the elderly (2). There is no standardized model of gerontological centres. They offer different range of services in local communities, which primarily stems from the results of gerontological and public health analyses on the needs of the elderly population (1-2).

Multidisciplinary gerontological teams are most frequent providers of services in gerontological centres, consisting of experts from different professional backgrounds, such as occupational therapists, social workers, nurses, physiotherapists and preferably with the inclusion of other experts such as kinesiologists, physicians, psychologists, nutrition experts and others (1-3, 7). Most often, but not necessarily, gerontological centres are in nursing homes (7). Gerontological centres are aimed towards improvement of the quality of life of the elderly, ensuring healthy, active aging, as well as providing support to the elderly so that they can stay in their homes with their families for as long as possible (1-2). Various services are covered by selected programs implemented by gerontological centers (1-3, 8, 11, 12):

- Hot meals delivery, diet plans, services provided by housekeepers for the elderly.
- Care for the elderly in the so-called "dayscentres" where they can spend part of the day with organized social services such as work activities and socializing.
- Activities of occupational and work therapy and programs of permanent psychological,lphysical, and work activities for the elderly (for example, medical gymnastics, choirs, recreational activities, playing chess, etc.)
- Medical,lsocial, and psychological services such as counselling, services from the "Program of Primary, Secondary, Tertiary and Quaternary Prevention Measures for the Elderly", and measures related to the field of health care and rehabilitation.
- "Technical assistance" services, such as a lending services forcorthopaedic aids (crutches, wheelchairs), help in filling out forms, daily press reading rooms, etc.

FUNCTIONAL ABILITY OF THE ELDERLY

The gerontological-public health indicator which we associate with quality of life is the functional ability,.i.e., the capability of an elderly person to perform all activities of daily life which include psychological,lbiological, and social functioning (1, 7).

The functional status of an elderly person is most often defined based on the limitations in performing Activities of Daily Living (ADL) such eating, maintaining personal hygiene, getting dressed, etc. Functional examination of elderly persons is performedgto determine at what level a person functions independently, specifically whether there is a need for help from another person, followed by the need for supervision or the use of aids when performing the monitored activities (for example ADL activities) (1, 13-14). Numerous social and health needs of an elderly person can be met in the same or similar way as for people in younger age groups (<65 years). It has also been documented that people in the older population group (65 years and older) have different types of needs in relation to the way of social functioning, personality, type of impairment of their functional ability (from the physical and psychological aspects), life preferences, educational level, attitudes, socio-economic status, culturalsdifferences, and the fact that each person has a different life experience (1-2).

The aim of this study is to determine whether there is a difference in the expressed need and choice of priorities for the non-institutional care services of the gerontological centre in relation to the category of the functional independence of the elderly who are on the official waiting list for placement in the Nursing Home Split (1).

PARTICIPANTS AND METHODS

This research was conducted in 2021 in the separate facility of the Nursing Home Split "Vukovarska". The research was carried out via telephone survey with ensured anonymity of elderly people who are on the official waiting list for placement in the Nursing Home Split. Every other consecutive person (aged 65 and over) from thegwaiting list was included in the research during the defined duration of the study in November 2021. The head nurse of the nursing home (the home has the telephone numbers of persons who are on the official waiting list for institutional accommodation) first contacted the elderly persons on the waiting list to comply with the GDPR (General Data Protection Regulation) and informed them about the research after which, if oral consent was obtained from the potential participant, an interview was conducted (lasting an average of 20 minutes) based on the questionnaires used for this research (1).

Participants were informed about the aim,tcontent, and purpose of this study over the phone. After giving information and invitation to participate in the study and after obtaining their consent (by telephone), the survey was conducted according to the study design. If the participant had a guardian, they were spoken to first to approve the participation. Anonymity of participants wasdguaranteed, and they could withdraw from the research at any point. Questionnaire data collected via the telephone survey were recorded in the questionnaires without entering personal data that could potentially enable their identification. The research was carried out using the following questionnaires: Questionnaire on sociodemographic characteristics, Questionnaire for self-assessment of the elderly on the need for and choice of offered non-institutional care services, Index according to Barthel modified according to Shah S., Vanclay F. and Cooper B. (MBI). In this study, the MBI categories are marked from "a" to "e" (1, 15).

In theecomprehensive health care of the elderly, both in the scientific research and at the operational level, numerous indexes are often used to assess their functional independence. Their selection depends mainly on the purpose of the assessment and the participants. Taking this into consideration, we used the Barthel index, modified according to Shah S., Vanclay F. and Cooper B. (MBI) in which more numerical values are included for each function than in the original Barthel index (BI) (1, 14-15). The activities of daily life that are scored using the MBI include: personal hygiene, bathing oneself, feeding, using the toilet, climbing stairs, getting dressed, bowel control, urination control, chair to bed transfer, mobility / and whether the person is mobile with a wheelchair. It is assessed (in a very short time frame of several minutes) whether the participant can perform the task for each item with complete independence, with the help of another person or aid, or with complete dependency on someone else's help. In case the participant needs any help from another person, they are not given the maximum number of points. The total score is 100, where 100 indicates complete independence, the range from 91-99 slight dependence, 61-90 moderate dependence, 21-60 strong dependence, and 0-20 complete dependence (1, 15). The Barthel indexeis among the most widely used and popular questionnaires for measuring functional independence (16). However, it cannot be expected that individual measuring instruments for assessing functional ability can be comprehensive, which is why they are often combined. Assessment of the functional independence of the elderly is indispensable for management processes in the provision of services for the health protection of the elderly (1, 17). Results of previous studies demonstrated the possibility of assessing the functional status by telephone using the MBI questionnaire (1, 18-19).

Only ten people did not accept participation in this research. Elderly persons were not included in the research if they did not agree to participate or if they had severe health issues that could affect their ability to participate in the study, such as Alzheimer's disease and other dementias (moderately severe stage of the disease, severe dementia, i.e. people who require the fourth level of social services), or if they had an acute illness with a high body temperature or a disorder of consciousness. This study is a part of the institutional research project: "Self-assessed need of the elderly for the services of gerontological centres (non-institutional care) in Split" (SOZS-IP-2020-5). The project is an analytical cross-sectional study with the University of Split Department of Health Studies in collaboration with the ReferralrCentre for Health Care of the Elderly - Department of Public Health Gerontology of the Andrija Štampar Teaching Institute of Public Health, in Zagreb and Nursing Home Split (1).

This research is included in the diploma thesis of Marina Tičinović, Master of Nursing under the mentorship of Associate Professor Nada Tomasović Mrčela, MD (1).

DATA ANALYSIS

Categorical data are presented in absolute frequency and percentages. Differences between groups were tested with the chi-square test. The level of statistical significance was set at $p<0.05$. The data were statistically processed using the computer program SPSS (version 28.0, SPSS Inc., Chicago, IL, USA).

ETHICAL APPROVAL

The study was approved by the Ethics Committee of the University of Split Department of Health Studies (CLASS: 001-01/ 20-01/ 004, REG. NUMBER: 2181-228-07-0004, 24 June 2020) and the consent of the principal of the Nursing Home Split was obtained (100-00/ 21-01/81, 2181-531-01-04-21-1, 17 September 2021).

RESULTS

In this study, we firsteanalyse the data related to the general characteristics of the participants, followed by the testing of the research hypothesis.

GENERAL CHARACTERISTICS OF PARTICIPANTS

This research included 182 participants. The analysis of socio-demographic characteristics shows (1):

- Age: 53 participants (29.1%) were aged 85 and over, 86 participants (47.3%) were aged between 75 and 84, and 43 participants (23.6%) were aged 65 to 74.
- Gender: 54 participants (29.7%) were male, and 128 participants (70.3%) were female.
- Type of household: 113 participants (62.1%) live in a household with 2 or more people, while 69 participants (37.9%) live in a single household.
- Mobility: more than half, 99 participants (54.4%) were completely mobile, while 72 participants (39.6%) were mobile with the help of a cane,hcrutch, orcorthopaedic bench, five participants (2.7%) had permanently limited mobility and were in wheelchairs, and only six participants (3.3%) were permanently immobile.
- Assistance: most participants, 122 of them (67.0%), were assisted by family members in carrying out activities of daily life. They are followed

Table 1.
Association between the participant's category of functional independence and the order of priority in choosing services A of non-institutional care (gerontological centre).

Service A	Help in home service. ("organizing food service/meal delivery, housekeepers for the elderly")				
Category of functional independence*	Service not chosen	First choice	Second choice	Third choice	P-value
a) complete independence	9 (18.0%)	13 (26.0%)	12 (24.0%)	16 (32.0%)	
b) slight dependence	6 (12.5%)	18 (37.5%)	13 (27.1%)	11 (22.9%)	
c) moderate dependence	1 (1.6%)	52 (85.2%)	6 (9.8%)	2 (3.3%)	<0.001
d) strong dependence	0 (0.0%)	16 (100.0%)	0 (0.0%)	0 (0.0%)	
e) complete dependence	0 (0.0%)	4 (57.1%)	2 (28.6%)	1 (14.3%)	

*Functional independence is determined based on the MBI (15).

by 56 participants (30.8%) who stated that they were assisted by friends orsneighbours, 50 participants (27.5%) were assisted by professional staff (caregivers, nurses and others), seven participants (3.8%) had no help from others although they were in need for assistance, while 23 participants (12.6%) did not need help from others to perform activities of daily life.

- The MBI (Protocol for evaluating the degree of functional independence): The largest share of participants belonged in the "c" category, meaning that 61 participants (33.5%) were moderately dependent on help from others. They are followed by 50 (27.5%) completely independent participants who belonged to category "a", closely followed by 48 (26.4%) participants who belonged to category "b" - slightly dependent on help from others. Among all participants, there were 16 (8.8%) who belonged to the category D, meaningethey were very dependent, and seven participants (3.8%) who belonged to the category E - completely dependent on others and their help.
- Waiting list: 114 (62.6%) participants were classified in the first level of social housing services, and 68 (37.4%) participants in the second and third levels of social housing services in a decentralized nursing home in Split.

It is hypothesized that there is a significant difference between the priority needs of participants for the offered services of non-institutional care (gerontology centre) and the category of their functional independence (1). Table 1 shows the association between the participant's category of functional independence and the order of priority in choosing services A of non-institutional care (gerontological centre).

There is a statistically significant difference between the expressed need and order of priorities of participants for service A and the category of their functional independence ($p<0.001$). All participants (100%) from the functional independence category "d" (strong dependence) gave score 1,.i.e., answered that their need for the Gerontology Centre's services A was their first choice, while, for example, 26% of the participants from the MBI category "a" (complete independence) gave score 1 (1). Table 2 shows the association between the participant's functional independence category and the priority of choosing service B of non-institutional care (gerontological centre).

There is a statistically significant difference between the expressed need and priority of choosing service B (day stay) and the category of their functional independence ($p<0.001$). Respondents from category "a" (52% of them) and category "b" (41.7%) more often than other

Table 2.
Association between the participant's functional independence category and the priority of choosing service B of non-institutional care (gerontological centre).

Service B	Day centre ("elderly persons spend part of their day in arcentre where, in addition to a day stay and food, they are frequently provided with certain medical and social services, work and free time activities...")				
Functional independence category*	Service not chosen	First choice	Second choice	Third choice	P-value
a) complete independence	6 (12.0%)	26 (52.0%)	9 (18.0%)	9 (18.0%)	
b) slight dependence	4 (8.3%)	20 (41.7%)	15 (31.3%)	9 (18.8%)	
c) moderate dependence	35 (57.4%)	4 (6.6%)	8 (13.1%)	14 (23.0%)	<0.001
d) strong dependence	13 (81.3%)	0 (0.0%)	1 (6.3%)	2 (12.5%)	
e) complete dependence	6 (85.7%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	

*Functional independence is determined based on the MBI (15).

Table 3.
The association between the participant's functional independence category and the priority of choosing service C of non-institutional care (gerontological centre).

Service C	Programs of continuous physical, mental, work, cultural and entertainment activities (e.g., medical gymnastics for the elderly, chess, bocce (bowling), occupational and work therapy, choir, etc.)				
Functional independence category*	Service not chosen	First choice	Second choice	Third choice	P-value
a) complete independence	20 (40.0%)	6 (12.0%)	16 (32.0%)	8 (16.0%)	
b) slight dependence	21 (43.8%)	5 (10.4%)	12 (25.0%)	10 (20.8%)	
c) moderate dependence	49 (80.3%)	0 (0.0%)	6 (9.8%)	6 (9.8%)	<0.001
d) strong dependence	16 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
e) complete dependence	5 (71.4%)	0 (0.0%)	0 (0.0%)	2 (28.6%)	

*Functional independence is determined based on the MBI (15).

respondents give a rating of 1, that is, they answer that they need the service of the Gerontology Centre First choice Day Care (1). The association between the participant's functional independence category and the priority of choosing service C of non-institutional care (gerontological centre) is shown in Table 3.

There is a statistically significant difference between the participants' needs for service C (program of continuous physical, psychological, work, and cultural and entertainment activities) and the category of their functional independence ($p<0.001$). All participants from group "d" gave score 0 for the service C. The largest number of participants from group "a" gave score 2,.i.e., answered that their need for the Gerontology Centre's services from category C is their second choice in their order of priority (1). The association between the participant's functional independence category and the priority of choosing service D of non-institutional care (gerontological centre) is shown in Table 4.

There is a statistically significant difference in the needs for service D (Health, social and psychological services) in relation to the category of their functional independence ($p<0.002$). Participants from category "d" gave grade 0 less often than others for the needs of the Gerontology Centre's services under D (1). The association between the participant's functional independence category and the priority of choosing service E of non-institutional care (gerontological centre) is shown in Table 5.

There is a statistically significant difference between the needs for service E (Technical assistance) and the category of functional independence ($p<0.001$). Participants from categories "a" and "b" more often than other participants gave a score of 0 for the need for services in category E of the Gerontology Centres (1).

DISCUSSION

The results of this study, which included 182 participants who were on the official waiting list for accommodation in the Nursing Home Split "Vukovarska", showed that the category of their functional ability is important when choosing the gerontological programs for the non-institutional care service of the Gerontological Centre. The structure of the participants shows that almost two fifths of them live in a single household and that 87.4% receive assistance from some sort of service provider at home,.i.e., assistance in carrying out the activities of daily life meaning they have a need for such help. Furthermore, two fifths of participants are mobile with the aid of a cane,hcrutch, orcorthopaedic bench, while 2.7% of participants are in

Table 4.
The association between the participant's functional independence category and the priority of choosing service D of non-institutional care (gerontological centre).

Service D	Medical, social, and psychological services ("e.g. psychologist counselling, medical care and rehabilitation services, organizing lectures on health of the elderly, etc.")				
Functional independence category*	Service not chosen	First choice	Second choice	Third choice	P-value
a) complete independence	22 (44.0%)	5 (10.0%)	12 (24.0%)	11 (22.0%)	
b) slight dependence	24 (50.0%)	4 (8.3%)	7 (14.6%)	13 (27.1%)	
c) moderate dependence	17 (27.9%)	4 (6.6%)	29 (47.5%)	11 (18.0%)	<0.002
d) strong dependence	1 (6.3%)	0 (0.0%)	8 (50.0%)	7 (43.8%)	
e) complete dependence	3 (42.9%)	2 (28.6%)	1 (14.3%)	1 (14.3%)	

*Functional independence is determined based on the MBI (15).

Table 5.
The association between the participant's functional independence category and the priority of choosing service E of non-institutional care (gerontological centre).

Service E	Technical assistance ("loaning services for corthopaedic aids, e.g., crutches, corthopaedic benches and wheelchairs for people with disabilities, daily newspaper reading room, help in filling out forms, etc.")				
Functional independence category*	Service not chosen	First choice	Second choice	Third choice	P-value
a) complete independence	43 (86.0%)	0 (0.0%)	1 (2.0%)	6 (12.0%)	
b) slight dependence	42 (87.5%)	1 (2.1%)	1 (2.1%)	4 (8.3%)	
c) moderate dependence	29 (47.5%)	1 (1.6%)	10 (16.4%)	21 (34.4%)	<0.001
d) strong dependence	3 (18.8%)	0 (0.0%)	7 (43.8%)	6 (37.5%)	
e) complete dependence	3 (42.9%)	1 (14.3%)	3 (42.9%)	0 (0.0%)	

*Functional independence is determined based on the MBI (15).

wheelchairs, and 3.3% are permanently immobile. The assessment of the degree of functional independence (according to the MBI) indicates that 33.5% of the participants are moderately dependent on the help of others, 9% of the participants are highly dependent on the help of others, while 4% are completely dependent on the help of others (1).

However, the data (according to the available literature) indicate that there is a relatively small number of elderly people who are beneficiaries of gerontological centre services within the framework of non-institutional care, although the need for such services is evidently greater. Non-institutional services are offered to the elderly in only 160 units of local self-government (within the framework of the program "Help at home for the elderly" and "Day stay and help at home for the elderly") which makes up 28% of the total number of units of local self-government in the Republic of Croatia (1, 20). These services were provided to 15,550 people,.i.e., only 2.1% of the total number of elderly people in the Republic of Croatia according to data from 2012 (data from the available literature) (1, 20-21).

It is evident from these data that these services are not available to a large number of elderly people in the Republic of Croatia. The services provided by the mentioned programs are intended for elderly people in single households and to those whose guardians or children do not live near them, to persons of lower socioeconomic status who are at risk of social exclusion and poverty, and persons with severely impaired health. These services include help in maintaining personal hygiene, providing basic health care, help in the household, taking medication, buying groceries, help in exercising various rights, but also socializing, talking with the elderly, as well as involvement in various activities carried out in the local community. The local self-government units that implement the aforementioned programs sign a cooperation agreement with the corresponding ministry and are financed from the state budget and the budget of local and/or regional self-government units (1, 20).

There were 79 gerontological centres in Croatia in 2012. Nine gerontological centres operate at nursing homes in the City of Zagreb: Centar, Dubrava, Maksimir, Medveščak, Trešnjevka, Trnje, Peščenica, Sveta Ana, Sveti Josip (1, 22-23).

Based on the results of this research, the largest share of participants is moderately dependent according to the MBI category, which indicates the importance of occupational therapists in a multidisciplinary gerontological team. Occupational therapists can help older people to maintain their dependence on other people's help in performing daily life activities as low as possible, and this undoubtedly has a positive effect on the quality of life (1).

More than a quarter of the participants (27.5%) are provided with assistance in daily life activities by professional staff, who, according to the results of the survey, are in the third place, right after family members, and friends andsneighbours. The help provided by nurses to the elderly is primarily in the domain of health care, especially in the multidisciplinary gerontological team of the Gerontological Centre in the implementation of the "Program of primary, secondary, tertiary and quaternary prevention for the elderly" (1-3, 8).

The role of informal caregivers (usually family members) is of particular interest when planning and implementing care for the elderly. The largest share of participants, about two-thirds (67%), mentioned family members as providers of help in performing daily life activities. As a result, counselling centres for informal caregivers also operate in some gerontological centres. These counsellingscentres employ psychologists and social workers and, if necessary, other experts who help informal caregivers overcome the stressful situations that come with caring for an elderly person and provide them with support and professional advice (1, 22). It can be concluded that, within the scope of non-institutional care services for the elderly, it is necessary to offer the services of a multidisciplinary gerontological team consisting of several experts (social workers, health workers, psychologists, caregivers, etc.) to provide comprehensive health care to the elderly population. Therefore, the inclusion of various professions and expertise in gerontological centres as part of an interdisciplinary gerontological approach is necessary (1, 22).

The limitation of this study, which was conducted (due to the COVID-19 pandemic) using a telephone survey, is primarily the lack of data on sensory abilities such as vision, hearing, as well as mental health and other gerontological public health indicators that would better complete the assessment of the functional ability of the elderly (1).

Literature search did not result in finding similar papers comparable to the results of this study. However, it is necessary to highlight the model of the Zagreb gerontological centres in the Republic of Croatia presented in 2004 as examples of successful practice of non-institutional care for the elderly and in 2021 as a Support program in the local community developed in cooperation with attenders (2, 22). Qualitative research in Osijek showed the importance of (semi) day care for the elderly in non-institutional care in the local community, as it reduces the feeling of isolation and increases the social inclusion (24). A British study showed that the main motives of elderly people for coming to day care centres were the desire for social contact, getting out of their homes, doing something, or improving their mental health (25).

The results of the pilot project on non-institutional forms of care for the elderly which was carried out in the Municipality of Drenovci in the Vukovar-Srijem County (2002), showed that of the total number of respondents (n=164), 73.78% (n=121) were completely satisfied with the program. The program was most helpful in overcoming loneliness of the attenders (64.63%, n=106), followed by maintaining personal hygiene and the cleanliness of the space in which they lived (42,68%, n=70) (26). A Canadian study emphasized the importance of understanding the role of the elderly and their caregivers in planning, exploring, and decision-making in health care services, which also implies the active involvement of the elderly population in the broader field of integral range of health care for the elderly (27).

CONCLUSION

This study on the self-assessed needs of the elderly for the services of gerontological centres (non-institutional care) in Split confirms that the assessment of the functional capacity of the elderly is an important gerontological and public health indicator for planning the non-institutional care for the elderly population, as significant difference was found between the expressed need and the participants' choice of priorities for the offered services of the Gerontology Centre and the category of their functional independence according to the MBI.

Note: The results were presented in the diploma thesis "Needs of elderly people for the services of gerontological centres of non-institutional care in relation to their functional ability" (1).

Abbreviations:

MBI - Barthel index modified according to Shah S., Vanclay F. and Cooper B.
BI - Barthel index
ADL - Activities of Daily Living
GDPR - General Data Protection Regulation

NOVČANA POTPORA/*FUNDING*
Nema/*None*

ETIČKO ODOBRENJE/*ETHICAL APPROVAL*
Nije potrebno/*None*

SUKOB INTERESA/*CONFLICT OF INTEREST*
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Sažetak

SAMOPROCIJENJENE POTREBE STARIJIH OSOBA ZA USLUGAMA GERONTOLOŠKIH CENTARA IZVANINSTITUCIJSKE SKRBI U ODNOSU NA NJIHOVU FUNKCIONALNU SPOSOBNOST

Marina Tičinović, Nada Tomasović Mrčela

Cilj ovog rada je utvrditi postoji li u starijih osoba koje su na Službenoj listi čekanja za smještaj u Dom za starije i nemoćne osobe Split "Vukovarska", razlika u iskazanoj potrebi i odabiru prioriteta za uslugama izvaninstitucijske skrbi Gerontološkog centra u odnosu na kategoriju njihove funkcionalne samostalnosti.

Metode: U studenom 2021. godine se provodilo istraživanje, a ispitanici su osobe u dobi od 65 godina i više koji se nalaze na Službenoj listi čekanja Doma za starije i nemoćne osobe u Splitu. Istraživanje se provodilo telefonskim anketiranjem uz osiguranu anonimnost ispitanika. Primijenjeni su anketni upitnici: Upitnik o sociodemografskim obilježjima, Upitnik za samoprocjenu starijih osoba o potrebi i odabiru ponuđenih usluga izvaninstitucijske skrbi, Indeks po Barthelovoj modificiran prema Shah S., Vanclay F. i Cooper B. (MBI).

Rezultati: U istraživanje je uključeno 182 ispitanika. Postoji statistički značajna razlika u iskazanoj potrebi i odabiru prioriteta ispitanika za ponuđenim uslugama Gerontološkog centra u odnosu na kategoriju funkcionalne samostalnosti ispitanika za Usluge pomoći u kući ($p<0,001$); Dnevni boravak ($p<0,001$); Programe stalne fizičke, psihičke, radne i kulturno-zabavne aktivnosti ($p<0,001$); Zdravstvene, socijalne i psihološke usluge ($p<0,002$); Tehnička pomoć ($p<0,001$).

Zaključci: Ovo istraživanje upućuje da je funkcionalna samostalnost starijih osoba važan gerontološko-javnozdravstveni pokazatelj u planiranju izvaninstitucijske skrbi za stariju populaciju.

Ključne riječi: GERONTOLOŠKI CENTRI, IZVANINSTITUCIJSKA SKRB ZA STARIJE OSOBE, FUNKCIONALNA SAMOSTALNOST STARIJIH OSOBA

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