

Satisfaction of Residents in the Social Care Institution Elderly Home Moste-Polje in Ljubljana, Slovenia

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Abstract

BACKGROUND: Introduction: In order to provide safe, effective and quality care for the elderly, satisfaction surveys in care homes play a key role in assessing the quality of care and improving the overall treatment of residents, so we wanted to obtain the views and feedback of residents on their satisfaction with their stay in the home.

METHODS: The aim of the study was to determine the residents' satisfaction with the services provided by the elderly home Moste-Polje in Ljubljana, Slovenia. An anonymous survey was conducted in 2023 among 37 residents living in the social care institution. We used a diagnostic survey method and a questionnaire technique. Descriptive statistics were used to present demographic data with percentages for categorical variables and means and standard deviations for numerical variables.

RESULTS: In the questions about satisfaction with the services of the individual services, the residents rated the social services (AS=4.5, ST.N=0.61), the nursing services (AS=4.3, ST.N=0.75), the technical maintenance services (AS=4.2, ST.N=0.68) and the outpatient clinic (AS=4.1, ST.N=0.95) the highest on average. The attitude of the staff towards the residents (AS=4.1, ST.N=0.75), the cleanliness and tidiness of the home (AS=4.1, ST.N=0.78) were also rated highly. The home's diet (AS=3.4, ST.N=1.06), the availability and range of home activities (AS=3.9, ST.N=0.81) were rated lower. The ability to express criticism was evaluated with a score of (AS=3.3, ST.N=1.22). The ability to express criticism was rated with a score of (AS=3.3, ST.N=1.22).

CONCLUSION: The results of the survey showed that residents are largely satisfied with their stay in the home, but would like to see minor changes in some areas. The findings showed that improving services requires mutual cooperation between residents and staff, as well as management. In this way, the quality of life can be improved, leading to greater satisfaction of the residents living in the Homes for the Elderly.

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Introduction

According to the National Institute of Public Health (NIJZ, 2024), "Slovenia is one of the countries with a long life expectancy, but unfortunately this is not matched by the same number of healthy life years. At the end of 1995, the proportion of people aged 65 and over in the total population was 12.5%; in 2008, this age group accounted for almost a fifth of the population, and by 2060, the proportion of people aged 65 and over is expected to rise to 35%, or even higher. Today, the oldest age group, those who have already reached the age of 80, is the fastest growing group in the world. This age group accounts for more than one tenth (11%) of the world's elderly population and is expected to reach one fifth (more than 19%) of the elderly population by the middle of the 21st century" [11].

The ageing of society is a process that is

evident in almost every country in the world. Many families will no longer be able to provide care services for the elderly, so the burden of care will fall mainly on public and private institutions, and it is therefore necessary to ensure that the elderly have a quality and satisfying stay in social care institutions.

Institutional care for the elderly is designed to address the personal hardships and problems of people over 65 and others who, because of illness, old age or other reasons, are unable to live at home (Ministry for a Solidarity Future, 2024) [10].

"Institutional care includes basic care, social care and health care under the health care rules. Basic care includes accommodation, organisation of meals, technical care and transport. Social care is a professionally managed activity designed to provide social prevention, therapy and management for residents. Residential care homes for the elderly provide assistance with personal hygiene and activities

of daily living (getting up, dressing, moving around, walking, communication and orientation). Special forms of care are aimed at maintaining and developing independence, developing social relationships, occupational occupation, correction and therapy of disorders, active leisure and solving personal and social difficulties" (Ministry for a Solidarity Future, 2024) [10].

According to the Community of Social Institutions of Slovenia (2024), at the end of 2022 there were 21,723 places available in 59 public institutions and 46 concession providers in Slovenia. Of these:

- 13,382 places in public homes for the elderly,
- 6,043 places in private homes for the elderly,
- 2,298 places in special institutions for adults (Community of Social Institutions of Slovenia, 2024) [6].

The rapidly ageing population poses a number of social and political challenges, and maintaining an active and healthy population into old age and beyond is of paramount importance for modern society. In this context, the development of a comprehensive social policy, both at home and in the context of the European Union, is a prerequisite for the economic success of a society and the well-being of its inhabitants (National Institute of Public Health, 2024) [11].

Due to increasing life expectancy, there is a global demand for services for the elderly, such as nursing homes. In addition to the need for more services, the main challenge for social care institutions is to provide quality services [18].

Quality of care is multidimensional and can be divided into three dimensions related to structure, process and outcome. The structure dimension refers to the environment in which care takes place, the process refers to the components of the care provided, and the outcome measures the effects of care on service recipients. One important outcome indicator is user satisfaction. User satisfaction scores enable the identification of which part of the service needs to be improved and the design of effective strategies for a better quality service [2].

Increased user satisfaction can change user behaviour and adherence to treatment, leading to better health outcomes [3]. According to the U.S. Centers for Medicare and Medicaid Services, nursing homes should empower residents to direct their own care planning. Interdisciplinary care planning meetings should also include residents and their families, in addition to professional staff. Therefore, collecting information on the satisfaction of residents, relatives and staff is an ideal approach to understand satisfaction with a care facility. Implementing person-centred care planning remains a major challenge. User satisfaction is essential for its implementation [17].

Methods

Data collection methods and techniques

We conducted a descriptive study, using a quantitative method, which aimed to determine the satisfaction of the residents with their stay in the Eldary home Moste-Polje in Ljubljana (Slovenia).

Description of the measuring instrument

A questionnaire was used to measure the satisfaction of older people with the healthcare system in the Home for the Elderly. The questionnaire was designed and developed on the basis of a literature review. The questionnaire was anonymous and contained both open-ended and closed-ended questions. The questionnaire started with demographic information, age, gender, length of stay in the home. The second part of the questionnaire consisted of 4 sections. Section 1 related to general satisfaction with the stay in the retirement home and had 1 sub-question. Section 2 related to satisfaction with the individual services and had 5 sub-questions. Section 3 related to tidiness and cleanliness and had 3 sub-questions and Section 4 was the Possibility of expressing oneself and had 1 sub-question. 4 sub-questions were asked. In total there were 10 statements. Respondents expressed their views on the statements on a Likert-type scale, on which they indicated their level of agreement with the statements by giving a score of 1 to 5.

Description of the sample

The study population consisted of care recipients of both sexes aged 65 years and over, who were fully independent in all activities of living. Inclusion criteria were to have lived in a nursing home for at least 6 months and to be free of cognitive problems. We excluded all care recipients requiring assistance with activities of living and with cognitive decline. There are 212 residents in the Home and 37 (17.4%) of the residents who were eligible according to the inclusion and exclusion criteria completed the questionnaire.

Table 1: Inclusion and exclusion criteria in the search for relevant literature

Criterion	Inclusion criteria	Exclusion criteria
Keywords	satisfaction, elderly, nursing home	Other
Place of hearing	Social care environment for at least 6 months	Social care environment less than 6 months, Home environment, Hospital environment
Age	Elders 65+ years	Under 65 years
Publication type	Systematic literature review, research articles, conference papers;	Textbooks and arbitrary articles
Time period	2019-2024	2019 and older
Language	English, Slovenian	Other languages
Access	Full texts	Only a summary is available

Description of the survey and data processing

Based on ethical concerns about confidentiality, after explaining the purpose of the study and obtaining permission from the research unit, anonymous questionnaires were distributed during the morning shift to 37 residents who met the criteria and volunteered to complete the questionnaire, completed it themselves, and returned it to the collection point. After data collection, the data were analysed in the 1KA tool (1KA is an open source application that provides an online survey service), exported and analysed using Excel 2023 software, using descriptive statistical methods.

Results

Total number of 37 (17.4%) residents participated in the survey. Most of the participants are aged 81-90 years (68%), female n= 33 (89%), have been living in the home for 1 to 2 years (35%) and 6 months to 1 year (27%) and live in a single room (77%).

Table 2: Resident satisfaction in the Moste-Polje Senior Citizens' Home in 2023

OVERALL SATISFACTION OF RESIDENTS	Valid (N)	Arithmetic mean (AS)	Standard deviation (ST.N)
How satisfied are you with your stay at the Home?	36	4.1	0.65

5-point Likert scale (1-very bad, 2-poor, 3-medium, 4-good, 5-very good)

Discussion

The paper presents the satisfaction of service users at the Eldary home Moste Polje in Ljubljana, Slovenia. User satisfaction is a complex and multidimensional concept and can be influenced by many factors. Residents of residential homes for the elderly have different preferences, interests and requirements. Batbaatar E, Dorjdagva J, Luvsannyam A (2017) (3) and others in a review of the literature found that user satisfaction, is the most important quality indicator. Users of social care institutions, place great importance on quality care, environment, accessibility and continuity of care.

Table 3: Satisfaction with individual services

SATISFACTION WITH INDIVIDUAL SERVICES	Valid (N)	Arithmetic mean (AS)	Standard deviation (ST.N)
How satisfied are you with the attitude of your employees towards you?	37	4.1	0.75
How satisfied are you with the nursing service?	37	4.3	0.75
How satisfied are you with the social services?	37	4.5	0.61
How satisfied are you with the technical service?	36	4.2	0.68
How satisfied are you with the services provided by the home clinic?	36	4.1	0.95

5-point Likert scale (1 - very dissatisfied, 2 - dissatisfied, 3 - moderately satisfied, 4 - satisfied, 5 - very dissatisfied)

The number of elderly people has been steadily increasing globally in recent years, and the

process of admission to a nursing home has also increased. Evidence suggests that the elderly care system is complex, complex, multifaceted, time-limited and continuous. Assessing satisfaction with health services is a measure of service quality and a way to improve service delivery [9].

Table 4: Satisfaction with cleanliness and tidiness

TIDINESS AND CLEANLINESS	Valid (N)	Arithmetic mean (AS)	Standard deviation (ST.N)
Rate your satisfaction with the tidiness and cleanliness of your home	37	4.1	0.78
Rate your satisfaction with the diet you eat	35	3.4	1.06
Rate your satisfaction with the activities offered at home	35	3.9	0.81

5-point Likert scale (1 - very poor, 2 - poor, 3 - average, 4 - good, 5 - very good)

In our survey, the majority of participants were aged between 81 and 90 years (68%), female gender predominates (89%), they have been living in the home for 1 to 2 years (35%) and 6 months to a year (27%), and they live in a single room (77%). Based on the analysis of the responses to the questionnaire, it is clear that residents are satisfied with their stay in the home, with an overall mean score of 4.0 across all responses.

Table 5: Satisfaction with the possibility to express oneself

THE POSSIBILITY OF EXPRESSION	Valid (N)	Arithmetic mean (AS)	Standard deviation (ST.N)
Rate the extent to which you are able to express criticism when you are not satisfied with something?	34	3.3	1.22

5-point Likert scale (1-never, 2-rarely, 3-sometimes, 4-frequently, 5-regularly)

Institutional care services include forms of support that replace or complement the services provided to residents at home, by their own families, in their own homes, in residential care, in health care and nursing care, in day care and in organised meals. A care home is committed to maintaining and achieving quality of life for older people, to providing them with comprehensive care, and to providing them with appropriate quality care and nursing care (19).

In our study on residents' satisfaction with their stay in the home, 37 residents participated, of whom one questionnaire was invalid. In the questions on satisfaction with the services provided by the different services, residents gave the highest average ratings to *the social services* (4.5), *the nursing service* (4.3), *the technical maintenance service* (4.2) and *the outpatient clinic* (4.1). They also gave high ratings to *the staff's attitude towards the residents* (4.1) and to *the tidiness and cleanliness of the home* (4.1). 4.2 Residents also gave high ratings to *the staff's attitude towards the residents* (4.1).

The home food was rated (3.4), *the availability and offer of home activities* (3.9) and *the possibility to*

express criticism was rated (3.3).

Residents' satisfaction with food services contributes to their health and well-being. Measuring resident satisfaction is important, but the small number of existing questionnaires on satisfaction with nutritional services are outdated, lack accurate psychometric tests and do not reflect the shift towards person-centred care [13]. In our Home, the kitchen manager, head nurse in collaboration with 3 residents who have been in the Home for a long time are involved in the preparation of the menus.

In 2020, the Korea Institute of Health and Social Affairs conducted a study (Park and Kang, 2022) [14] examining which living conditions increase older adults' satisfaction with living at home. They used data from 8903 participants aged 65 years and over who did not need assistance in their daily lives, i.e. were independent in carrying out activities of daily living. The final model explained 34.2% of life satisfaction in old age. The conditions that most increased life satisfaction in old age were the community environment and satisfaction with the institution. Other conditions that significantly influenced life satisfaction were safety, interaction with neighbours, distance from children or relatives, frequency and route of public transport, and abundance and distance of green spaces. Responsible organisations or policies should take these results into account in order to increase life satisfaction in an increasingly ageing population. Furthermore, this data can be used to design and build age-friendly communities [14]

Nineteen (19) statements were recorded in the comments and opinions section. The majority of respondents expressed satisfaction and praise, while smaller comments referred to the lack of space for socialising with visitors, information about events and activities in the home, and the desire for more staff.

The Moste-Polje Home for the Elderly in Ljubljana is constantly renovating its premises, equipment and various construction works, so that the social areas are also being renovated, and new methods are being introduced to better inform people about the events and activities that take place in the home on a daily basis. Respondents also expressed a desire for more staff, but for decades nursing homes have had problems recruiting and retaining healthcare staff (8) and in our Home it is no different. In 2001, the Centre for Medicine and Medical Services published a study which identified the importance of a minimum staff-to-resident ratio in Nursing Homes. The study suggests that nurses should provide at least 4.1-4.85 hours of direct nursing care per day to each nursing home resident, depending on how long the resident stays in the nursing home.

Insufficient nursing staff can have a negative impact on all nursing home residents [7]. Many nursing home studies reveal a strong positive correlation between the number of nursing home staff providing direct day-to-day care to residents and the quality of

care and quality of life of residents. The dangers of understaffing have been known in the US nursing home industry since the 1980s, culminating in the findings of a study on the adequacy of minimum nurse staffing ratios published by the Centers for Medicare & Medicaid Services (CMS) in 2001.

However, demand for long-term care and specialised health facilities is high and likely to increase as the population ages. Nationally, the number of adults aged 65 and over is projected to increase to 94.7 million by 2060 (Administration on Aging, 2021) [1].

Our results cannot be generalised, as we are aware of the limitations of the survey in terms of the usefulness of the instrument, the small sample size and the survey design, but for our social care institution we have obtained both expected and unexpected opinions from our residents. We were very satisfied with the results of our survey, as an average score of 4 tells us that we are doing a good job. In our organisation, we have focused on improving our service offer as quickly as possible in the claims where service users rated it as poor, and we have also had to be vigilant to ensure that the services that were rated as good remain good and that we improve them further. Our research is not comparable with other research, but it is nevertheless useful and relevant for further professional work in our country.

Authors Batbaatar E, Dorjdagva J, and Luvsannyam A (2017) [3], concluded that more information is needed on what users' and families' satisfaction with services is. In particular, there is a need to identify which instruments are more useful and scalable in practice. Also, monitoring indicators can be used to examine which factors are hindering satisfaction, and findings can be presented to policy makers and management in Homes for the Elderly.

Our recommendations are that all social care institutions should have at least 1 annual evaluation in the area of user, family and staff satisfaction. Our aim is to explore other areas in the future that have a significant impact on the quality of care provided to older people in social care institutions. We suggest the possibility of further research in the sense of repeating the survey in different social care institutions in Ljubljana or throughout Slovenia, in order to obtain more concrete information on the satisfaction of the elderly and thus to be able to generalise the data to the whole population, to make suggestions for improvement and to raise the level of health care to a higher level.

Ethical aspects of research

No ethics committee approval or consent was required to conduct the research according to the chosen research methodology. Participation in the study was voluntary. Anonymity and confidentiality were guaranteed.

Limitations of the research

We included a small sample of participants in one of the public nursing homes, but managed to obtain in-depth information on the problem under study. A quantitative study could be carried out on a larger number of participants residing in different social care institutions. This would have provided important information that would have helped to improve the quality of care for the elderly.

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Conclusion

The results of the survey showed that residents are largely satisfied with their stay in the care home. The average rating of the services was 4 on a five-point Likert scale. This gave us feedback that we are doing a good job. Our goals are to improve the home's food, increase the range of home activities, and give residents more opportunities to express their criticism. These were the key findings on which services need improvement. In improving services, there is a need for mutual cooperation between residents and care home staff in accordance with house rules and legislation. This way of working together can improve the quality of life, leading to greater satisfaction for older people living in social care institutions.

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