OLDER PEOPLE'S PERSPECTIVES ON RESIDENTIAL CARE: INSIGHTS FROM THE CITY OF ZAGREB

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ABSTRACT

Croatia ranks among the EU member states with the oldest populations, and ongoing demographic ageing is leading to a growing number of people who require care in later life. However, institutional and community-based care services for older adults in Croatia, including residential care facilities, have been insufficient for decades. Similarly to other European countries, older adults in Croatia typically live in their own homes (ageing in place) for as long as possible. When they begin to require assistance, they most often rely on support from their spouses and children. This study, using the City of Zagreb as a case, examines the attitudes of older adults living in their own homes towards residential care, along with their willingness, motivations, and perceived barriers to moving to a nursing home. It presents the findings of a qualitative research study conducted in the City of Zagreb between December 2022 and January 2023, based on face-to-face semi-structured biographical interviews. The sample consisted of twenty respondents aged 65 and over who live independently in their own home. This study showed that most older adults, regardless of age, education, living arrangement, or health status wish to continue living in their own home for as long as possible. Participants generally view relocation to a nursing home as a strategy for very old age or when they can no longer remain fully independent.

Keywords: City of Zagreb, population ageing, nursing homes, ageing in place

INTRODUCTION

Croatia ranks among the EU member states with the oldest populations, and ongoing population ageing is resulting in a growing number of people who require care in later life [4]. However, institutional and community-based care services for older adults in Croatia, including residential care facilities, have been insufficient for decades. Long-term care presents a particularly significant challenge. The Croatian long-term care system is underfunded and fragmented, with public social support providing lower coverage than in many other EU countries [9].

Most older adults prefer to age in place for as long as they perceive themselves to be relatively healthy and independent, postponing relocation to care homes until health-related crises necessitate such a move [5, 12, 13, 14]. Similarly to other European countries, older adults in Croatia typically live in their own homes (ageing in place) for

as long as possible. When they begin to require assistance, they most often rely on support from their spouses and children [10]. With shrinking household sizes, increased employment of women, and more frequent outmigration of children and relatives, informal care is becoming increasingly challenging, as the pool of potential informal caregivers for older people is being reduced.

In Croatia, approximately 260,000 or 32% of older adults require assistance with at least one activity of daily living or instrumental activity of daily living [9]. This number is expected to increase due to population ageing and the fact that Croatia ranks near the bottom of the European Union in terms of healthy life years at age 65, indicating significantly poorer health outcomes compared to the EU average and most EU countries. In Croatia, healthy life expectancy at age 65 is 5.9 years for women and 6.1 years for men, compared with the EU average of 9.6 years for women and 9.2 years for men [2].

As average life expectancy increases, the proportion of life spent at age 80 and above is growing, a stage of life in which serious illnesses increasingly occur, often significantly limiting the ability to live independently. Mobility issues are very common at this age and may lead to reduced mobility or complete immobility, making additional forms of support necessary for basic daily activities such as personal hygiene, getting dressed etc. In such situations, informal caregivers are often unable to provide adequate care, and if community-based (non-institutional) support services are also insufficient, this usually results in relocation to a nursing home. Due to the urgency of health crises and cognitive decline, older adults are sometimes unable to make decisions about relocation, and the likelihood of involuntary movement from one's own home to a nursing home increase with age and is highest among individuals aged 80 and over [12]. Among part of the population in Croatia, prejudices towards nursing homes are still present, and placing an older person in a nursing home is often perceived as shameful. As of the end of 2022, a total of 10,694 individuals were accommodated in state and county nursing homes in Croatia [7]. Among them, 13.7% were under the age of 75, 40% were between 75 and 84 years old, and 46.3% were aged 85 years and above [7]. In private nursing homes, 7,213 residents were accommodated: 22.8% were aged up to 74, 39.3% were between 75 and 84, and 37.9% were aged 85 or older [7]. Residential care capacities differ considerably across regions, with the largest concentration in the City of Zagreb.

This study, using the City of Zagreb as a case, examines the attitudes of older adults living in their own homes towards residential care, along with their willingness, motivations, and perceived barriers to moving to a nursing home.

DATA AND METHODS

In this study, population census data from 2001, 2011, and 2021 for the City of Zagreb are used to establish the demographic framework of the analysis. The analysis of nursing homes is based on official data on residential care facilities for older persons from Ministry of Labour, Pension System, Family and Social Policy and City of Zagreb.

The paper presents and discusses the findings of the qualitative study, supported by quotations from the interviews. The qualitative research was conducted in the City of Zagreb between December 2022 and January 2023 and was based on face-to-face semi-structured biographical interviews. The sample consisted of twenty respondents aged 65 and over who live independently in their own households, that is, in non-institutional settings. The participants ranged in age from 65 to 86 years, with half of the sample aged 75 or older. There were 7 men and 13 women who participated in the interviews.

Sampling procedure combined the snowball sampling method and the principle of maximum variation [6] which was applied to ensure the inclusion of interviewees with diverse experiences in terms of gender, age, marital status, household size, parental status, and health status. The sample size was determined based on data saturation, which was estimated not only from the interviews conducted but also by considering the results of previous field and desk research. Prior to the interviews, respondents were informed about the main objectives of the study and about their rights, including the right to withdraw from the interview at any time. All participants received and signed an informed consent form before taking part in the study. Interviews were mostly carried out in participants' households and lasted between 30 and 80 minutes. With the participants' consent, they were audio-recorded and subsequently transcribed. The qualitative data were analysed through thematic analysis, facilitated by MAXQDA software. Even though the qualitative approach is flexible, results in in-depth and detailed information, allows the use of multiple data collection methods and minimises the chance of having missing data, its limitations often are referred to researchers' subjectivity, difficulties in sustaining anonymity and limited generalisability of results – especially taking into account that the research includes participants only in a capital city which may have different experiences than people who are living in different settings. Further on, qualitative research involves complex data analysis, makes replication of findings challenging, and the findings may be influenced by the researcher's bias [8].

DEMOGRAPHICS OF THE CITY OF ZAGREB

According to the 2021 Census, Croatia and all of its counties are experiencing depopulation and population ageing, with notable regional differences in the intensity of these processes. The City of Zagreb likewise recorded a population decline in the most recent intercensal period, with the number of inhabitants decreasing from 790,017 in 2011 to 767,131 in 2021, representing a reduction of 2.9%. During this period, the number of young residents remained relatively stable, while the working-age population declined, and older population increased. Although Zagreb has long been the most attractive migration destination in Croatia, unfavourable demographic trends in other parts of the country, together with out-migration after Croatia's accession to the European Union, have contributed to a reduction in migration inflows to the city which has negatively affected demographic processes.

At the same time, population ageing in Zagreb has intensified markedly. Over the past two decades, the number of residents aged 65 and over increased by more than one third, rising from 115,980 in 2001 to 158,773 in 2021, meaning that today one in five Zagreb residents is aged 65 or older (Table 1). The growing share of older people in the city requires significant adjustments of urban spaces, facilities, and services, as well as an expansion of health, social, and care services to meet increasing needs. Particularly strong growth is observed among the oldest-old population (aged 80 and over), whose number more than doubled during the same period, increasing from 18,267 to 40,100. Although this age group is not homogeneous, individuals within it are more likely to experience illness and frailty. This, in turn, implies a growing demand for formal forms of care, long term care services, and residential accommodation in nursing homes for older and dependent persons in Zagreb.

Table 1. Age structure and selected indicators of population ageing in the City of Zagreb 2001-2021

Census	Total population	0-14	15-64	65+	80+	Average age	Ageing index	Total age dependency ratio	Young-age dependency ratio	Old-age dependency ratio
2001*	779,145	122,963	536,981	115,980	18,267	39.7	94.3	44.5	22.9	21.6
	%	15.8	68.9	14.9	2.3					
2011	790,017	116,059	537,188	136,770	31,068	41.6	117.9	47.1	21.6	25.5
	%	14.7	68.0	17.3	3.9					
2021	767,131	116,644	491,714	158,773	40,100	43.0	136.1	56.0	23.7	32.3
	%	15.2	64.1	20.7	5.2					

*2001: 3,221 unknown age

Sources: Census 2001 https://web.dzs.hr/Hrv/censuses/Census2001/Popis/H01_01_02/H01_01_02.html; Census 2011 https://web.dzs.hr/Hrv/censuses/census2011/results/htm/H01_01_03/H01_01_03.html; Census 2021 https://podaci.dzs.hr/media/rqybclnx/popis_2021-stanovnistvo_po_naseljima.xlsx

Another demographic trend observed across Europe, including Croatia, is the continuous increase in the number of single-person households among older persons. In Zagreb, 23.9% of individuals aged 65 and over live in single-person households. Women are considerably more likely to live alone (29.9%) than men (14.7%) in the City of Zagreb, which largely reflects their greater longevity [1]. While some older people live alone by choice, involuntary solitary living may place them in a vulnerable position and increase the need for targeted social protection [16].

RESIDENTIAL CARE FACILITIES IN THE CITY OF ZAGREB

The largest number of decentralised and private nursing homes in Croatia is in Zagreb. However, Zagreb has the largest older population and, therefore, the demand for such services is the highest. According to the 2021 Census, 2.8% of individuals aged 65 and over in Croatia lived in institutions for retired and elderly people. In the City of Zagreb, this proportion was slightly higher, with 3.3% of older adults residing in nursing homes [1]. In the City of Zagreb, there are ten decentralized nursing homes and one established by the City of Zagreb (for the purposes of this text, the term city-owned nursing homes will be used) located across 18 facilities, with a total capacity of 4,024 places. Currently, around 260 places are unoccupied due to the renovation of accommodation units damaged in the 2020 and 2021 earthquakes. It should be emphasised that, in addition to residential care, city-owned nursing homes are connected to a various forms of non-institutional support services for older people living at home, including meal provision, workshops and occupational therapies, and day care programmes, and similar services. Residential care services are also provided by 23 private nursing homes, 22 facilities operated by other legal entities, and 17 family homes, together offering a total of 2,690 places.

Monthly fees in city-owned nursing homes vary depending on the level of care provided (e.g. number of residents per room; residential, semi-residential, or residential-with-care accommodation depending on the level of independence; quality of the facility) and range from 234 to 995 € per month. The most expensive services are intended for functionally dependent residents who, due to dementia, require continuous assistance and supervision from another person to meet all their needs. In contrast to other cities, fees for accommodation in nursing homes in the City of Zagreb have remained unchanged since 2018. Budgetary allocations from the City of Zagreb cover about 50% of nursing homes'

total revenues, with approximately 36.5 million € designated for this purpose in 2026.[14] At the same time, accommodation fees in private nursing homes have been steadily increasing, typically starting at 1,300 € per month and higher. Despite the high costs, there is strong demand for placement in private nursing homes due to the growing number of older adults who, mostly because of illness and disability, cannot live independently and face long waiting times in decentralized public homes.

In the following section, we present the results of a qualitative study conducted with older adults in Zagreb regarding their attitudes towards residential care, as well as their willingness, motivations, and perceived barriers to moving to a nursing home.

CONSIDERATIONS ABOUT MOVING TO A NURSING HOME

How do older adults ageing in place perceive the possibility of transitioning to institutional care? Participants were asked to indicate their preferred mode of living. Whether to remain in their own home or move to a nursing home. For most respondents, both the younger old (65–79) and the oldest old (80+), women and men alike, the first choice was to live independently in their own homes.

"And at home, you see, at home a person is… I've been in this apartment since 1945. I'm used to it. For example, at night if I need to go to the bathroom, I don't even have to turn on the light. I can go because I know every part of this apartment, and I feel comfortable here." (M, 79, widower, three-person household)

"As long as I can walk, as long as I'm on my feet, I won't go anywhere…" (W, 81, widow, living alone)

"As long as a person is mobile and not demented, it is always better to be in their own apartment. That is freedom. It is natural for us to be free, to be able to go out whenever we want and socialize as we wish." (F, 71, living with spouse)

"Well, here I can truly speak from my own experience… at the moment I don't have that need [to go to a nursing home], but from a psychological perspective it is always more comfortable for a person to be in their own home, and no matter how comfortable and wonderful a nursing home may be, it is still better to be in your own apartment." (F, 69, divorced, two-person households)

The capacity for adaptation and resilience to change gradually declines in later life, making familiar routines and physical environments a crucial source of security and a sense of autonomy. Disrupting this sense of security can generate feelings of instability and intensify perceptions of "the end of life," as well as feelings of vulnerability and frailty [3, 15].

"*I don't know, I even think that nursing homes aren't necessarily bad if it's the right kind of home. But maybe there's that feeling that you're at the end of your life, and I think that really affects you. Still, I hear that among those 300 people there, you'll always find three you get along with, with whom you can laugh and take a walk, as long as you can still walk, it's fine. But somehow there's this feeling that your life is over, that you've gone there. Here, you keep going, as long as you can, maintaining your own order, your own rhythm, and your own life*." (F, 73, living with spouse)

The participants in the study were of different ages within later life (the younger old aged 65–79 and the older old aged 80+), with varying levels of physical health and independence, different levels of education, different living arrangements (with a spouse,

[14] https://www.zagreb.info/vijesti/zg-info/u-zagrebackom-domu-za-starije-smjestaj-samo-234-eura-evo-sto-dobijete-za-taj-novac/813626/

with adult children, or alone), and in different types of housing (house or apartment, with differences in the level of amenities). All these factors may, at certain points in the life course, serve as motivations for deciding to move from one's own home to institutional care. Regardless of objective indicators of overall quality of life (the preservation of an individual's health and functional abilities, housing conditions, and the quality and maintenance of social networks), consideration of a potential move to a nursing home is not always aligned with these factors. This is partly the result of traditional expectations among older people that care, when needed, will be provided by informal caregivers (most often spouses or adult children).

"You see, in my family, traditionally, we somehow… we take care of older family members, and there is this idea that one should not go to a nursing home unless it is really necessary. Of course, there are illnesses that simply require it, physically you cannot manage otherwise, but as long as it is possible, that's how it was. Both my grandmother and my mother died at home, calm, and I was calm as well, and somehow I feel much better that way." (F, 69, divorced, living alone)

With increasing age, accompanied by declining health and reduced functional abilities, individuals also experience a shift in their perspective on their own capacities and an increased awareness of the need for support in various areas of life. Thus, one participant who is disabled hopes to move to a nursing home soon, as he believes it will make daily life easier since he won't have to worry about purchasing groceries, cooking, cleaning, or other household tasks.

"So, you see, I even hope that I will go. You know what, it's not any cheaper to live at home either. I still have to take care of everything, today worrying about what will happen tomorrow: what I'll eat, this, that. But there, I say, you pay, and you don't have to worry about anything." (M, 81, widower, living alone)

"…at the moment when a person is no longer mentally capable, when you don't know where you are, when you don't know how to dress yourself, when you don't know anything. That's dementia, Alzheimer's, and I don't know what other terrible illnesses, then a person must be in a nursing home. And that's what I told my husband and children: the moment we can no longer take care of ourselves or manage our own well-being, then a person like that belongs in a care home." (F, 71, living with spouse)

Those with relatively preserved health and independence most often respond to the question, "At what point would you decide to leave your own home for an institution?" as follows:

"And when I assess, if I can actually assess, that I can no longer manage on my own and if something happens… for what actually needs to come." (F, 75, widow, living alone)

The part of the response stating "if I will be able to assess it" is particularly important, yet it does not appear frequently. Most older adults more or less expect that they will be able to judge in time when they need help and care from others. However, a portion of the older population, most often those suffering from certain types of dementia, and usually the oldest old are no longer able to independently assess their situation and decide about moving to an institution. Indeed, illness can blur one's perception of their own level of health and independence. For example, one interviewee with pronounced cognitive decline and visible need for assistance and care absolutely rejects the idea of moving to a nursing home:

"…you see, one lady [went] *to this, this, this home… and she went there and says she's satisfied. And listen, don't get mad at me, how can I say this, listening to all those complaints and I don't know what, from those old people. No, thank you. When I become*

immobile and when it happens, then they can do with me whatever they want." (F, 86, widow, living alone)

It has also been shown that attitudes towards moving to an institution vary depending on an individual's previous life experiences, level of education and living arrangement. In particular, those with higher education, often older adults living alone or only with a partner, as well as childless individuals, are more likely to plan their move to a nursing home in advance.

"Well, I look at others in the homes and see that it is perfectly possible to live there, even to do some activities. You're allowed to have a computer. So, for me, knowing what scouts are, what holiday camps are, what union resorts are, and so on, that environment is familiar and not strange to me, and I can clearly see it in the nursing homes. So, I wouldn't feel like a stranger there." (M, 73, living with spouse)

"You see, it all depends on how you… how you create a vision in your mind. I created a vision for myself that I enjoyed my own apartment, that it was wonderful, beautiful for me, but the time has come when I now need more help from others and that I need this care home. And I no longer focus on what was. What was has passed, and now I need to look towards the future, and I see that future in the nursing home." (F, 79, single, living alone)

APPLICATION FOR ADMISSION TO A NURSING HOME

Participants in the study who have children largely rely on them for assistance when needed. Consequently, some do not apply for placement in a nursing home, as they believe it will not be necessary given that they have family members to provide care.

"No, I didn't apply because my children convinced me that I don't need to, that they will take care of me. They say: when the time comes, if it ever needs to happen, there will be no problem at all, but we believe that for now, no, no." (F, 74, four-person household)

"I haven't because my son said that he doesn't want me to go to a nursing home. He still somehow thinks it would be better for me to stay at home, but, well, if it becomes necessary, I'll go without any problem." (F, 69, divorced, two-person household)

Older adults who are single or in childless couples tend to apply to nursing homes earlier in life.

"Yes, of course I applied, even to two nursing homes. Not only in this city but also in a coastal city where I have friends as well. But of course, I applied immediately when I left my job, that is, when I retired… So, everything is open." (F, 75, widow, living alone)

"I applied to a nursing home, to two homes… you can apply to two, and whichever comes through first. In Maksimir, they told me 12 years. Here at Ibler [square], *10 years. This one now, 10 years… I won't say who's alive and who's dead by then, but who knows if I'll even be ready for a home much sooner*." (M, 73, living with spouse)

When asked whose support they would rely on if they became ill, participants gave varied responses: some were unsure whether their children would be willing to help and care for them, while others did not want to burden them.

"I don't know, because… my daughter works almost all day, my son-in-law is on the road from Monday to Friday almost every week. So, I don't know how it will be from now on…" (M, 79, widower, three-person household)

Some participants recognise that times have changed and although they are close to their children and their children are willing to help, work and family obligations may make it difficult to provide daily care if such assistance becomes necessary.
"This is how I see it: if we are in a very difficult situation, with limited mobility and poor health, absolutely a nursing home. I would never want to be a burden, for example, to my daughter. Never. I wouldn't tie anyone's life down, because caring for older people is very hard, it's really difficult. But if I still had vitality, as much as age allows, I would prefer to stay in my own home until the end." (F, 65, living with spouse)
"I think, if I couldn't manage, the children are working, it's difficult. You simply can't...not that they wouldn't, but they can't. Or hire someone to stay with you at home. An older person alone can't stay, regardless of being male or female. If you are immobile, then it's a different matter. But, we women…this is not just because I'm a woman, but we are more resourceful than men, absolutely." (F, 81, widow, living alone)
Among some participants, a psychological barrier exists even to submitting an application for a senior care home, indicating a general reluctance to consider this option. One respondent, for example explained their decision not to apply by referring to the long waiting lists.
"I haven't, but I keep looking for that application form at home… However, I just can't seem to find it. So, I'll have to request it again. I should apply now, but the waiting time is long." (M, 69, divorced, two-person household).

WAITING LISTS FOR PLACEMENT IN NURSING HOMES

Due to long waiting lists at city-owned nursing homes in Zagreb, it is common practice for potential residents to register well before they actually wish or need to move in.
"I've been waiting for 15 years now. They promised me that when a room becomes available and the first opportunity comes, I'm already next in line…both by age and by everything else, by strength and so on… So, I think I will get into the home this year." (F, 79, single, living alone)
A single participant who has been waiting 12 years for a nursing home placement feels fear about the future due to their unresolved application.
"Then I worry about who will take care of me and whether anyone will actually look after me and you can't just get into a home… I already signed up there. It's been 12 years." (M, 85, divorced, living alone)
Typically, the wait for a place in a municipal home is around ten years, which often discourages many older old adults from applying once they become aware of their own frailty.
"Unfortunately, back when I had the chance to register for a nursing home, I didn't. And now, at 80 years old, it's a bit late to wait another 15 or 20 years just to get my turn to be admitted somewhere." (M, 79, widower, three-person household)
In private homes, the situation differs as long waiting lists generally do not exist. Older adults who choose private care usually do so only after a significant decline in health or loss of independence, when they cannot wait for a place in a municipal home or are not registered for one. However, increasing demand has led to waiting lists in some private homes as well. Nevertheless, older adults still tend to prefer municipal homes, perceiving them to provide better care, more recreational activities, greater social participation, and significantly lower costs.

In Croatia, older adults face a high risk of poverty. Most rely on pensions, which are on average relatively low and often insufficient to independently cover the costs of nursing home care. As a result, in state-owned and decentralised nursing homes, where fees are significantly lower than in private facilities, only 37.6% of residents are able to fully cover accommodation costs on their own. In private nursing homes, this proportion is considerably lower, at just 17.7% [7].

PERCEPTION OF A NURSING HOME

Some participants in the study have experience with nursing homes, most commonly through caring for their parents, other family members or through acquaintances who currently live in a nursing home. Although experiences are generally positive, most participants perceive a nursing home solely as a place to live when a person is seriously ill and no longer independent.

"My mother-in-law recently passed away… she was in her nineties. For the last four years, a full four years, she was in a nursing home. She had waited a full eight years and then finally got a place there in Rijeka and settled in. In the end, she was satisfied, not at the beginning. She was very happy with the food: meals were served regularly, they were good, and the cook was excellent." (F, 65, living with spouse)

"I went to visit her [my aunt]. It was somewhere up near Tuheljske Toplice, but I forgot what the home was called. There were far too many of them in the room because the room was too small. I don't know if it was like this one here, but there were four, maybe five of them inside… about five altogether. You could hardly get through because of the beds. But there was no smell at all, nothing like urine or anything else. She was satisfied, and when she was satisfied, that meant it was good, because she was usually quite sensitive." (F, 81, widow, living alone)

A nursing home is, for some, a place they may wish to go, while still hoping they will not have to leave their own home for an institution. One participant, although single and of advanced age, who has been waiting for a place in a home for over 12 years, explains his mixed feelings:

"I don't know, if I were to go [to a nursing home]*, it wouldn't be for long… I'm afraid, yes. I'm afraid they'll call me tomorrow, and I won't be able… you can't postpone. No, then you lose your place in line, and so on. I don't know… everything is fine as long as I'm on my feet."* (M, 85, divorced, living alone)

Number of social contacts with others generally decreases with age and can lead to social isolation among older adults. Research show that social isolation is a significant risk factor for nursing home placement among older adults [11]. One of the participants visits a nursing home five days a week for lunch and social activities. Based on his experiences so far, he has a positive perception of nursing homes and is open to the possibility of moving into one in the future. He recognizes several advantages, especially fewer household chores and the opportunity for regular companionship.

"I would also have company there. I wouldn't be alone, and I see that it's decent, and the food is good. All the staff, the nurses, everyone is kind and polite, and I would never avoid it. I would come, why wouldn't I? Yes, that's right. Besides, I have a pension, so there's no problem." (M, 81, widower, living alone)

Participants view the advantages of living in a nursing home as not being alone, being relieved of household chores, and having regular meals provided. They also perceive one of the major benefits to be the constant availability of medical care. However, despite

these advantages, the structured way of life is somewhat off-putting to them because it limits their independence and requires giving up certain personal habits.
"The advantages, I think, are that you're not alone. You have company, meals are provided, I don't know, from breakfast to lunch to dinner and so on… You have social interaction of some kind, and there's also the option, if you can afford it, a single room. So that when everything becomes too much, you can retreat to your own room. You can turn on the TV, watch whatever you want, whatever you enjoy. You don't have to watch anything you don't like. If you don't like football, you can watch a series, or vice versa. So that's the advantage. (M, 79, widower, three-person household)
"In a nursing home, there's a certain routine, like in school… breakfast, lunch, social activities, always the same people…you're with them, you can't choose. In that group, you might find someone you get along with, or you might not find anyone at all… On the other hand, you have medical care every day, and it's easier if you have a need. You don't have to worry about meals… And again, if you're mobile, it's nice to be in a nursing home, and it depends on how you make your own social life and work on yourself." (F, 71, living with spouse)

CONCLUSION

Zagreb is experiencing a significant demographic transformation, marked by population decline, population ageing, and a decrease in average household size. An increasing number of older adults, particularly those aged 80 and over is resulting in a growing demand for care in later life. Although the largest number of Croatian institutional and community-based services for older people, including residential care facilities is concentrated in the City of Zagreb, their capacity remains insufficient to meet current needs.
As in numerous previous studies, this one also showed that most older adults, regardless of age, education, living arrangement, or health status wish to continue living in their own home for as long as possible. Home is a space they are accustomed to and where they feel safe. They view living in their own home as a source of freedom and independence. Participants generally view relocation to a nursing home as a strategy for very old age or when they can no longer remain fully independent. No differences were observed between men and women regarding the choice to live at home or move to a nursing home, the decision to relocate, and perceptions of life in such a facility.
This study showed that attitudes towards moving to an institution vary depending on an individual's previous life experiences, level of education and living arrangement. Those with higher education, often older adults living alone or only with a partner, as well as childless individuals, are more likely to plan their move to a nursing home in advance. Participants in the study who have children generally rely on them for support when needed. As a result, many choose not to apply for nursing home placement, believing that their family members will provide the care they need. Moreover, some are discouraged from the idea by their own children.
For some participants, it is evident that psychological barriers toward nursing homes exist, seeing them as places where everything is predetermined, which implies a loss of their independence, and as places associated with the end of life. Objective barriers to moving into a nursing home include very long waiting lists for city-owned facilities as well as low financial resources. Therefore, when discussing potential placement in a

nursing home, participants mainly referred to municipal homes, as private ones are significantly more expensive and financially inaccessible for many.

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