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Psychospołeczne uwarunkowania jakości życia pensjonariuszy domów pomocy społecznej

Psychosocial determinants of quality of life
of residents of social care homes

Rozprawa doktorska na stopień doktora
w dziedzinie nauk medycznych i nauk o zdrowiu
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Abstract

Introduction: The progressive aging of society inevitably leads to the development of chronic diseases, loneliness, and difficulties in daily functioning. Some older adults do not receive adequate support, primarily from their loved ones, or appropriate care in their communities. Their needs and problems are specific and complex, impacting their quality of life. This presents the state's social and healthcare policies with numerous challenges in ensuring adequate living and care conditions for seniors. Consequently, many of these individuals end up in social welfare homes (SSDs), where they must reevaluate their previous lives and adapt to new conditions.

Study Objective: To assess the quality of life of SWH residents based on their level of illness acceptance, resilience, and sociodemographic and clinical variables.

Material and Methods: The study included 150 residents of six Social Welfare Homes in the Masovian Voivodeship. Data collection was conducted from August to October 2025. A diagnostic survey approach was employed in this study, employing a questionnaire approach. The research tools used included standardized questionnaires: the Acceptance of Illness Scale (AIS), the RS-14 Resilience Scale, the WHOQOL-BREF Quality of Life Scale, and a proprietary survey questionnaire containing a patient's personal data sheet and 22 questions regarding residents' health problems and psychosocial needs.Calculations were performed in IBM SPSS Statistics 29.0.

Results: The analysis showed that higher levels of illness acceptance were associated with higher overall quality of life ($r_s = 0.25$; $p = 0.002$), as well as with higher somatic ($r_s = 0.55$; $p < 0.001$), psychological ($r_s = 0.42$; $p < 0.001$), and social ($r_s = 0.20$; $p = 0.013$) quality of life assessments. Higher levels of resilience also led to higher quality of life assessments in the somatic, social, and psychological domains. Stronger associations were noted for the relationship with the psychological domain ($r_s = 0.55$; $p < 0.001$). Both illness acceptance and resilience remained significantly and positively associated with quality of life assessments. Among the predictors included in the model explaining quality of life in the somatic domain, only the presence of chronic pain (regression coefficient $\beta= -0.23$; $p<0.001$) and age (regression coefficient $\beta= -0.17$; $p=0.012$) were negatively associated with the assessment of quality of life – the presence of pain worsened quality of life, and quality of life decreased with age. Higher levels of resilience ($\beta= 0.57$; $p<0.001$) and higher levels of illness acceptance ($\beta= 0.37$; $p<0.001$) were associated with higher quality of life in the psychological domain. Among the predictors included in the model,

a significant association with quality of life was observed with age (β= -0.25; p<0.001). Quality of life in the somatic domain was rated lower the more chronic diseases the participants had (r_s = -0.40; p < 0.001), the more frequently they were hospitalized (r_s = -0.25; p = 0.002), experienced chronic pain (p < 0.001), and rated pain as more intense (r_s = -0.42; p < 0.001). For quality of life in the somatic domain, it was shown that the quality of life of participants for whom family arranged a stay in a facility was higher than that of those for whom it was recommended for health reasons (p = 0.032). Quality of life in the psychological domain was significantly higher among participants for whom family suggested a stay in a facility compared to those referred by an institution (p = 0.010) and those for whom it was recommended for health reasons (p = 0.011). The level of resilience among respondents referred to a nursing home by social institutions was significantly lower than among those who made this decision on their own (p = 0.012) or such a solution was proposed by their family (p = 0.020).

Conclusions: The quality of life of nursing home residents demonstrates clear differentiation across WHOQOL-BREF domains. Illness acceptance is one of the key psychosocial determinants of quality of life for nursing home residents. Resilience primarily supports the psychological dimensions of well-being and adaptation in nursing homes. Illness acceptance is a strong predictor in the somatic domain, while resilience dominates in the psychological domain, even after accounting for age, gender, and clinical conditions. Clinical factors influence quality of life selectively, primarily through the somatic domain. In the psychological domain, age and falls are crucial. More frequent contact with family is associated with less frequent feelings of loneliness, without a clear impact on the psychological and social domains of quality of life. In turn, more frequent participation in therapeutic activities and events organized by nursing homes is associated with higher quality of life in the psychological and social domains and with higher resilience. The circumstances of the decision to live in a nursing home differentiate the level of resilience and quality of life in the psychological domain.