



YEARBOOK

HUMAN RIGHTS PROTECTION

**PROVINCIAL PROTECTOR
OF CITIZENS - OMBUDSMAN**

**FROM CHILDHOOD TO THE RIGHT
TO A DIGNIFIED OLD AGE**
HUMAN RIGHTS AND INSTITUTIONS

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Sociological Research



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Milana Ljubičić*
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**(ON) LIFE IN AN INSTITUTIONAL CARE: THE NURSING
HOME FOR ELDERLY - RESIDENTS' PERSPECTIVE**

Paper analyzes the narratives of the nursing home residents with respect to their life in the institution. In order to investigate how the elderly, see their life in nursing home, we have dealt with topics that include their lived-through past, experienced present and anticipated future. In our in-depth interviews with eight residents of a private nursing home in the suburbs of the capital-they talk about the reasons for moving to nursing home, practices of adapting to a new milieu, and expectations both before and after arriving to the nursing facility. An additional topic- how to design life in the institution came along. The findings indicate that moving into such an institution is rarely an option that our interlocutors have chosen independently. Despite the fact that everyday life is routinized, the nursing home life is praised. In fact, the introspection and self-negotiation about the positive aspects of life at nursing home are key elements of the strategy for designing a uniform present and exactly the same future.

Keywords: *the elderly, institution, perspective, adaptation, meaning*

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Introduction

According to Bobić (2013: 131), aging is a “world-historical process” and since the 21st century it has been a dominant feature of demographic development both in Western societies and in the Republic of Serbia (Knežić, 2011: 26; Dragišić-Labaš, 2016: 47). The latter is evidenced by the fact that a quarter of the population of our country is over 65 years old, and projections are such that by 2050, even a third of the population will fall into the category of the elderly.

Although the aging of the population is an undoubted consequence of overall social progress, especially in the field of medicine and economics (Knežić, Vidanović, 2011), it presents a number of challenges to the community. Aging societies face the task of changing existing population policies and formulating new models of social and health care (Kozarčanin, 2010; Bobić, 2013: 132). Caring for the elderly is no longer a matter for their families, nor can they rely solely on family resources. Whether it is a matter of necessity or personal choice, living in single households shifts the burden of care to the state, while the extent of the potential problem is strikingly stated by the fact that over 30% of elderly Europeans live alone (<https://hir.harvard.edu/elder-care-infrastructure>).

On the other hand, systemic flexibility in the domain of attitudes towards aging and the elderly in modern (both developed and less developed) societies is absent. The reasons are numerous, mostly of an economic nature.¹ This is illustrated by the example of the European Union countries. Although social care for the elderly is one of the pillars of social rights, that member states place great importance on, their policies in this area are not particularly successful because they lack the infrastructure which would meet the growing demands of an increasingly aging population (Ljubičić, 2020; <https://hir.harvard.edu/elder-care-infrastructure/>).

There are not enough nursing homes for the elderly or trained caregivers.² The social programs intended for the elderly are not sufficiently developed in terms of quality either.

When it comes to our country, in addition to the ones listed, another challenge was noted - the late start of reforms in the field of elderly care (Matković, 2012). In principle, the national strategic documents pay necessary attention to the elderly, but practical policies

¹ Bobić (2013) indicates high costs as the reason for no further increase in the number of nursing homes for the elderly in Europe. Instead, the focus is on the developing care services in the community.

² For instance, in Germany alone, the number of caregivers should be increased by 120,000 so that the necessary care services could be provided for people in the third age (Kozarčanin, 2008).

towards them are not changed and/nor implemented (Kozarčanin, 2010). A holistic approach in the domain of long-term care for the elderly is missing (Kozarčanin, 2008). In addition, services that would fall under the domain of deinstitutionalized care (e.g., elderly day care centers, day rehabilitation centers, family accommodation) are almost not developed at all (Knežić, Vidanović, 2011; Matković, 2012).

Despite the fact that until recently, the elderly has been the poorest in our country³ (Satarić, Miloradović, 2008), facing social exclusion, reduced access to health care and worse health conditions, material benefits and non-material services⁴ (e.g., home care) can be provided only to the most vulnerable. To illustrate this, Matković (2012) refers to the findings of two studies on the elderly. It was found that out of 826 respondents aged 70 and over, a third could not independently maintain a household or pay bills, a quarter needed help preparing meals or feeding, one in seven elderly people could not maintain hygiene independently, and one in ten needed help to move. The authors of another study, which was conducted on a sample of 6,875 households, came to similar findings. It was shown that even 7% of people over the age of 65 cannot function independently, and those who have difficulty moving or who are immobile are in a particularly difficult situation.

A number of elderly people in need are taken care of in social welfare institutions, but there is every chance that the needs exceed the available capacities. Thus, despite the significant increase in the number of nursing homes (in the period between 2015 and 2020 by as much as 172%), this type of care is available to only 1.2% of citizens over 65 years of age (<https://www.un.org/esa/socdev/ageing/>). It is also interesting to note that the occupancy rate of these institutions in 2020 compared to 2018 dropped significantly (from 90% to 77%) (Report on the work of institutions for the accommodation of adults and the elderly for 2020, 2020). The reason for this should primarily be found in the corona virus pandemic and its restrictions (reception, mobility...) that also affected nursing homes, and partly in the significant resistance of our elders to this type of accommodation. Namely,

³ Data for 2008 show that the poverty rate of the elderly was significantly higher compared to the rest of the population (9.6% compared to 6.6%), while the risk of poverty was by 40% higher. To illustrate how difficult their position is, we cite a finding from research by Satarić and Miloradović (2008): 65% of those who receive social welfare consume fruit less than once a week.

⁴ Based on a survey from 2008, which included 1,021 respondents aged 65 and over, with low or no income, only about 6% of respondents receive financial assistance. The elderly beneficiaries of this type of social care are in such a small percentage due to lack of information and the huge documentation necessary to submit when filing for an assistance request.

it is a common idea that nursing homes are actually sites of death.⁵ Furthermore, relocating to a nursing home is generally not the choice of the elderly, but the decision made by their relatives. This is especially true in the case of private nursing homes where the striking 97% of the residents are the elderly with functional dependency⁶ (Babović et al., 2018).

If we bear in mind the following findings: 1. placement in a nursing home is the way to solve the problem of a number of elderlies, mostly functionally dependent persons; 2. there is a strong resistance to institutionalization among the elderly and 3. we can expect an increase in the number of residents in nursing homes, our stand is that we should ask ourselves how the elderly design their lives, adapt, and what problems they face when being institutionalized.

More on this will be said in the next chapter.

1. Benefits and challenges encountered by elderly living in nursing homes

According to the definition, nursing homes for elderly should be safe places that provide their residents - persons with a need for support and help from others- a life worthy of a human being⁷ (Egeljić-Mihailović et al., 2021). The quality of life in these institutions is most often assessed as moderate, although various researches indicate mutually inconsistent findings. For example, research conducted on a sample of respondents from 19 nursing homes in Zagreb has shown that over 60% of the elderly are satisfied or very satisfied with their lives, while Pavlović's study from 2019 (according to Egeljić-Mihailović et al, 2021) has revealed that users are generally extremely dissatisfied with this service. The research done by Tasić and Jankelić (2008) that compared non-

⁵ This prejudice is partly based on empirical data: over 81% of them leave the home when they die, and for a third this outcome already occurs during the first year of their stay in the nursing home (*Report on the work of institutions for the accommodation of adults and the elderly for 2020, 2020*). It should be said that such a finding is not surprising if we know that the primary reason for going to the nursing home is the health condition (Babović et al., 2018), as well as that more than half of the residents belong to the category of the elderly (over 80 years old).

⁶ Only 12% of the elderly can function independently (Report on the work of institutions for the accommodation of adults and the elderly for 2020, 2020).

⁷ However, a number of authors believe that nursing homes for the elderly are not safe, but rather places that significantly limit the rights, freedoms and autonomy of residents (Kozarčanin, 2008; Stikić et al., 2017). This is especially the case if moving into a nursing home is imposed on an old person by relatives, if the rights to relevant information and/or freedom of choice are denied. It is considered that the rights of demented persons are often violated by placing them in inadequate wards or by neglecting their remaining potentials.

institutional and institutional care for elderly⁸ has shown that there are significant differences in several dimensions when it comes to the quality of life. Those who live in a family environment rate the quality of their life higher than those who are placed in nursing homes.

The quality of life in the institution is affected by a number of different factors. For example, Van Malden et al. (2016) has found on a sample of residents of Belgian nursing homes that a nurturing approach to active aging has a significant influence on their level of satisfaction with life, while other authors have found that residents' satisfaction is influenced by the nature of daily routines, social support networks and interactions among residents, after all by their health condition as well as degree of functionality. The poor quality of life of the elderly in the institution goes hand in hand with a routinized everyday life without much content, the absence of social networks, more serious health condition and a lower level of functionality (Egeljić-Mihailović et al., 2021). Some authors (Kozarčanin, 2008) highlight that the quality of life in institutions is affected by inadequate quality of services: lack of privacy, multi-bed rooms and/or too many restrictive rules for users.

It should be specifically underlined that diseases accompanied by functional dependency were the decisive reason for placement of the elderly in the institution.⁹ Previous research shows that this affects both the level of satisfaction of nursing home residents and the prevalence of their loneliness and depression. Jansson (2020) cites an almost paradoxical fact that the loneliness of the elderly increases after admission to an institution and that it is higher among residents of nursing homes than among those who live (even alone) at home. The prevalence of loneliness¹⁰ ranges between 29% and 72%, and its significant predictors are illness, lack of closeness and contact with significant others. Furthermore, Ajduković, Ručević and Majdenić (2013) report that approximately 40% of institutionalized residents show symptoms of depression, and Schaie and Willis in 2001 (according to Ajduković, Ručević, Majdenić, 2013) find that the probability is extremely high (59%) that elderly people would report symptoms of depression during the first year

⁸ The sample consisted of 84 old clients of the Institute of Geriatrics and Palliative care in Belgrade and 58 institutionalized old people (at the Gerontology Center of Karaburma).

⁹ Tilovska-Kechedji, E. (2020) Human rights in times of pandemic. U: *Yearbook human rights protection "the right to human dignity"*. Pavlović, Z. (ur.) Novi Sad: Provincial Protector of Citizens – Ombudsman. Belgrade: Institute of Criminological and Sociological Research, str. 617-628.

¹⁰ Studies investigating the prevalence of loneliness have methodological shortcomings, and it is especially emphasized that people with cognitive deficits (e.g. dementia) and other health problems are left out in these studies. If they were also in the sample, the prevalence would undoubtedly be higher (Jansson, 2020).

of their stay at nursing home. A number of the elderly are disappointed, bitter, sad, and some of them wish for an early death¹¹ (Ajduković, Ručević, Majdenić, 2013).

The causes of such outcome, besides functional dependency and illness, should also be sought in the fact that the elderly face relocation to a completely unknown place, with the potential loss of previous roles, status and identity, with the deprivation of their security and autonomy¹² (Todorović, Trmčić, Janković, 2017.) Moreover, they usually have to deal with the death of loved ones and separation from family and friends, with the task of adapting to life at nursing home. This task is quite challenging, and failure to adapt to life in an institution can produce negative thoughts and emotions (Tobis et al, 2021), because it convinces the old persons they have no longer control over their life, which ultimately leads to feelings of helplessness (Theurer et al, 2015) and inferiority (Todorović, Trmčić, Janković, 2017).

However, in spite of the fact that there are discouraging factors standing in the way of adaptation to life in nursing home, such as: 1. a restrictive home environment in which there are certain rules the residents were not aware of and consulted about, but agree to them upon entering the institution (O Neil et al, 2022); 2. Abolition of residents' autonomy (Stikić et al., 2017); and 3. The paternalism applied by the staff to the elderly (Vaismorade et al, 2016), a number of them manage to turn nursing home into a real one. Such an outcome is influenced by a positive relationship with the staff, other residents who help the elderly person feel less lonely, and also by his/her own personal strategies, such as daily self-negotiation and searching for good sides of living in nursing home (O Neil et al, 2022). Rinjaard et al. (according to O Neil et al, 2022) note 2016 that successful adaptation to life at nursing home largely depends on the feeling of autonomy and control over one's own life, maintaining previous habits and relationships with people outside the nursing home and physical environment in which one lives as well - from the possibility to keep privacy and personal belongings in the possession. O Neil et al. (2022) find that the circumstances that preceded admission to the institution also play a significant role. This is how it was found that old people will adapt more successfully, if their everyday life before coming to the home was burdened with fears, for example, of falling or being

¹¹ The authors came to these results based on research that included 56 respondents placed in the so-called state and 45 respondents placed in private nursing homes for the elderly. It was also found that, in addition to the listed factors, depression was also influenced by high functional dependence and social isolation of the old person, whose contacts have been limited to the medical staff and other residents of the nursing home.

¹² Todorović, Trmčić and Janković (2017) draw particular attention to the fact that old people cannot exercise their previous life habits after relocation to a nursing home, and that this is one of the factors contributing to unsuccessful adaptation to life in an institution.

too old to live alone, who made the decision to go to the institution on their own or in agreement with their relatives (not under their pressure) and who visited the nursing home before admission.

At this point, we would like to draw the reader's attention to one more fact: domestic studies on the quality of life of elderly in nursing homes and on how they adapt to life in an institution are relatively rare. This, in turn, can speak about the insignificant importance given to the topic of age and aging in the institutional setting in our country. It seems that nothing has changed in this respect significantly since the 1960s, when nursing homes for elderly in the former SFRY were first mentioned in the national press (Milosavljević, 2010). Old age is still invisible, and it is far from being classified as a social problem that requires prompt solutions. Institutionalization is one of them, but we know little about whether it is suitable for the majority of old people and what they would have to say on this topic.

We believe that these issues need to be opened and discussed with those who are most concerned - the elderly, for at least three reasons. First, because they are not a homogeneous population in terms of health, finances, social support, motivation for coming to the institution or, for example, the way they adapt to life at nursing home. Second, due to the fact that life in the home is extremely stressful for a number of the elderly, it results in depression, further deterioration of physical health, and loneliness; and finally, third- since our society belongs to the aging one, thus in the absence of other solutions, a further trend of institutionalization can be expected.

Our study represents a small step towards opening of perspectives - giving the elderly a voice to talk about some topics that concern them. Although we know that research like ours cannot move mountains (Pitts, Smith, 2007), we believe that we will motivate other researchers to follow in our footsteps and ask the right questions.

2. Methodological framework of the study

2.1. Aims and objectives

The aim of our study was to use a qualitative methodology to investigate the life in the nursing home as a total institution from the residents' perspective. The objectives were to describe the strategies that nursing home residents use to adapt to their new environment as well as to understand how their past, present experiences and the anticipated future shape the tactics of designing life in the institution.

We found the theoretical framework of the study in Goffman's concept of total institutions and adaptation to life in them. According to the definition left to us by this author: A total institution may be defined as a place of residence and work, where a large number of like-situated individuals cut off from the wider society for an appreciable period of time together lead an enclosed formally administered round of life (Gofman, 2009: 13). They can adapt to life in the institution using one of the adaptation alignments (Gofman, 2009: 66-68). These are: 1. situational withdrawal or self-exclusion from relationships with others; 2. rebellion or showing open hostility towards the staff; 3. colonization, the essence of the search for satisfaction within institutional life; 4. conversion, which is recognized by the fact that the resident of the institution accepts the truths about himself imposed on him by the staff; and 5. inaction, during which secondary adjustment tactics and all listed adjustment strategies are combined with the goal to leave the institution with the least damaged identity.

Since the study is qualitative, we have not used hypothesis, but hypothetical questions: 1. what preceded their arrival at the institution; 2. how they felt after the reception; 3. whether and how they adapted to the institution, 4. what are their expectations from the future.

We sought answers to these questions through an in-depth interview with eight of our interlocutors aged between 71 and 86 (Table 1). All of them are residents of a private nursing home near the capital. These were the criteria for the selection of respondents: they have been in the nursing home for at least six months, they are functionally relatively independent and cognitively preserved, and they have been willing to talk. The conversation lasted approximately two hours, it was written down, with a number of topics discussed.

Qualitative content analysis was used, while the hypothetical questions listed above were the units of analysis as well.

Name ¹³	Gender	Age	Marital status	Number of children	Previous residential arrangement	Education	Income	Functional Independence	Length of stay in nursing home
Lila	Female	85	Divorced	One	Extended family	Primary education	Yes	Fully preserved	2,5 years

¹³ We changed the names of our interlocutors to protect their anonymity.

Manojlo	Male	80	Widower	Two	Living alone	Tertiary education	Yes	Partially preserved	Six months
Mihajlo	Male	84	Widower	Two	Living alone	Tertiary education	Yes	Fully preserved	One year
Ana	Female	82	Widow	One	Living alone	Tertiary education	Yes	Fully preserved	Eight months
Danica	Female	79	Widow	One	Living alone	Tertiary education	Yes	Fully preserved	Six months
Zorana	Female	86	Widow	Two	Living alone	Tertiary education	Yes	Fully preserved	One year
Petar	Male	82	Widower	One	Living with a son	Tertiary education	Yes	Partially preserved	Six months
Pavle	Male	71	Divorced	Two	Living with a son	Tertiary education	Yes	Partially preserved	Seven months

Table 1. Sociodemographic characteristics of the interlocutors

3. Research findings

3.1. What preceded your arrival at the institution?

Almost all of our respondents, with the exception of Lila, Petar and Pavle, lived alone before coming to the nursing home. None of our interlocutors is in an intimate relationship: two are divorced, and the rest are widows/widowers. Without exception, they talk about their status with a lot of sadness. For instance, Mihajlo, talking about his wife, says that they spent their whole lives together and that when she passed away, four years ago, he felt empty and lonely. Zorana says “she lost herself ... had hallucinations” after the death of her husband, and Danica cries while talking about her late husband.

While the story goes on, we reveal that actually the death of the spouse, the loneliness and illness that followed, were the key reasons why most of our interlocutors decided to move to the nursing home. However, such a decision is generally not made independently, but through negotiations with relatives or under their pressure. For example, the choice to come to the nursing home in Mihajlo's case was preceded by numerous conversations with his children: although they suggested he should move closer to them, this man was convinced that he would both still spend most of his time alone and still feel lonely. That is why he rejected the proposal and gave priority to the nursing home. The decision was imposed on Danica and Zoran by their relatives who could not take care of them due to various reasons (living abroad, their family of procreation). As Danica was deeply depressed and Zorana was psychotic, they could not stay at home alone. The solution was

found in their institutionalization. The situation is similar with Pavle: after the amputation of his leg, he could not return home because no one could take care of him - the son lives on the top floor of a building without an elevator, and the daughter has her own family and small children. Manojlo also had no other option: after the surgical intervention, he became immobile person, and then he had Covid. As he lived alone, the only rational decision he could make was to move to a nursing home. Now he says that he could “return home ... since he feels well”, but that he would be “lonely”. Because of people who keep him company, he chooses to stay “for now”.

Even Lila could not choose to go to the home on her own. The family didn't even talk to her about this, but her daughter-in-law told her that her grandson was getting married, that she had to “free up a room for him” and that “the smartest thing for he would be to go to the nursing home, unless she wanted to be thrown out on the street”.

Only Petar and Ana made the decision to go to the home independently. Petar, who lived with his son, refused to stay at home because, as he says, “I was alone all day and couldn't function on my own, let alone heat a meal.” That's why he said to his children: “Take me to the nursing home tomorrow, I can't live like this anymore.” Ana made the choice to move to the nursing home after breaking four ribs. Two decisive circumstances definitely made up her mind: she knows the owner of the nursing home and the institution is not far from her house.

It is interesting that the stories about what preceded the decision to move to the institution-while being told by all our interlocutors, except for Manojlo, are interspersed with segments in which family members are mentioned: daughters, sons and grandchildren. These parents present their children in a positive light: their sons call them every day (Ana, Zorana), visit and take care of them. For example, Zorana is grateful to her son who organized her reception and placement in the institution and brought her personally important things from the family apartment, while Mihajlo underlines that his son and daughter respect him very much: they respect all his decisions.

Those parents who were forced to choose such a solution are especially trying to justify their sons and daughters. They insist that they were in poor health before their arrival, that if they had not gone to the nursing home, their children would have been burdened with taking care of them. Special criticism was directed at those residents of the nursing home who mistreat their children: “Their children go to work, and these people call them, cry, complain, and they are 80 years old. They should encourage their children and let them live their lives” (Zorana).

Pavle balances criticism and praise. Negotiating with the idea that he was abandoned by his family - no one visits him, his son and daughter appear only sporadically, and considering the less painful segments of reality, he finds that his family could not take care of him. Resignedly, he says: "Let's see them when they reach my age", then he revises his position faster and better, we assume, because he still hopes that at some point he will be "returned home". He shows a picture of his family where they are all together. Lila offers a similar family narrative. She moves between criticizing her daughter-in-law and praising her grandson. She sees him as a kind of her hero: he got married, has his own family and a child, so her sacrifice - leaving the family home - makes sense. Manojlo does not mention his sons at all, probably because he was let down by their carelessness. He totally relies on himself and points out how he has recovered in the nursing home, how he is able to walk again, indirectly alluding that he doesn't need them.

3.2. Life in nursing home: arrival, adaptation and the future

The next topic we have opened is related to satisfaction with their life in the nursing home, and inevitably related to it - the question of how they felt after arriving at the institution.

It should immediately be underlined that our interlocutors talk about various aspects of life in the institution, almost every one of which they rate as highly satisfactory. Without exception, they point out that they are very satisfied with the staff. Danica says that "the doctor here cured her", and that "now she can stand on her feet", that she is most satisfied with "how the nurses and everyone treat us. When someone is sad, they try to calm him/her down." Ana is also satisfied with the staff. She says that "they are kind and professional ... the nurses are willing to take care of them without complaining" and illustrates this with an example: "even though a crowd of people is immobile, they change them carefully and neatly". As a doctor, she recognizes that "the system in the nursing home is similar to the hospital system", and she cannot say anything "negative about that". She is satisfied with the "food" and the fact that "they drink coffee twice a day". Manojlo says that "the place reminds him of a park, we can walk" and "the landlady (the owner of the nursing home) told them that they can pick the fruit when it is ripe". Petar is "satisfied with everything, everything is fine, the staff works non-stop, there is nothing better than this", and Lila agrees with him: everything suits her.

In addition to praise, we also recognize cautiously expressed critical notes. Some more, some less openly talk about the largest number of residents of the nursing home, who make life in the institution a little bit tough. They say that "80% of people are disabled". These are immobile, demented and mentally ill people who disturb them. Mihajlo, for

example, says that “he cannot find peace because of other” residents. “Some cry, others wail, others call –Nurse, nurse! - not only during the day but also at night. These are seriously ill, mentally incompetent patients. They are banging, if not on the door, then on the walls. I can't sleep because of the noise they make. I cannot stand it.” Pavle says that they have “one patient who is here with her daughter, both of them are mentally ill. They shout all night long, get up, trying to see someone”. Ana is also bothered by such noise, and Petar says that the nursing home was built with poor-quality building materials, so you can hear everything. Such was Zorana's experience: she was criticized when she spoke to a nurse a little later at night: “in a normal tone, but everything was heard”.

However, all of them, with the exception of Pavle, say that they have adapted to life at nursing home. Adaptation required time and self-negotiation. Its outcome was influenced by their personal and family circumstances, as well as by the staff and other residents. Arriving at the home was a shocking experience for everyone. So when she came, Lila was “crying non-stop” because she didn't want to go to the nursing home. She did not know “what to expect”, and as none of the family members invited her to return home, she recognized that nursing home care was a permanent solution for her. Such circumstances led her to find the good sides of staying in the institution: “It's better to be in a nursing home than to pay rent”, “I was well received here”, “the staff respects me”, “I have someone to talk to, not to mention that the food is good”. She accepts the fact that she will be in the institution for the rest of her life (since the moment she was admitted, she has not visited her home even once).

Danica also “couldn't stop crying” when she arrived at the nursing home, not so much because of entering the institution, but because of her husband's death. To recover mentally, she was helped by the staff: “Thanks to them, I managed to overcome depression”, she says, and says that she will stay in the nursing home for the rest of her life because she is no longer alone. Despite her independent decision to come to the home (on a temporary basis - until she recovers from her broken ribs), Ana had a hard time coping with the first few days until she adapted. “It was very difficult for me at the beginning,” she says: “I was helpless.” I know a nursing home is not a hotel, but this place smells like sewage” She wanted to ask the staff “what chemicals do you use to clean the toilets”, but she decided to let go. She then adds that “she is going home on Sunday” and that she “can't wait”. Manojlo was in a very bad health and mental condition when he arrived. He did not leave the room for days. “I was in diapers, disappointed with everything and everyone”, and then he reconciled that he “left his home and now it is what it is”. He believes that he has adapted well and that other users of the nursing home (those who are mobile, mentally preserved) as well as the staff have helped him in this.

He says that he is not thinking about returning home at the moment and that if he were to return, he would be lonely again. Mihajlo is determined to stay in the nursing home for the rest of his life, although it is hard for him to handle the lack of privacy and the terrible noise made by other “patients”. Speaking in front of a like-minded group, he states, “We have no other choice! Whether we wanted or not, we have to (stay at nursing home)”.

Zorana is the only one who accepted the nursing home as a solution from the beginning. She was “in a good mood” when she arrived, because “her son brought her, and she knew the owner from her school days.” She felt great”. He does not plan to leave the institution. “Nursing home is my new house,” he says.

Pavle has a completely different attitude. “I feel that I don't belong here, please don't get me wrong”, and he looks back on some identity threads of his previous life that speak in favor of that: he was a coach, who brought out 24 generations of handball players. He is the youngest resident of the nursing home. Nevertheless, faced with the possibility that he will never leave the institution (because there is no other solution), Pavle underlines that he coped well, that he adapted immediately thanks to his altruism and wit, that “time passes quickly for him”, that he was accepted by the staff and has a special role in the home. He is a kind of “Mother Teresa who knows how to deal with everyone, jokes and comforts others when they are in trouble”. He understands that there are two types of users of the home: those who came of their own free will and are returning to their home and those to whom this decision was imposed and who will die in the nursing home, but he is still not sure which group he belongs to (cries).

4. Discussion

From these life stories, we learn that our interlocutors generally have not made the decision to come to the nursing home independently. In fact, the choice to enter an institution is most often forced by relatives - future residents of homes for the elderly are faced with a fait accompli due to their illness and/or the fact that there is no more room for them in their home. Therefore, the finding that admission to the institution for most of our interlocutors was traumatic, is not surprising. They were moody, sad, worried, they noticed the negative aspects of life in the nursing home, but over time they learned to adapt. Their adaptation most often fits the image of colonization: they deny their dissatisfaction with the institution and make it their home. In this process, other residents play an important role - those who are mobile and in better health, with whom they can socialize and because of whom they feel less ashamed, the kind staff who helped them recover, behavior of their families, finally, themselves, negotiating with the

circumstances and giving meaning to the situation they have found themselves in. Thus, everyone accepts that staying in a nursing home is a permanent solution for them: Lila, for example, cannot return home - she is not invited or accepted there, so she tries to make the institution her new home. She recognizes many positive aspects: it is important for her that the staff treats her with respect, that the food is good and that she can socialize and chat. Having company to talk to is a key positive aspect of home for Manojlo, Danica, Zoran and Mihajlo, and for Pavle it is care which he doesn't have at home - his son is constantly absent, and he is too weak to help himself.

We have Ana and Pavle on the other side. Ana's adaptation comes down to a strategy of inactivity - she balances between loyalty to the staff and her peers, but due to a specific personal situation: she came to the nursing home to recover from an illness and did not intend to stay there longer, she does not make the institution her home. She is looking forward to returning home, and unlike the others, she does not point out either the staff or the hanging out as a reason why she could stay in the nursing home. Pavle has a strong feeling that „the nursing home is not a place for him”: his belief is that he is essentially different from the other residents of the nursing home. However, he is forced to adapt, at least apparently, because he still does not have a clear plan as to whether he will leave the institution - he does not know if the children will accept him. His adaptation is therefore not complete, but represents rather a kind of secondary adaptation, which includes a combination of occasional situational withdrawal (e.g., through obsessive reading of books), conversion (always on the staff's side and helping them by engaging with other residents like “Mother Teresa”) and occasional colonization (there is no better place than home).

Everything is just fine in the nursing home, as Lila says. However, we sense that satisfaction with the institution is overestimated, and thinking about why such a narrative is important for our interlocutors, we came up with two possible answers. The first one is: the story of satisfaction is a way of convincing oneself that everything is all right, when they have an audience in front of them - in this case researchers, their narrative spoken out becomes valuable and serious. Another possibility is that our interlocutors have, for reasons best known to themselves, consciously said something they did not really mean.

Instead of a conclusion

Despite the fact that the topic of old age and the elderly has been on the agenda of international bodies and organizations for the past two decades, little has changed in the social treatment of the elderly in practice. We still harbor numerous prejudices against

them such as: these people are no longer useful to society, they are a burden to younger generations, they have no big plans or desires, because in the future they can only expect to die. Therefore, institutional care continues to be imposed as the primary way of caring for the (powerless) elderly. If we leave aside the important fact for social policy planners that this type of protection requires significant financial investments, and pay attention to object of care - the elderly, it can be noticed that we know very little about how they perceive these institutions and life in them. From our perspective, such a lack of interest speaks of both the insignificant social importance of this issue and the constantly present prejudices against the elderly. According to these wrong beliefs, old people are useless, have no desires, nor plans, because they have no bright future as well - except to die.

Age discrimination is prohibited by international legal acts, yet its presence is constantly confirmed in practice. It is enough to point out two illustrative examples: 1) the majority of the elderly do not choose to move to an institution on their own, but are forced to do so by their relatives who do not want/cannot take care of them. 2) the nature of social attitudes towards age and the elderly in relation to corona virus pandemic is being exposed. In the context of the pandemic, the elderly are designated as the most vulnerable population - at high risk of getting sick and dying, but also accused of blocking the hospital capacities potentially needed by the younger ones to recover, the elderly have become an object of special social concern, i.e. supervision. They were deprived of freedom of movement and the right to make any choice, and the institutionalized elderly were particularly affected by these measures. The price of such an action is still unknown, but it can be assumed that securitization resulted in greater harm (deterioration of physical and mental health) than benefit (saved lives).

Finally, it turned out, one more time, that acute social problems can neither be solved by adopting many strategies¹⁴ and so-called “road maps”, nor by law reforms without being properly implemented and controlled by anyone (Očić, 2014: 18). Trust levels in the institutions of our society went way down due to the fact that, in recent decades, our country has established a practice of adopting new norms whose implementation lacks material or human resources, instead of taking real actions that would bring to life international standards and domestic proclamations on the protection of human rights for the population that fall into the category of the deprived (vulnerable). In addition, whenever found appropriate and useful, it is pointed out loudly that “numerous laws and

¹⁴ Očić (2014: 18) states that since 2000, around 120 different strategic acts have been developed in Serbia.

their amendments were passed in the previous period”¹⁵. As long as the problems are solved by adopting unenforceable regulations and suitable proclamations, the situation, that our research is addressing, will not change. This fact only, is a reason enough to direct scientific researches towards old people placed in institutions where they spend their final days.¹⁶

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¹⁵ It is intriguing no one has thought of a change that would certainly help the elderly who are not taken care of by their descendants or who are forced to move to nursing homes. In the conditions in which a large number of young people have left the country and do not show any concern for their parents, yet only asking their acquaintances whether they are alive or when to come to settle the formalities regarding the inheritance, none of the members of the legislative committees thought of such cases and changed the provisions on the legal order of inheritance, giving those neglected people greater freedom when it comes to disposition of their own property.

¹⁶ This is, no doubt, a serious business - proven by the case of the nursing home owner's attack on a journalist who has recently reported on the real situation in one of those institutions in the newspaper article entitled "Torture in a nursing home" (<https://www.politika.rs/scc/clanak/513658/>).

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