



# PERFECTUS

## AC



2020/2

## Kontakti revije

### Poštni naslov

Uredništvo revije Perfectus AC  
Svetovanje in izobraževanje, dr. Andrej Raspor, s. p.  
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### Naslovnica

<https://www.hloom.com/resources/templates/cover-pages/creative-design>

### Arhiv revij

[http://www.andrejrasspor.com/perfectus\\_zalozba](http://www.andrejrasspor.com/perfectus_zalozba)

Since 2018 -

Mednarodna standardna serijska številka  
(on line) **ISSN 2738-4586**.

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## PREMISES AND OTHER CONDITIONS FOR QUALITY AGING IN THE CASE OF SLOVENIAN POPULATION OLDER THAN 65 YEARS - TEST STUDY

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**Abstract:** *With an advanced society people are living longer. According to the United Nations, average age of the world's population is approaching 70 years. Extending the lifespan entails different problems. A rigid system of elderly care, lack of adequate staff, inadequate funding for different institutions related to the care of the elderly, influencing the need for quality of care, which in turn leads to conditions that do not support stable aging. An additional problem is the lack of suitable rooms and very long queues. To solve this problem, urgent and comprehensive solution need to be found. The new solutions need to be inventive and suitable to the period we live in.*

*Related to the aging problem this research first seeks to verify the extent to which the written findings of already conducted research apply to the elderly population in Slovenia. In doing so, we are primarily interested in the extent to which these results can be applied to our environment and our population over the age of 65, considering the specifics of our social and social environment. The findings of the research will serve as a starting point for the development of new proposals for models of care, nursing, and care for the elderly. To solve the existing problems in the field of care, nursing and protection, the problem must be solved comprehensively. New proposals for models of nursing and care for the elderly should be urgently addressing:*

- a) *The field of social policy and care planning.*
- b) *The field of spatial and urban planning in the placement of retirement homes in space.*
- c) *Field of building construction (modular construction, smart buildings, etc.).*
- d) *The field of new concepts of living (age is wisdom, old but active, old but useful, etc.).*
- e) *The field of financing the care of the elderly (fair pay, competitive prices, etc.).*
- f) *The area of organization and responsibility in the management of care, nursing, and protection.*

*The above findings and guidelines of this research are good starting point for designing new models of care. Given the situation in our country, 3 new models are proving to be potentially interesting and feasible, which will be presented on another occasion. All the above solve the current problem of long-term care and represent a good alternative to today's models of care for the elderly.*

**Keywords:** *models, elderly, care.*

## KAKO BIVALNI PROSTORI IN OSTALE RAZMERE VPLIVAJO NA KVALITETNO STARANJE SLOVENSKE POPULACIJE STAREJŠE OD 65 LET: TESTNA ŠTUDIJA

**Povzetek:** *Z napredovanjem družbe se podaljšuje tudi življenjska doba ljudi. Po podatkih Združenih narodov se povprečna starost svetovnega prebivalstva približuje 70 letom. Podaljšanje življenjske dobe pa prinaša tudi različne izzive. Tog sistem oskrbe starejših, pomanjkanje ustreznega kadra, nezadostno financiranje različnih institucij, povezanih z oskrbo starejših itd., vse to zmanjšuje in slabša kvaliteto oskrbe starejših ter posledično vodi v razmere, ki ne omogočajo kvalitetnega in varnega staranja. Dodaten problem pri oskrbi starejših predstavljata pomanjkanje primernih bivalnih prostorov in zelo dolge čakalne vrste. Da bi te težave odpravili, je potrebno poiskati celovite rešitve, ki bodo prilagojene času, v katerem živimo.*

*Cilj raziskave je preveriti, v kolikšni meri ugotovitve iz obstoječih raziskav držijo za starejšo populacijo v Sloveniji. Pri tem nas zanima predvsem, v kolikšni meri je te rezultate mogoče aplicirati na naše okolje in naše prebivalstvo, tj. osebe starejše od 65 let, glede na posebnosti našega družbenega okolja. Ugotovitve raziskave služijo kot izhodišče za razvoj novih predlogov modelov oskrbe, zdravstvene nege in oskrbe starejših. Pri reševanje obstoječih problemov na področju nege, zdravstvene nege in varstva je potreben celovit pristop. Področja, ki jih morajo novi predlogi modelov zdravstvene nege in oskrbe starejših nujno obravnavati so:*

- a) *Področje socialne politike in načrtovanja oskrbe.*
- b) *Področje prostorskega in urbanističnega načrtovanja pri umeščanju domov upokojencev v prostor.*
- c) *Področje gradnje stavb (modularna gradnja, pametne zgradbe itd.).*
- d) *Področje novih konceptov življenja (starost je modrost, stara, a aktivna, stara, a koristna itd.).*
- e) *Področje financiranja oskrbe starejših (pravično plačilo, konkurenčne cene ipd.).*
- f) *Področje organiziranosti in odgovornosti pri vodenju oskrbe, zdravstvene nege in varstva.*

*Zgornje ugotovitve in smernice so dobro izhodišče za oblikovanje novih modelov oskrbe. Glede na razmere pri nas se za potencialno zanimive in izvedljive izkažejo 3 novi modeli, ki pa jih bomo predstavili ob kakšni drugi priložnosti. Vse naštetu naslavlja in rešuje aktualni problem dolgotrajne oskrbe in predstavlja dobro alternativo današnjim modelom oskrbe starejših.*

**Ključne besede:** *modeli, starejši, oskrba starejših.*

**DOI:** 10.5281/zenodo.7244581

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### *Starting point of the research*

With advanced societies and economic development, the life expectancy of the population has greatly increased. Life expectancy increased rapidly from the Renaissance onwards. Estimates say that in the run-up to the Industrial Revolution, life expectancy was around 30 years in all regions of the world (UN, 2015). In the early 19th century, life expectancy began to increase in the early industrialized countries, but remained low in the rest of the world, leading to very large inequalities in the distribution of health around the world. As Roser writes, in recent decades, with globalization and the economic development of a developing country, global inequality has diminished. In the world, the average life expectancy has more than doubled since 1900 and is now about 70 years. According to United Nations statistics from 2016, the average life expectancy in highly developed and economically advanced countries in Western Europe and in Canada, Australia, New Zealand, and Japan was around 82 years. In other European Union countries, in the US and economically the fast-growing countries of Europe like Turkey, in Arab countries (United Arab Emirates and as such), in countries in Asia (China, Thailand ...) and Latin America (Brazil, Chile ...) average life expectancy was around 76 years. In Russia, the countries of the former Russian Federation, Peru, Venezuela, Colombia, Libya, Egypt, Saudi Arabia and other economically similarly developed countries, the average life expectancy was around 71 years, in developing third world countries, including India, Pakistan, Indonesia, Kenya, Ethiopia and others around 65 years, and in other underdeveloped countries around 60 years (UN, 2015). Currently, no country in the world has a lower life expectancy than the countries with the highest life expectancy in 1800 (Roser, 2019).

Doubled life expectancy also entails certain problems and difficulties. Globalization and a different way of life have also completely changed our view of life, aging, social relations and other things around us. The fast pace of life and the modern way of functioning of society in conjunction with great competition and the desire to succeed in the global market, have led to children no longer having time to take care of their parents. The basic cell of society, the traditional family as we knew it in the past, has disintegrated. There are almost no families where 3 or even 4 generations would live under one roof, coexist, and help each other intergenerationally. Because children are unable or unwilling to care for their parents or grandparents, they are forced to go to retirement homes or other similar institutions, which in many cases are only institutions that prepare the elderly, especially the disabled and seriously ill for death (Kenda et al., 2018). There are several reasons for this. One of the main ones is certainly the institutional organization of most institutions for the care of the elderly. The rigidity of the system, the lack of adequate and qualified staff and the unsatisfactory financing of institutions in charge of the care of the elderly mainly affect the quality of the provision of care, nursing, and care services for the elderly. The lack of time that would be needed to treat an individual client and the non-stimulating work environment, due to the current situation in retirement and nursing homes and all other similar institutionalized institutions (Bitanc, 2017) leads to apathy of employees, which affects the quality of service and well-being of protégés.

An extensive study conducted in the United Kingdom (Fahey et al., 2003) also found that the services provided by retirement and nursing homes are generally poor. By observing a control group of residents in old people's homes, medical care showed that medical care for the elderly was poor, old people's homes were inadequate and ineffective, and that in many cases the drugs prescribed were not properly dosed. Moreover, the same study found that in many cases, protégés were prescribed unhealthy drugs, mainly because in very many cases, the health status of the protégés was very poorly controlled. This is especially true for patients with chronic diseases. The study included 65-year-old individuals, of whom 172 individuals lived in nursing homes (study group) and 527 individuals lived in their own home (control group).

A comparative study conducted in Brazil showed very similar results (Teston-Ferraz, Marcon, 2014). The latter compared a group of 50 individuals who received care and nursing at home with 173 individuals who lived in nursing homes. In addition, the Brazilian study showed that at the same or similar level of care, nursing and care, the well-being of residents who received help in their own home was significantly better than those who lived in homes for the elderly. The study showed that the quality of life of senior citizens is influenced by many factors (level of care, environment, social inclusion ...), and at the same time confirmed that the place of residence has a significant impact on the well-being and mental health of senior citizens.

A very similar conclusion was reached by a comparative study conducted in India (Amonkar et al., 2018). The study, which looked at the lives of 180 individuals over the age of 60, with 60 individuals living in nursing homes and the remaining 120 individuals in a home environment, found that individuals who spend their old age in a home environment are surrounded by relatives and embedded in a familiar social environment, regardless of age, gender, and socioeconomic status, show significantly fewer signs of depression than individuals aging in nursing homes.

The importance of the relationship to the social environment for quality of life in old age has also been shown by an extensive study conducted in New Zealand (Wiles et al., 2008). Over a period of several years, it studied 83 individuals from different backgrounds and found that most senior citizens associate and positively assess quality of life with the level of social contacts and integration into the local environment, independence, their health, and their social and economic status. In doing so, the quality of life, regardless of social

environment and cultural differences, is very significantly influenced by adaptation to change and resilience to health problems. As the study showed, both are much greater if the individual maintains social contacts in the local environment in which he or she lives for as long as possible. That the environment in which an individual ages is very important was shown by another New Zealand study, which dealt mainly with the question “What is the ideal environment for aging?” (Wiles et al. 2013). The study involved 121 individuals aged between 56 and 92 years. The study showed that older people primarily want choices about where, how and in what way they want to age. “On-site care”, “Aging in place” as the authors of the study call it, has proven to be a very suitable alternative to other forms of aging, as aging in the home environment evokes in individuals a sense of greater attachment and connection to the social environment, a sense of security and greater homeliness. Aging in this way is also related to the feeling of one's own identity and belonging to the environment, especially through the individual's independence and the role that individuals play in the environment in which they live. The quality of life in old age is therefore more influenced by other factors than the health condition of an individual, which is further confirmed by a British study (Netuveli et al., 2008), which finds that both aging and deteriorating health of an individual have no effect on quality of the lives of the elderly, if this individual could maintain an active role in the environment in which he or she lives for as long as possible.

That aging, illness, disease-related immobility, and disability do not have a significant impact on perceptions of quality of life was also shown by a study published in the journal *Issues and Mental Health Nursing* (Guse, Masesar, 2009). This showed that for people who have been in long-term care in nursing homes, interaction with family and friends, as well as sports activities, spending free time in nature and mutual help are important for a quality life. Successful aging and its positive perception are thus closely linked to the environment in which the individual lives and the social network in which the individual is involved in his or her last period of life. The same conclusions were reached by researchers in New Jersey, who asked 53 residents of nursing homes what is key to quality aging (Ferri, James, Pruchano, 2009). Older people believe that physical activity, physical well-being, the level of social relations and perceptions of the perception of aging or mental health are important for quality aging. Successful aging has been shown to be positively associated with social support, life satisfaction, and subjective health. This was also confirmed by a study involving 18 senior citizens to determine the perception of observers of what is successful aging, or to determine the role of learning in the process of adapting to age-related changes (Duay, Bryan, 2006). The study showed that successful aging is positively influenced mainly by mutual and intergenerational cooperation, regular maintenance of physical and mental health of individuals, which is mostly related to sports activities of senior citizens and financial stability. This fact is not negligible. Paul and Margret Betles (1990) in their publication “Psychological Perspectives on Success: A Selective Compensation Optimization Model” argue that successful aging is a lifelong process of maximizing profits and reducing losses of three processes: choice, optimization of choice and appropriate compensation for choice. As the author of the article points out, summarizing the thesis (Freund, 2008), a person's entire life, in addition to securing offspring, is directed towards the goal of ensuring maximum financial security and independence in old age. This was also confirmed by an extensive qualitative study involving 207 people aged 65–72 who were asked how to achieve successful aging (Nimrod, Ben-Shem, 2015). The results showed that the elderly estimate that successful aging is a positive result of the resources obtained and the effort invested throughout the entire life cycle. Successful aging is a lifelong process that begins with early investment in adulthood, continues to maintain the continuity that happens in old age with changes and certain losses (retirement), and ends with various strategies for emotional management of the new condition. Individuals who have secured adequate financial stability in the run-up to retirement have been shown to be significantly more receptive to aging and the difficulties associated with it. Such individuals also live a much better quality of life in old age. The comparison between the average gross monthly pension of a Slovenian pensioner, which according to the Pension and Disability Insurance Institute (ZPIZ, 2019) amounts to just under €620, and the average cost of accommodation in retirement and nursery homes, which according to the cekin.si web portal (Cekin, 2020) in 2019 were in average €705, is in Slovenia the average person in care cannot live a quality life.

The situation is very similar elsewhere in the world. As noted in one article in a study conducted per 100 individuals and published in the prestigious *International Journal for Policy and Research* (Deeming, Keen, 2002), it showed that today, middle- and lower-income retirees have significant difficulties in paying for their care, nursing, and care services in old people's homes. The same study found that they can only afford basic services. The survey points out that the situation in this area will be significantly worse in the future and that most respondents underestimate their pension income and do not understand how long-term care is financed. Most of those surveyed believe that long-term care should be paid for by the state. Similar findings were made at the International Labor Department in Geneva (Scheil-Adlung, Bonan, 2012), where they found that caring for the elderly posed a very large financial burden, which insurance companies cover only a small portion. This poses a serious threat to the financial sustainability of the protégé and his family, so many homes for the elderly cannot afford it. Because such individuals in most cases decide to live alone, other risks may increase - isolation, insufficient control, etc. The study thus finds that in most European countries they face an inadequate and insufficient level of services, which is mainly due to the lack of appropriate and competent staff. At the same time, the authors of the article points out that the elimination of inequalities in access to care, nursing and care for the elderly and health services requires above all an integrated political approach within the broader social protection system. According to them, increasing the national level of social protection can reduce

the social and economic vulnerability of the elderly. In addition, such a policy should ensure access to appropriate services, which should be designed to focus on adequate social support and financial protection for older people in a way that addresses inequalities.

All this indicates that institutional forms of assistance are not the optimal model of care, nursing, and care for the elderly, and that these forms do not provide the elderly with a quality life. If we consider the fact that in most homes for the elderly there is a great lack of space and a lack of beds, according to the Community of Social Institutions of Slovenia, 8,087 people are currently waiting for a free bed in a public or private home for the elderly or other similar institutions (SSZS, 2019). The waiting periods are from three months to several years (Huč-Uršič, 2015), so the question arises whether there are alternatives to existing models of care, nursing, and care for the elderly. If we also consider the sad statistics of deaths as a result of COVID-19 infections, which were the highest among the residents of nursing homes not only in Slovenia but also in other European countries, it is clear that the issues of long-term nursing and care for the elderly must be addressed with a quite different approach. Moreover, the mental stresses experienced by the elderly during isolation are not humanly worthy and are, in the light of future possible outbreaks of infectious diseases, something we must avoid by properly organizing and running nursing homes. As it turned out, many deaths in nursing homes were related to improper crisis management.

We must not forget the fact that majority of older people have the idea that entering a home for the elderly is an inevitable part of life that every elderly person must face in their last period of life. Survey responses of 250 residents of various nursing homes in the United States (Biederhan, Normoyle, 1991) showed that compared to the issue of entry into the home itself, issues related to the level and quality of care, nursing and care and the cost of services are completely irrelevant. Entering the home for everyone means a significant change in lifestyle, but also a change in his status. Upon entering the home, the individual becomes hierarchically equal to all other protégés, which destroys the individual's existing social concept. The fear of entering a home can in some cases be so great that it significantly affects the overall experience of oneself, which can lead to a deterioration of the psychological state and consequently also to the quality of life of the individual facing this fear. However, this fear can also lead to apathy and, consequently, to the individual losing the will to live. This raises the question of whether entering a home is really an inevitable part of a person's life, and whether it can be avoided. The question also arises as to whether there are alternative forms of care, nursing and care for the elderly that will not be based on the dehumanization of the individual. As can be seen from the studies and research, the possibilities therefore certainly exist, but of course we must not forget why care, nursing and care for the elderly is necessary and what it is intended for. This is not only about creating the right conditions for good aging and the associated quality of life, but also about providing a sense of personal security (from fears associated with aging - accidents, illnesses, dying).

Considering the results of research, as an alternative to institutional forms of care, nursing and care for the elderly, home care in the home social environment is offered, which, like various forms of institutional care, has its drawbacks. In my opinion, its main drawback is that home help is also organized in an overly institutional way, which makes it quite rigid and inefficient. It is therefore more or less a solution that seeks to alleviate the problem of lack of adequate capacity, rather than a solution that would provide an adequate level of care, nursing, and care for the elderly. In addition to the above, home care has another key problem. Unlike nursing homes, not all forms of home care provide adequate care 24 hours a day, 7 days a week. To enable this type of service every day of the year, a completely different model of care, nursing and care for the elderly should be developed. This raises the key issue of providing adequate, trustworthy, professional and competent staff and an appropriate organizational model that would be able to provide a comprehensive level of care at the appropriate quality level and at an appropriate price that can be afforded by individuals with lower and middle income. However, other issues remain open. Older people are one of the most vulnerable groups in our society. Precisely for this reason, older individuals can be quick targets of various abuses and attacks. A study conducted years ago by the Australian Institute of Criminology (Pinkerton-James et al., 1992) found that a person over the age of 65 is less likely to be a victim of crime than such a victim persons, but this does not mean that older people are not victims of various crimes. Statistics show that the crimes in which the elderly are involved as victims are on the rise. The results of a study by the Australian Institute show that the elderly are in most cases victims of assault, abuse and neglect. As research has shown, attacks most often manifest themselves in the form of robberies, thefts, both on the streets and in their own homes. The latter are common especially in cases where the elderly live alone. Abuses of the elderly are most often manifested in the form of psychological, physical or economic violence, the latter being mainly reflected in the underestimation of the elderly and consequently in unequal conditions regarding loans, purchase of real estate, movable property and various financial frauds. It is these facts that arouse fear in the elderly. Fear of being a victim of violence, intimidation, harassment, and fear of having their own property, which they associate closely with their own independence. There is also a strong fear among the elderly that they will be forgotten and excluded from the social environment (Pinkerton-James et al., 1992).

With age, the organism also declines, which also leads to many health problems. In addition to fear of collapse, cardiac arrest, and other health problems, fear of falls and related injuries is also one of the greatest fears of the elderly (Pinkerton-James et al., 1992). To ensure the best and most dignified life for older people outside the existing institutional framework, to address issues related to older people's fears and to ensure a safe environment in which older people receive quality care every day of the year when they need it, different

forms need to be found regarding care, nursing, and protection. One of the potential possible solutions is offered by modern technologies and modern communication channels. With technology, care and protection of the elderly at home can be provided in the home environment in several ways (Ruggiero, Sacile, Giancomini, 1999). With various technological solutions it is possible to passively monitor all events in one's own home (apartment or house). With the help of devices and sensors we can actively measure individual parameters of the living environment (temperature, humidity ...), as well as individual parameters and vital signs of an individual heart rate, respiration, level of agitation ...). Ruggiero emphasizes that all technological solutions must be such that they are easy for users to use and that they are acceptable to both medical staff and users. The latter means that the technological device must be designed to perform the specific function for which it was designed, while allowing a third party (doctor) to monitor the operation of the device and the condition of the user. It is therefore important that the devices are safe, easy to use and operate, reliable and affordable. It is also essential that these do not replace man. According to the author, the introduction of a home care system requires significant changes in the organization of care, nursing, and care for the elderly, as the introduction of this technology is not just about data transfer. The data obtained at a distance must be analysed, interpreted appropriately and, in accordance with the interpretation of the data, also reacted appropriately when a discrepancy is found to occur. According to the author, the most important aspects of home care are appropriate organization of care and training, coordination and management of staff and their competencies (Mayer et al. 2001), maintaining and improving the quality of care, improving the quality of life of the elderly and continuous technology development. Technology is currently one of the fastest growing areas of healthcare.

Although many older people are afraid of modern technology due to their ignorance, this cannot be a reason not to use it, as modern technology can make life much easier for the elderly. This is confirmed by numerous studies. A pilot study conducted by a team of scientists from the University of Pennsylvania (Demiris, Hensel, 2009) showed that older people can benefit from the use of modern technology, especially when it comes to call-to-call technology, the panic button, monitoring and prevention of falls due to nausea, dizziness or heart attack and control of various vital body parameters (heart rate, body temperature ...). Most of the 15 participants had a positive attitude towards the devices and sensors that were installed in their apartments as they improved their sense of security. In connection with the smart house-the elderly, today there is already a considerable range of equipment and applications that can improve the quality of life of individuals who have decided to spend the last period of their lives in the comfort of their house or apartment. As Demiris (2013) states in his second article, quite a few projects are underway around the world to upgrade apartments and houses into smart living spaces for the needs of the elderly. Most of the projects are related to the monitoring of bodily functions, followed by safety monitoring projects, projects for psychological monitoring, projects to support motor and sensory functions, and projects to increase social interaction and connection with the social environment. All other projects are less numerous. The author notes that the development of technology is on the rise, and that more and more devices and applications for smartphones and tablets are also appearing on the market. At the same time, the author points out that many technical and technological issues are open to the field of technology, and that we must be very predictable when introducing such technologies. Namely, the mentioned technology strongly interferes in the private sphere, which opens questions related to ethics and morals of such actions. Technology also always allows for various types of abuse, among which hackers have recently become more likely to intrude into device systems.

To meet the needs of the market and provide an adequate number of capacities for providing care and protection of the elderly, while providing the elderly with quality services and decent aging, it is not enough to build new retirement homes or to change the policies (the Long-Term Care Act for the Elderly) and financing of institutions, who take care of the elderly. In the light of the current problems in the field of care for the elderly (Pristavec-Dorič, Eror, 2013; Kavšek, Erman, 2015) and the existing Slovenian construction and environmental legislation (GZ, 2017; ZUreP-2, 2017) with which very long procedures for the adoption of spatial acts and processes for the preparation of project documentation, which form the basis for the construction of homes for the elderly, it is necessary to find new innovative solutions and approaches (models) of care, nursing and care for the elderly.

## *Purpose and objective of the research*

### **Purpose**

Related to the introductory discussion of the problem, this research first seeks to verify the extent to which the written findings of already conducted research apply to the elderly population in Slovenia. In doing so, we are primarily interested in the extent to which these results can be applied to our environment and our population over the age of 65, considering the specifics of our social and social environment. The findings of the first part of the research will serve as a starting point for the development of new proposals for models of care, nursing, and care for the elderly. To solve the existing problems in the field of care, nursing and protection, the problem must be solved comprehensively. Solving the problem must take place at the general, strategic level (top to bottom approach) as well as at the fully operational level (bottom to top approach). To develop the best possible strategy of nursing and care for the elderly based on operational knowledge, it is not so much important that the profession cooperates well with decision-makers (vertical integration) as it is important that different professions are linked at the operational level horizontally (Kenda et al, 2018). As the authors of the papers

and discussions in the collection seniors as Present and Future of Society note, these connections are not the best now, so good and appropriate coordination of all involved would be necessary for the operation of the system. In our opinion, good and appropriate coordination alone is not enough to solve the problem of care, nursing, and care for the elderly in a comprehensive way. New proposals for models of nursing and care for the elderly should be urgently addressing:

- a) The field of social policy and care planning.
- b) The field of spatial and urban planning in the placement of retirement homes in space.
- c) Field of building construction (modular construction, smart buildings, etc.).
- d) The field of new concepts of living (age is wisdom, old but active, old but useful, etc).
- e) The field of financing the care of the elderly (fair pay, competitive prices, etc.).
- f) The area of organization and responsibility in the management of care, nursing, and protection.

The first part of the research presented in this article provides a starting point for designing new models of care for the elderly. Based on the cross-section of the existing situation, individual characteristics of Slovenian population and preferences and wishes of the elderly new models of care and nursing for elderly will be proposed. The preferences and wishes of individuals are determined based on a survey from which we take the preferences of individuals over the age of 45 to design models. In the second part of the study which has not yet been implemented, the feasibility and applicability of the proposed new models of care will be carried out.

## Goal

The basic goal of the research is to create a realistic and practical proposal of a new model of nursing and care for the elderly, which would at least partially solve the existing problems in the organization and provision of quality care and the lack of adequate capacities and facilities for social services, and which would provide faster and easier access to services for nursing, care and protection of the elderly, and above all significantly reduce the financial burden on the budget for service users.

## *Hypothesis*

Our hypothesis is that Slovenians would prefer to age in the comfort of their own home. In doing so, they would choose to live in a house somewhere in the countryside. They would opt for such a way of life, if they had at their disposal all the services offered by homes for the elderly and at the same time kept in touch with relatives.

## *Work methodology*

The article presents the results of survey which was published on 1KA online platform between 01. 06. 2019 in 01. 09. 2019 on and in which 68 respondents participated. In the survey, we were mainly interested in the following:

- Where would individuals prefer to age, at home or in an institution?
- If a person wanted to age at home, what would they prefer to choose for their home (apartment/house)?
- Where individuals would like to age?
- What would be the most optimal accommodation unit for individuals?
- Which are the key factors for quality aging?
- To which extent do the elderly use modern theology?

## *Results*

68 people took part in the survey, of which 35 were men and 33 were women. According to the age structure, the elderly population predominates (71%), which is good for the research itself, as this is the part of the population that is already retired or is slowly preparing for the retirement and therefore has already formed its own opinion about aging. This, however, is what we need if we want to get the right perspective on quality aging.

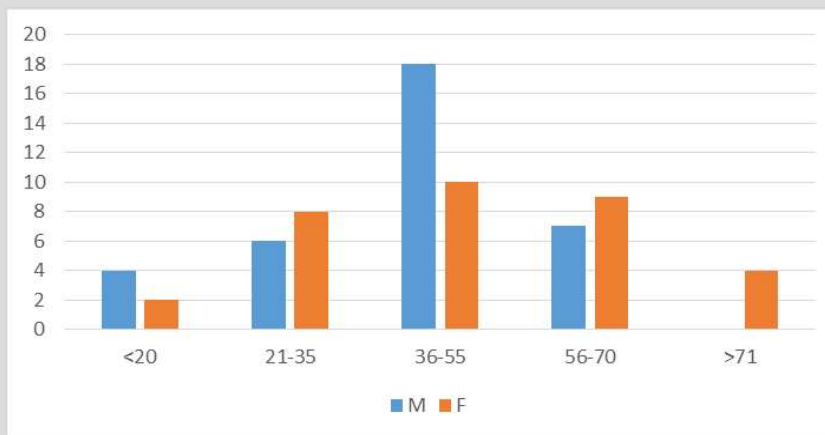


Figure 1. Age structure of respondents by gender

If we look at where the respondents would like to spend their old age, we see that Slovenians would like to enjoy their old age in their own home. Only 26% of respondents would like to spend the last period of their lives in a home for the elderly. As can be seen from the graph below, most of them would like to grow old in their own apartment or house. This is true of both men and women.

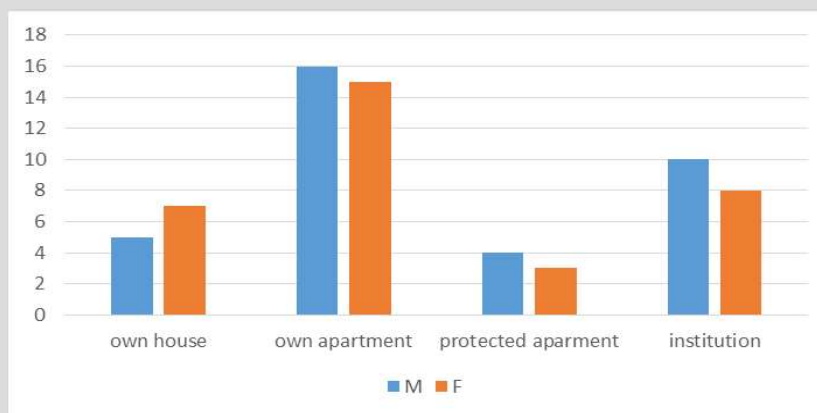


Figure 2. Accommodation preferences by gender

The results regarding the preferences of the environment in which individuals would like to age are very interesting. Most men would rather age in the environment in which they lived and which they know well. Women, however, would prefer to move to an environment where they would rest more safely. As we will see later, women would significantly prefer to move somewhere closer to relatives, as this gives them a greater sense of security.

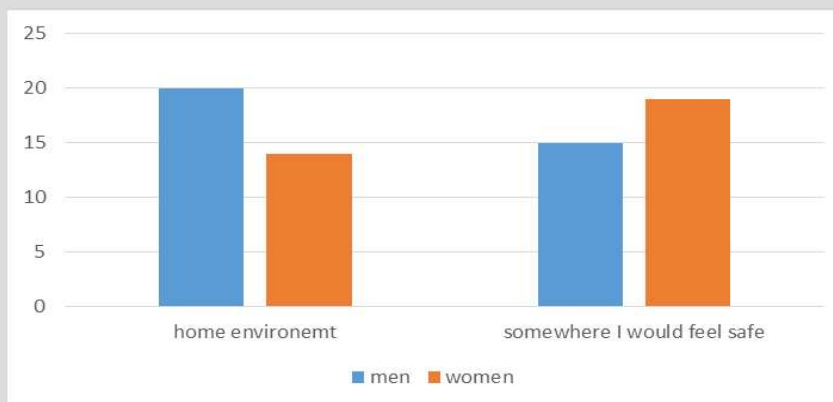


Figure 3. Preferences regarding adequate aging environment by gender

If we look at the above results from the point of view of education and economic status of the individual, we find that the answers do not differ significantly from the results shown. Regardless of the choice or status of the individual, most respondents want to age in their own apartment in the house, and in this case, too, men prefer a home environment, and women an environment in which they feel

safe. Education and economic status come to the front when it comes to determining the optimal unit size that seems appropriate for an individual’s last period of aging. When we compared two variables with the method of determining relationships, namely the size of the accommodation unit and the education of the surveyed individuals, we found that the surveyed individuals responded to certain answers less than 5. Since it is not possible to make an analysis in this way, we combined data for both variables. In the question related to the optimal size of the unit, instead of three categories (<27 m<sup>2</sup>, between 28-54 m<sup>2</sup> and> 54 m<sup>2</sup>) we got two categories, (up to 27 m<sup>2</sup> and over 28 m<sup>2</sup>) and in the question related to education, instead of primary school, secondary school and vocational education, we combined these into two categories: first category comprises lower education, and the second category comprises higher and scientific titles of master and doctor. The recalculation gave the following data.

Table 1  
*Chi-square test (SPSS)*

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
<b>Pearson Chi-Square</b>	3,714a	1	,054		
<b>Continuity Correction</b>	2,835	1	,092		
<b>Likelihood Ratio</b>	3,747	1	,053		
<b>Fisher's Exact Test</b>				,046	,046
<b>Linear-by-Linear Association</b>	3,660	1	,056		
<b>N of Valid Cases</b>	68				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 15,04.  
b. Computed only for a 2x2 table

Table 2  
*Optimal size of the accommodation unit according to education (SPSS, Chi-square Test)*

Unit size		Lower education	Higher education	All together
<b>Up to 27 m2</b>	<b>Count</b>	<b>23</b>	12	35
	<b>% of total</b>	<b>33.8%</b>	17.6%	51.5%
<b>Over 28 m2</b>	<b>Count</b>	14	<b>19</b>	33
	<b>% of total</b>	20.6%	<b>27.9%</b>	48.5%
<b>All together</b>	<b>Count</b>	37	31	68
	<b>% of total</b>	54.4%	45.6%	100.0%

As can be seen from the Table 2, the surveyed individuals with lower education believe that the optimal size of the living unit, apartment, or house in which they want to spend their age is up to 27 m<sup>2</sup> (23; 33.8%). The surveyed individuals with higher education believe that the optimal unit is suitable for aging larger than 28 m<sup>2</sup> (19; 27.9%). As the Fisher’s Exact Test shows, the differences are statistically different because the sig. 0.046.

This result is not a surprise, as the higher educated tend to have a better economic status and therefore they live in larger properties. Consequently, they also believe that a larger living unit is more optimal for living in old age.

In terms of what is important for good living age, the results showed the following.

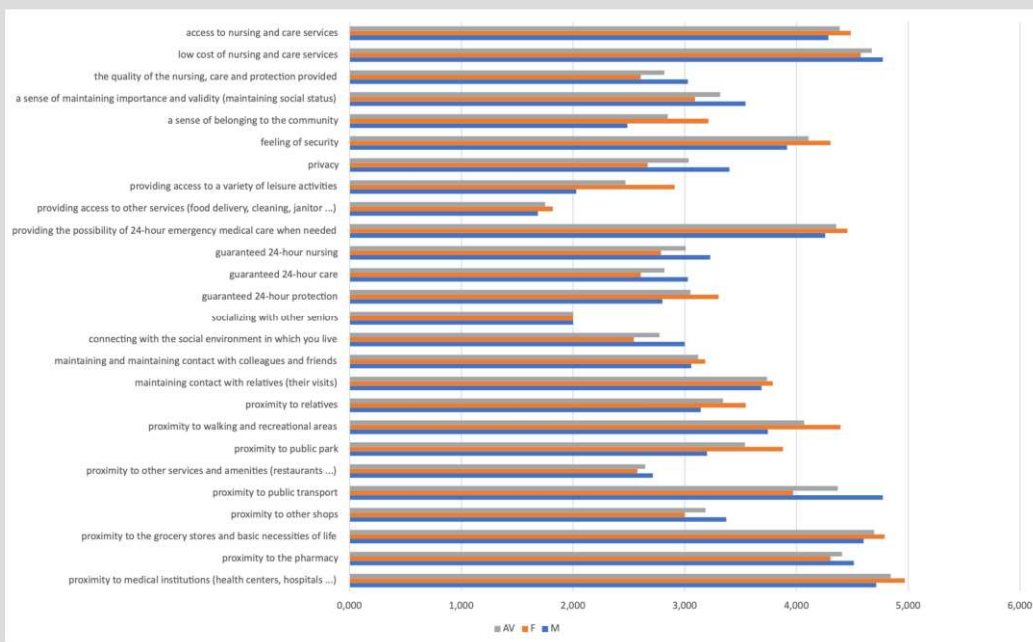


Figure 4. Key elements and factors for quality old age by gender

The graph in the above Figure 4 shows the average of all respondents' responses on the 5-point Likert scale (Likart, 1932). On our scale 1 means that the thing is not important and 5 means that the thing is very important. In our survey the question was to what extent the following is important for quality aging. As can be seen from the average of the answers, respondents believe that it is very important for quality aging that the elderly live near health facilities and pharmacies, that in their proximity they are grocery stores, that the individual has access to public transport and recreational areas, that elderly maintain contact with relatives, that when something happens health wise emergency medical assistance can be immediately provided and that elderly person feels safe in the environment in which individual lives. They also consider it very important that, in case person is not able to care for itself anymore they have guaranteed access to assistance (nursing and care) and that the price of this service is as cheap as possible.

As we mentioned in the introduction to this discussion, women would prefer to move closer to their relatives in the last period of their lives, which is also confirmed by the analysis below.

Table 3  
Test of normal distribution of values in samples

Answer the questions	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Proximity to medical institutions	,507	68	,000	,443	68	,000
Close to grocery and necessities for life	,438	68	,000	,581	68	,000
Proximity to other shops	,246	68	,000	,805	68	,000
Proximity to public transport	,405	68	,000	,638	68	,000
Proximity to relatives	,427	68	,000	,624	68	,000
Socializing with other seniors	,264	68	,000	,749	68	,000
Guaranteed option of 24-hour care	,224	68	,000	,846	68	,000
Guaranteed possibility of 24-hour protection	,421	68	,000	,653	68	,000
Option 24 emergency medical care provided when needed	,265	68	,000	,688	68	,000
Guaranteed access to other services	,321	68	,000	,760	68	,000
Guaranteed access to various leisure activities	,333	68	,000	,829	68	,000
Availability of care, nursing, and care services (ASAP)	,372	68	,000	,676	68	,000

a. Lilliefors Significance Correction

Table 4  
Total analysis statistics (SPSS, Mann-Whitney Test)

Gender		N	Mean	Std. Deviation	Std. Error Mean
Proximity to relatives	Men (M)	35	3,14	,355	,060
	Women (W)	33	3,55	,617	,107

Table 5  
Independent sample test (SPSS, Mann-Whitney Test)

	Levene's Test for Equality of Variances	t-test for Equality of Means								
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Proximity to relatives	Equal variances assumed	28,562	,000	3,322	66	,001	-,403	,121	-,645	-,161
	Equal variances not assumed			3,272	50,470	,002	-,403	,123	-,650	-,156

Table 6  
Importance of contact with relatives in different genders (SPSS, Mann-Whitney Test)

Gender		N	Average	Standard deviation	Sig
Proximity to relatives	Men (M)	35	3,14	,355	0,001
	Women (W)	33	3,55	,617	

The table shows that proximity to relatives is significantly more important for women than for men, which is evident from both the average of the answers and the standard deviation.

As we can see, the importance of maintaining contact with relatives is very important for the elderly. To make it easier to plan long-term care for the elderly, it makes sense to look at whether access to public transport and the fact that an elderly person who is still fit and can visit their relatives, reduces the need for closeness. With this we do not mean personal contact, but the remoteness of the elderly person's place of residence, which gives the feeling that the elderly person that he is close to someone who can quickly come to his aid in the event if something happens to them. To determine the links between access to public transport and contacts with relatives, a regression analysis was performed, which showed the following.

Table 7  
Included variables (SPSS, Regression Test, Enter method)

Model	Variables Entered	Variables Removed	Method
1	Proximity to public transport		Enter

a. Dependent Variable: Contacts with relatives  
b. All requested variables entered.

Contacts with relatives were determined as a dependent variable, and the proximity of public transport as an independent variable.

Table 8  
Model summary (SPSS, Regression Test)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,815a	,665	,660	,312

a. Predictors: (Constant), Proximity to public transport

Table 9  
ANOVA (SPSS, Regression Test)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	12,780	1	12,780	130,978	,000b
Residual	6,440	66	,098		
Total	19,221	67			

a. Dependent Variable: Contacts with relatives  
b. Predictors: (Constant), Proximity to public transport

Table 10  
Calculation of coefficients (SPSS, Regression Test)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	5,510	,193		28,477	,000
Proximity to public transport	-,495	,043	-,815	-11,445	,000

a. Dependent Variable: Contacts with relatives

The regression model according to the method Enter explains 66.5% of the variability of the dependent variable – in our case contacts with relatives. We found that there is a negative impact between contacts with relatives and the proximity of public transport. This means that the proximity of public transport reduces the importance of maintaining contact with relatives in the elderly.

The last very important issue is the use of modern technology. This can have a significant impact on the care of the elderly in the future, and at the same time can significantly improve the quality of aging. If we look at the graph in Figure 5, we can see that the older generations, apart from some elderly people, use at least a mobile phone. Of these, more than 60% are smart phone users. This is very important, as providers are already offering distance medical care on Slovenian market.

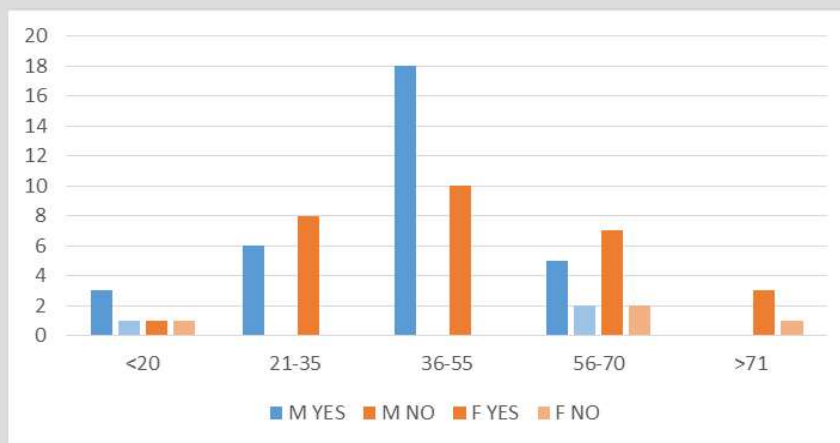


Figure 5. Use and non-use of modern technologies in different age groups of men and women

### Discussion and conclusions

Based on the partial results of the survey, we can say with certainty that the preferences of Slovenes are very similar to the preferences perceived by research abroad. Here, too, individuals want to spend their old age in the comfort of their home and in an environment that they know well and feel safe in. In doing so, it is very important for them to keep in touch with relatives. As we have found, a good traffic connection between the place of residence of the elderly person and the place of residence of relatives is very important. It is

especially important that the locations where the elderly live are well equipped with public service and public transport. This is very important, as the feeling of greater mobility reduces the feeling of loneliness.

As shown in this article, for quality aging respondents find it particularly important that the elderly have adequate service available in the environment in which they live. They find it particularly important to be close to a health facility, pharmacy, grocery store, and outdoor areas where seniors can engage in daily recreation. If there are no medical facilities nearby, it is very important that the individual has access to medical care 24 hours a day. This is exactly what makes individuals feel safe.

The survey also showed that a large proportion of individuals, regardless of age, already use modern technologies, which is encouraging. It should not be forgotten, however, that only computer-literate individuals were included in this survey, as the test survey was initially published only in online form. This means that it was met only by individuals who are already skilled in the use of modern technology. When the survey is conducted on a larger scale and with classic questionnaires, this ratio is likely to change slightly.

At this stage, the research does not yet make a significant contribution to theory and practice, as the survey sample is not twofold, but it indicates the direction in which the proposals for new models of nursing and care will be considered. Based on the findings of research studies from abroad and the previous findings of the survey, from the point of view of long-term care for the elderly, it is necessary to think in the direction of de-institutionalization of care for the elderly. As already mentioned, the current model of care in nursing homes is too rigid. Prescribed standards of care and inadequate funding, however, represent a major financial burden for service users. The new models of care should thus go in the direction of creating smaller care units that will be more manageable, but above all more humane and user-friendly. We have in mind homes with a smaller number of beds or specialized settlements in which only parents of different age groups will live. Regarding small settlements, special communities would be formed within which the more vital elderly could help the less vital in certain tasks. This ensures two. Even in the last period of their lives, individuals would live in the same way as they did before retirement. The feeling that they are part of society would give them motivation to insist on an active lifestyle (quality aging) for a long time.

In the case of smaller homes for the elderly (apartment blocks) as well as in specialized settlements, the entire care service would be included in the service, and the service would be paid according to the service provided. The scope of service provided by individual service providers would of course be dependent on the needs of the individual. Individuals who would be more independent would pay less or just small fee for the coordinator, and individuals who would need more assistance would pay more. In this way, according to our calculations, the monthly cost of care for some individuals could also be halved. The management and coordination of care for the elderly would be carried out by the service manager. Nursing and care service itself would be performed by contractors who would prove their professional competence with their references and previous work prior to starting work.

The main condition, of course, is that individuals in such settlements feel safe. In doing so, we have safety in the event of any health problems or injuries in mind. Here, modern technology comes to the front, which enables constant monitoring of individuals, whether it is the control of vital organ functions or the control of movement around the apartment or house.

The above findings and guidelines are a good starting point for designing new models of care. Given the situation in our country, 3 new models are proving to be potentially interesting and feasible, which will be presented on another occasion. All the above solve the current problem of long-term care and represent a good alternative to today's models of care for the elderly.

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