

**Pielęgniарstwo w opiece długoterminowej  
Kwartalnik międzynarodowy**

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**PSYCHOLOGICAL ASPECTS OF THE QUALITY OF  
LIFE OF PATIENTS IN LONG-TERM INPATIENT  
CARE**

**Psychologiczne aspekty jakości życia pacjentów objętych  
długoterminową opieką stacjonarną**

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A – Koncepcja i projekt badania, B – Gromadzenie i/lub zestawianie danych, C – Analiza i interpretacja danych, D – Napisanie artykułu, E – Krytyczne zrecenzowanie artykułu, F – Zatwierdzenie ostatecznej wersji artykułu

**Abstract (in Polish):**

**Cel pracy**

Celem pracy była ocena psychologicznych aspektów jakości życia pacjentów objętych długoterminową opieką stacjonarną.

**Materiał i metody**

Badania zostały przeprowadzone w okresie od grudnia 2018 do lutego 2019 roku. Badanie zostało przeprowadzone wśród 92 pacjentów Zakładu Pielęgnacyjno-Opiekuńczego. Metodą badawczą był sondaż diagnostyczny, natomiast technikę badawczą stanowiła ankieta. Narzędziami badawczymi był autorski

kwestionariusz ankiety oraz Skala Depresji Becka.

Uzyskane wyniki z kwestionariuszy poddano analizie statystycznej. Weryfikacji różnic między zmiennymi dokonano przy użyciu testu niezależności chi-kwadrat oraz testu Kruskala-Wallisa, przyjmując poziom istotności  $p < 0,05$ .

## **Wyniki**

Występowanie depresji u ankietowanych oceniono za pomocą Skali Depresji Becka. Brak depresji stwierdzono u 40,2 % badanych, depresję łagodną u 45,7 % oraz depresję umiarkowaną u 14,1% respondentów. Analiza badań wykazała, że stan cywilny badanych istotnie wpływał na występowanie u nich depresji. Stwierdzono, iż istotnie częściej ( $p = 0,0409$ ) u panien/kawalerów występowała depresja umiarkowana 38,4%. Najliczniejszą grupę badanych stanowili ankietowani, u których często występuje niepokój 80,4% oraz drażliwość 56,5 %. Najczęstszymi sytuacjami powodującymi drażliwość i niepokój u badanych jest brak samodzielności 53,3%, które mają istotny wpływ na poczucie osamotnienia wśród badanych.

## **Wnioski**

Najczęstszymi sytuacjami powodującymi drażliwość i niepokój u badanych jest brak samodzielności, które wpływa na poczucie osamotnienia. Badani, którzy nie spędzali czasu wśród innych pacjentów częściej odczuwali bezradność i zagubienie.

## **Abstract (in English):**

### **Aim**

The objective of the study was to assess psychological aspects of the quality of life of patients in long-term stationary care.

### **Material and methods**

The research was carried out from December 2018 to February 2019. The study was conducted among 92 patients of the Nursing and Care Institution. The research method was a diagnostic survey, while the research technique was a survey. The research tools were the author's questionnaire and the Beck's Depression Scale.

The results obtained from the questionnaires were subjected to statistical analysis. The differences between the variables were verified using the chi-square independence test and the Kruskal-Wallis test, assuming a significance level of  $p < 0.05$ .

### **Results**

The occurrence of depression in the respondents was assessed using the Beck Depression Scale. Lack of depression was found in 40.2% of the respondents, mild depression in 45.7% and moderate depression in 14.1%. Analysis of the research showed that the marital status of the respondents significantly affected their incidence of depression. It was found that moderate depression was 38.4% more common ( $p=0.0409$ ). The most numerous group of respondents were respondents, who often experienced anxiety (80.4%) and irritability (56.5%). The most common situations causing irritability and anxiety in subjects is lack of independence (53.3%), which has a significant impact on the feeling of loneliness among the subjects.

### **Conclusions**

The most common situations causing irritability and anxiety in subjects result from a lack of independence, which affects their sense of loneliness. Subjects who did not spend time among other patients more often

felt helpless and confused.

**Keywords (in Polish):**

depresja, osamotnienie, długoterminowa opieka stacjonarna.

**Keywords (in English):**

depression, loneliness, long-term inpatient care.

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## Introduction

Population ageing is a global phenomenon that currently affects almost every region of the world. Demographically ageing population is most noticeable in Europe, which has become the oldest continent. According to global forecasts and the Central Statistical Office, in 2050 every fifth inhabitant of the Earth will be over 60. In turn, Poland in 2060, provided the current number of births is maintained, will become one of the oldest countries in Europe [1]. The problem and phenomenon of demographic ageing is called the “second demographic transition”. Every day we encounter many of its factors: a significant decrease in fertility and a delay in the age of procreation. The overall ageing process is complex and requires carers of older people to pay special attention to the physical, psychological and social needs of seniors. The length and quality of ageing depend on many factors, i.e. the influence of the environment, genetic factors, life-style, and hygiene.

Regardless of the quality of a person's ageing, it should always be taken into account that there are many critical events that happen in old age. The most important of them is the deterioration of health and, in particular, the reduction of physical capacity, worsening of chronic diseases and deterioration of eyesight and hearing, changes in the emotional sphere, slowing of the process of thinking: memory impairment. These problems can be exacerbated by a loss of a spouse/partner, retirement and worsening of the economic status. Psychological aspects of the ageing period are extremely important in the quality of life of seniors [2,3]. Older people have to deal with many of the problems of ageing. The main ones are retirement and the need to fill in the free time, dealing with the loss of a spouse and loved ones, functioning with degenerative diseases and reduced vitality as well as the inability to move independently and perform basic activities in everyday life. As a result of loneliness and lack of social support, elderly people may experience feelings of aggression, anxiety disorders and depression, or commit acts of violence against others.

Emotional changes in old age affect each senior, with some coping better and others not coping at all [4,5]. In old age, there are often difficult situations that older people have to deal with using resources available to them at that time. Sometimes, becoming aware of your age and the perspective of the inevitable

end of life is a source of negative emotions. In addition, loneliness, ailing body, remembering and re-evaluating one's failures and successes, going through relatively frequent periods of mourning negatively affect the emotional state of the elderly. According to the theory of socio-emotional selectivity, the regulation of emotions increases with age. The more advanced the age of a person, the better the ability to quench negative emotions and more effectively a positive mood can be maintained. In line with this theory, seniors, being aware of the inevitability of the impending end of life, want to experience (emotionally) the rest of their lives in the best possible way. Emotional experiences of older people are less intense, and the frequency of experiencing them is less frequent than for young people. Obviously, this is a theory that was validated in numerous studies relating to emotional functioning of the elderly, however there are some seniors, whose old age negatively affects their emotional state [6,7]. The way seniors adapt to retirement when they stop working professionally has a significant impact on the emotional functioning of older people. It is frequent that people who retire have to answer a few important questions such as: "What should I do next", "Do I need anyone now", "How to use my free time". If the state of health allows it and retirement time is a period of realization of dreams and passions, it is one of the best periods in human life. Adapting to the death of a spouse is an inevitable task facing seniors and a major problem. Experiencing a period of mourning and the need to shape a further life, very often alone is a big emotional challenge, especially for the elderly. That is why it is so important to maintain strive for social relations within this age group during this period to prevent seniors from experiencing isolation and loneliness, which can lead to and deepen emotional disorders [4].

### **The aim of the work**

The objective of the study was to assess the psychological aspects of the quality of life of patients in long-term inpatient care.

### **Materials and methods**

The diagnostic method used in this work was a diagnostic survey, while the research technique was a survey. The research tools were the author's questionnaire and the Beck Depression Scale.

The author's questionnaire consists of 25 questions, which concerned the respondents' experiences during their stay at the Nursing and Care Institution, contacts with relatives, emotions they experienced at that time, life satisfaction, and demographic data.

The second research tool used in the work was the Beck Depression Scale, which consists of 21 statements with assigned response scales from 0 (no symptom) to 3 points (the highest symptom severity). The sum of all points reflects the severity of depression; 0-11 points – no depression, 12-26 points – mild depression, 27-49 points – moderate depression and 50-63 points – very severe depression. The Beck Depression Scale is often used as a screening diagnostic tool to measure the intensity of depression symptoms and monitor the dynamics of changes in the severity of individual depression symptoms. This tool can be used in the analysis of oncological, internist, neurological, gynaecological or urological diseases, where the patient's mood is assessed [8].

### **Research procedure**

The research was conducted among 92 respondents who were patients of a Private Health Care Institution: Nursing and Care Institution. The consent of the Chairman of the medical entity was obtained for conducting the tests.

The research was carried out from December 2018 to February 2019. 92 questionnaires and Beck Depression Scale questionnaires were distributed and respondents were assured of a full anonymity of the study. Respondents who had difficulty seeing or writing were assisted in completing the questionnaires.

The results obtained from the questionnaires were subjected to statistical analysis. The differences between the variables were verified using the chi-square independence test and the Kruskal-Wallis and Shapiro-Wilk tests, assuming a significance level of  $p < 0.05$ . The calculations were carried out using the SPSS programme.

## Results

92 respondents took part in the study. Table 1 shows the characteristic demographic features of the respondents.

**Table 1. Demographic characteristics of the respondents.**

Variable		N	%
Sex	Women	52	56.5
	Men	40	43.5
Age	50-60 years old	9	9.8
	61-70 years old	51	55.4
	> 70 years old	32	34.8
Place of residence	City	55	59.8
	Village	37	40.2
Marital status	Widow / Widower	56	60.9
	Married	23	25.0
	Single	13	14.1
Children	Yes	76	82.6
	No	16	17.4
Time spent at the institution	<1 year	41	44.6
	1-5 years	32	34.8
	6-10 years	17	18.5
	> 10 years	2	2.1

As many as 84.8% of respondents declare that they feel lonely. Only 7.6% of respondents do not feel alone or only feel this way sometimes 7.6% – Fig. 1.

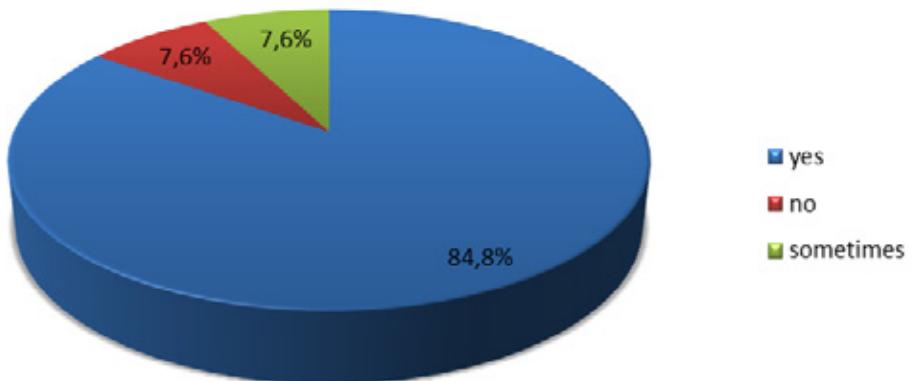


Fig. 1 Feeling of loneliness among the respondents

Over half of the respondents 56.5% experience the greatest joy while doing something difficult on their own. As many as 27.2% of respondents believe that nothing can bring them joy, while for 8.7% of respondents the lack of pain is the greatest joy. Another 4.3% of the respondents feel most joyful while having a conversation with other people, and 3.3% while visiting family or friends (Fig. 2).

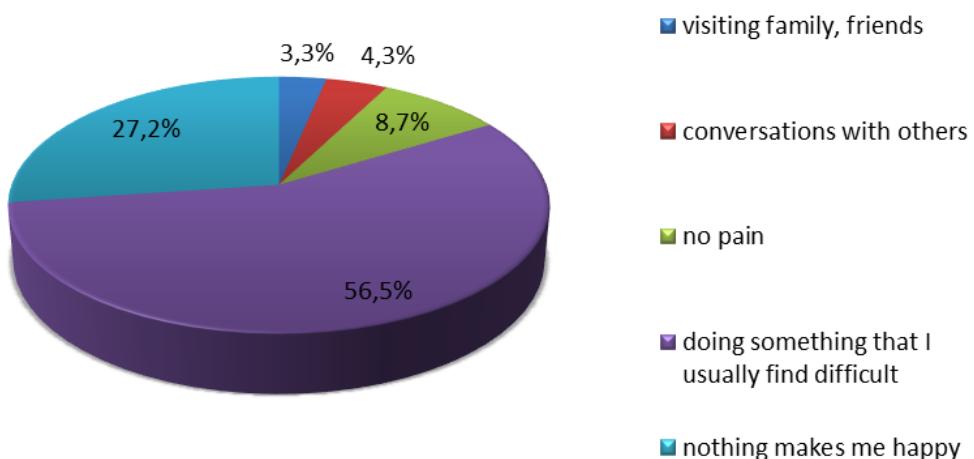


Fig. 2 Situations that give the respondents the greatest joy

57.3% of respondents declared satisfaction with their lives, while 42.4% of those surveyed were not satisfied with their lives.

Only 20.6% of the respondents were optimistic about the future, the remaining 79.4% of those surveyed were pessimistic about the time to come.

A vast majority of the respondents 72% were in touch with family or relatives. The remaining 28% of respondents did not report such contacts.

Respondents who declared contact with their family or with close relatives, most often met them once a month 54.5%. Relatives visited 24.3% of the respondents every few months while 13.6% of respon-

dents were visited a couple of times a week. 7.6% of the subjects were contacted by friends or relatives once a year (Fig. 3).

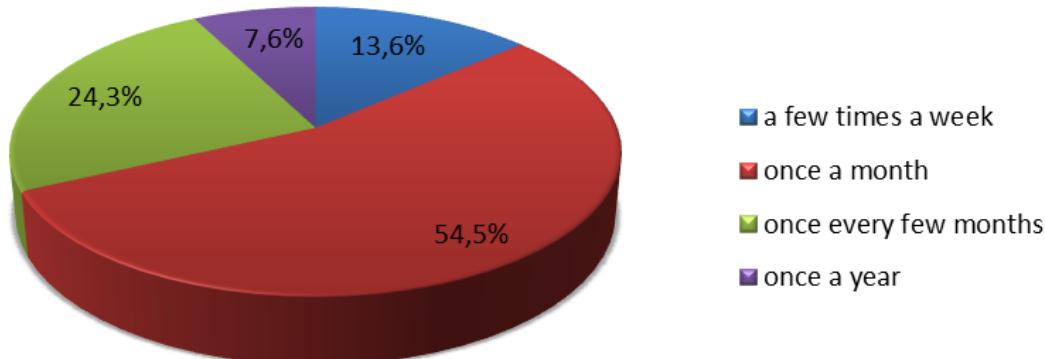


Fig. 3 Frequency of contacts of the respondents with family or relatives (N = 66)

Studies have shown that contacts with family or relatives did not significantly affect the feeling of loneliness among the respondents. 73.1% of the respondents who had contacts with family or friends felt lonely, 57.1% of them sometimes felt lonely, with 71.4% reporting not feeling lonely. On the other hand, 26.9% of the respondents who did not have contact with family and relatives felt lonely, 42.9% sometimes felt lonely, 28.6% did not feel lonely – (Table 2).

**Table 2. Contact with family or close relatives, and a sense of loneliness among the respondents**

Contacts of the respondents with family or relatives	Feeling of loneliness among the respondents					
	Yes		No		Sometimes	
	N	%	N	%	N	%
Yes	57	73.1%	5	71.4%	4	57.1%
No	21	26.9%	2	28.6%	3	42.9%
P	.8470		.9861		.4185	
SD	.4164		.4879		.5345	
slant	1.0610		1.2296		.3741	
Kartoza	-0.8978		-0.8400		-2.800	

The occurrence of depression in the respondents was assessed using the Beck Depression Scale. Lack of depression (0-11 points obtained by the respondents) was found in 40.2% of the respondents, mild de-

pression (12-19 points) in 45.7% and moderate depression (20-25 points) in 14.1%. None of the subjects had severe depression (26-63 points) (Fig. 4).

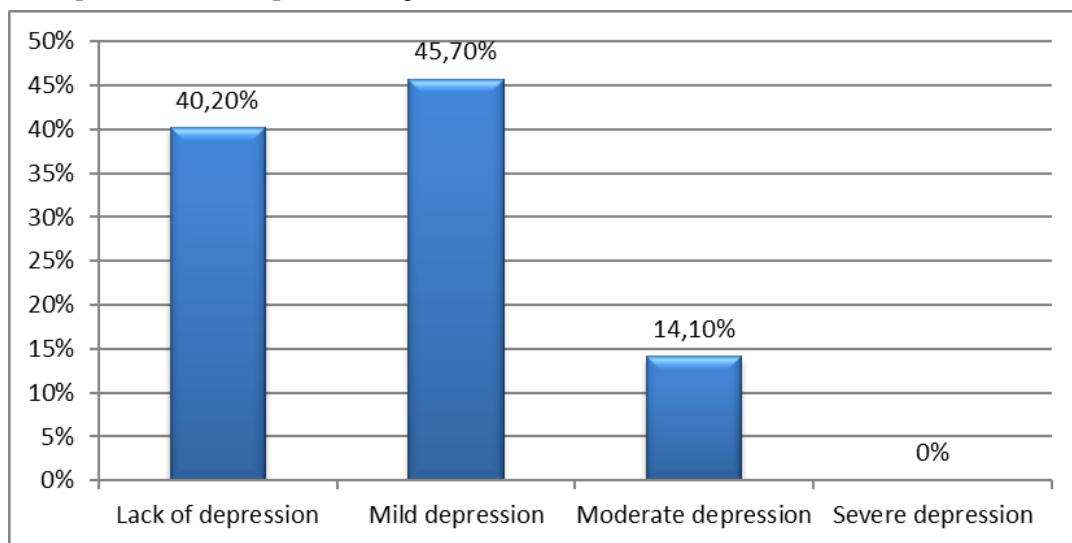


Fig. 4 The presence of depression in subjects according to the Beck Depression Scale

The occurrence of depression in the subjects was not related to their age ( $p > 0.005$ ). It did not occur among 33.3% of respondents aged 50-60, 31.4% aged 61-70 and 56.3% over 70 years of age. Mild depression was present in 33.3% of respondents aged 50-60, 60.8% aged 61-70 and 25% of those over 70 years of age. Moderate depression was observed in: 33.3% of respondents aged 50-60, 7.8% aged 61-70 and 18.7% of the 70+ group.

The sex of the subjects did not affect the occurrence of depression ( $p > 0.005$ ). 28.8% women and 55% men did not experience depression. Mild depression was observed in 53.8% women and 35% men. Moderate depression occurred in 17.4% of women and 10% of men.

Analysis of the research showed that the marital status of the respondents significantly affected their incidence of depression. It was found that moderate depression was 38.4% more common ( $p = 0.0409$ ) among..... 21.7% of married women had no depression, mild depression was noted in 69.6% respondents, and moderate depression appeared in 8.7%. Half of (50%) widows/widowers had no depression, mild depression was observed in 39.3% of the group, while moderate depression in 10.7% of the respondents (Table 3).

**Table 3. Beck Depression Scale and the marital status of respondents**

Beck Depression Scale	Marital status of respondents									
	Single		Married		Widower/Widow		p	SD	slant	kurto-sis
	N	%	N	%	N	%				
No depression	4	30.8%	5	21.7%	28	50%	.1965	.6756	-1.6756	1.9943
Mild depression	4	30.8%	16	69.6%	22	39.3%	.7706	.6678	-0.7580	-0.4581
Moderate depression	5	38.4%	2	8.7%	6	10.7%	.0409	.8269	-01,170	-1.5162

The most numerous group of the respondents, 32.6%, declared that they usually did nothing during the day. Another 23.9% of respondents walked during the day, 20.7% spent the day in bed, and 16.3% watched TV. Only 4.3% of respondents talked to other patients during the day. The remaining 2.2% of respondents read books and newspapers during the day (Fig. 5).

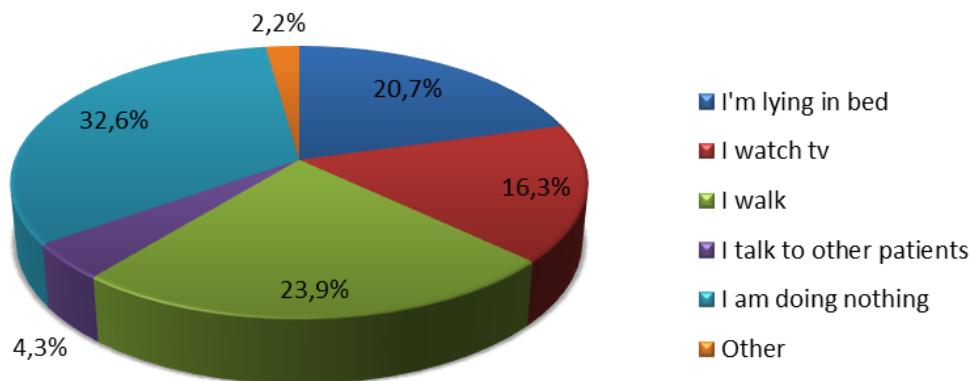


Fig. 5 Ways of spending time during the day by respondents

The way of spending free time by the respondents did not affect their feelings of anxiety and excessive worry ( $p > 0.005$ ).

Over half of the respondents, 69.6%, experienced excessive fear and worry about a number of events, while the remaining 30.4% of respondents did not experience such feelings.

Exactly 50% of respondents felt excessive anxiety and worried daily about a number of events, 23.4% of those surveyed felt that way several times a week, and 17.2% several times a month. 9.4% of respondents felt excessive anxiety and worry less than a few times a month (Fig. 6).

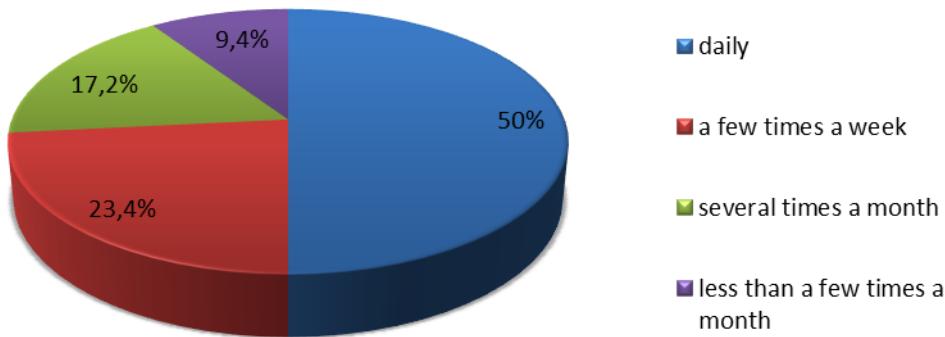


Fig. 6 Frequency of respondents feeling excessive anxiety and worrying about a number of events

The most common cause of excessive anxiety or worry in 32.8% of respondents was lack of information on what was going on in the house where they had lived before they started living in the Nursing and Care Institution. Other reasons were: 26.6% feared impending death, 25% worried about their children's health, 9.4% felt anxious because of feeling powerless and 6.2% were apprehensive because of deteriorating health (Fig. 7).

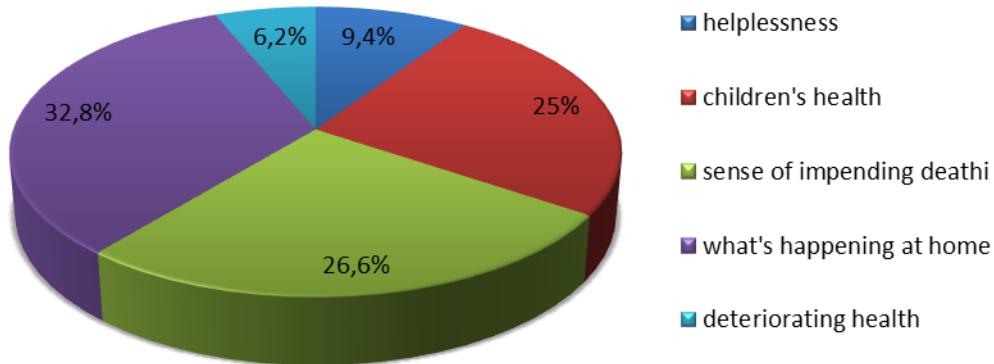


Fig. 7 Causes of excessive anxiety and worry in the subjects

The most numerous group of respondents were respondents, who often experienced anxiety (80.4%) and irritability (56.5%). Another 38% of respondents noticed frequent muscle tension, 30.4% difficulty in concentrating and 26.1% sleep disorders. The smallest group of respondents reported being frequently tearful (25%). The respondents could choose more than one answer (Fig. 8).

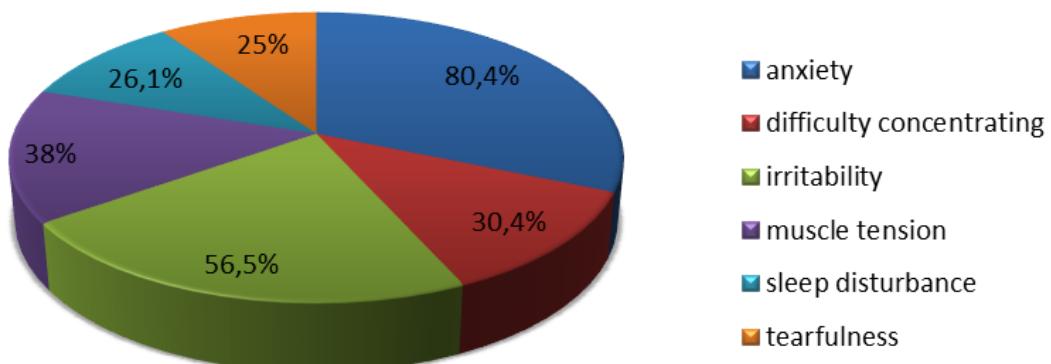


Fig. 8 Disorders occurring in subjects

The most common situations in which subjects felt irritability and anxiety were: lack of independence 53.3%, other patients' behaviour 19.6%, all situations during the day 17.4%, presence of strangers 4.3%, staff behaviour 3.2 % and memory impairment 2.2% (Fig. 9).

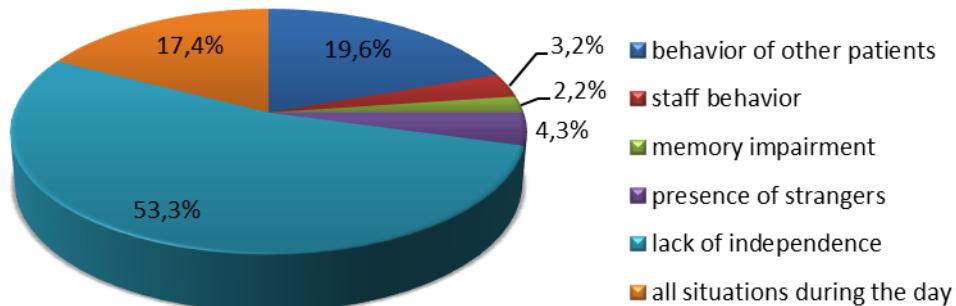


Fig. 9 Situations in which subjects felt irritability and anxiety

Studies have shown that the most common situations causing irritability and anxiety in subjects was lack of independence (53.3%), which has a significant impact on the feeling of loneliness among the subjects. It was found that subjects whose lack of independence caused irritability or anxiety significantly more often ( $p < 0.0001$ ) felt loneliness (59%) (Table 4).

**Table 4 Situations causing irritability or anxiety in subjects and a sense of loneliness**

Situations causing irritability or anxiety in subjects	Feeling lonely in the subjects					
	Yes		No		Sometimes	
	N	%	N	%	N	%
Behaviors of other patients	16	20.5%	1	14.3%	1	14.3%
Staff behavior	1	1.3%	1	14.3%	1	14.3%
Memory impairment	1	1.3%	-		1	14.3%
The presence of strangers	2	2.6%	1	14.3%	1	14.3%
Lack of independence	46	59%	2	28.6%	1	14.3%
All situations during the day	12	15.4%	2	28.6%	2	28.6%
p	< 0.0001		.9275		.6181	
Me	1.0		5.0		4.0	
SD	.5144		1.9518		1.9518	
slant	3.2394		-0.8415		-0.2882	
kurtosis	10.4938		-0.7848		-1.4463	

The respondents who liked to spend time with other people constituted 63.1% of all subjects. Another 36.9% of respondents did not like spending time in the company of other people.

A vast majority of the respondents, 77.2%, think that they often feel helpless and lost. Such feelings are experienced frequently by 9.8% of the respondents and rarely by 8.7% of the subjects. 4.3% of the respondents never felt helpless or lost (Fig. 10).

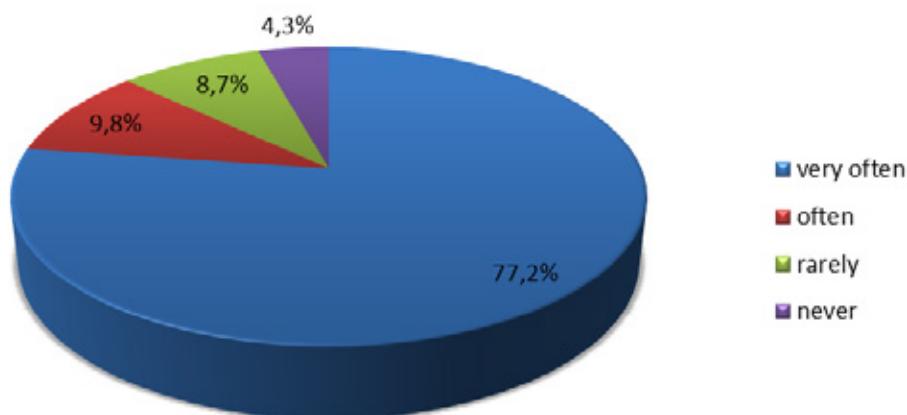


Fig. 10 Feelings of helplessness and loss of subjects

The frequency of feeling helpless and lost by the subjects had a significant link with spending time with other patients. It was shown that the respondents who did not spend time among other patients significantly more often ( $p = 0.0297$ ) felt helplessness and lost (94.8%). In turn, subjects who often spent time with other patients rarely ( $p = 0.0047$ ) felt helpless and lost (20.6%) (Table 5).

**Table 5. Frequency of feeling helpless and lost by respondents, and the frequency of spending time with other patients**

Frequency of feeling helpless and lost by respondents	Spending time with other patients			
	Yes		No	
	N	%	N	%
Very often	16	47.1%	55	94.9%
Often	8	23.5%	1	1.7%
Rarely	7	20.6%	1	1.7%
Never	3	8.8%	1	1.7 &
P		0.0047		0.0297
SD		1.0259		.5400
slant		.7220		4.1893
kurtosis		-0.7366		17.5344

## Discussion

The growing process of demographic ageing of the population both in Poland and around the world, and in particular in Europe, makes the problems of older people increasingly visible. The forecasts of the Central Statistical Office are not optimistic, because they predict that by 2050 the number of older people – over 65 years old – will increase by 5.4 million nationwide. In connection with the above, one of the most

important elements of the country's social, health and economic policy should be to create appropriate conditions for the imminently increasing number of seniors. Elderly people have many dynamic changes in the body, which is associated with ongoing changes in their functional state. The level of functional activity decreases with age, while progressive disability lowers independence of older people, and thus the need for social assistance for these people. As a result, the demand for various forms of long-term care in Poland is very high and will be increasing every year.

The analysis of the data gathered in the course of this study showed that the duration of stay in the Nursing and Care Institution significantly influenced the satisfaction with life of the respondents. It was shown that the respondents who stayed in the Nursing and Care Institution for the shortest time, i.e. less than 1 year, were significantly more satisfied with their lives. In turn, none of the respondents staying in the institution for more than 10 years was satisfied with their lives. The same results are presented by Burzyńska et al. who conducted a study among 117 seniors living in 5 social welfare homes in the Łódź Voivodeship [9]. The authors of the study showed a relationship between the quality of life of the respondents and the duration of their stay in the facility. The respondents who stayed in nursing homes the longest rated the quality of their lives significantly lower.

Another psychological determinant of quality of life of the inhabitants of the Nursing and Care Institution examined during the study was the influence of contacts with family and friends and the feeling of loneliness. The author's research showed that contacts with family or relatives did not significantly affect the feeling of loneliness among the respondents. Almost three quarters of the respondents having contacts with family or close people (73.1%) sometimes felt lonely, 57.1% felt lonely, 71.4% did not feel lonely. On the other hand, 26.9% of the respondents who did not have contact with family and relatives felt lonely, 42.9% sometimes felt lonely, 28.6% did not feel lonely. Different results in this aspect were obtained by Burzyńska et al., who showed that older people who had no contact with loved ones rated the quality of life worst and significantly more often felt lonely [9]. The authors of the study showed that the lack of support from the family or the deliberate decision of the senior to use the 24-hour institutional care gave them a sense of loneliness. At the same time, Christiansen et al. showed a relationship between loneliness among the elderly and the occurrence of cardiovascular disease, diabetes and migraine [10].

Anxiety disorders are common in old age and undoubtedly have a significant impact on daily functioning: physical weakness, increasing disability, decrease in satisfaction and quality of life. High frequency rates of excessive anxiety are found in people with dementia. It has a negative effect on cognitive capacity and is associated with stimulation and poor quality of life. The presence of excessive anxiety can be difficult to determine in people with dementia. The treatment of anxiety disorders in the elderly is complicated by concomitant psychiatric and medical conditions and numerous medications that these patients may receive [11]. The analysis of the author's research indicated that more than half of the respondents (69.6%) occasionally felt excessive anxiety and worry about a number of issues. Excessive anxiety and worry about a series of events were experienced by 50% every day, another 23.4% of those surveyed experienced it several times a week, and 17.2% several times a month. Less than ten per cent (9.4%) of respondents felt excessive anxiety and worry about a number of events several times a month. The most common cause of excessive anxiety or worry in 32.8% of respondents was lack of information about what was going on in the house where they had lived before their stay in the facility. Other reasons were: impending death (26.6%), health of their children (25%), powerlessness (9.4%) and deteriorating health (6.2%). Forlani et al. showed significantly lower cases of the occurrence of anxiety disorders in the elderly covered by round-the-clock medical services among the patients of these facilities in the city of Faenza in northern Italy [12]. Anxiety symptoms occurred in 77 subjects (21.04%), mainly women (63.6%) and the percentage of people with anxiety symptoms decreased with age: in the 90+ age group the figure was only 7.8%. The

main causes of excessive drug use in respondents in Italy were similar to the results of the author's own research in this area and included: anxiety associated with the inevitability of the end of life, poor health and worries about the family.

The author's own research showed that 71.7% of the respondents rated their health at a poor level, while 13% rated their health as average. Also 13% of respondents assessed their health at a very poor level. The least numerous group of respondents 2.3% believed that their health was at a good level. 57.3% of respondents declared satisfaction with their lives, while 42.4% of those surveyed were not satisfied with their lives. Poor health condition was also declared by the respondents in a study conducted by Wdowiak et al. [13]. The respondents from the Nursing and Care Institution of the Provincial Specialist Hospital in Biała Podlaska assessed their health negatively (68.3%), which was probably caused by the malaise of the respondents. As in the author's research, 41.8% of the respondents in the Wdowiak et al. study rated their life as successful, 26.5% negatively rated their life, while 31.7% did not have an opinion about the quality of their existence [13].

The author's own research showed that the most numerous group among the respondents (32.6%) declared that they usually did nothing during the day. Another 23.9% of respondents walked during the day, 20.7% were in bed, and 16.3% watched TV. Only 4.3% of the subjects talked to other patients during the day. The remaining 2.2% of respondents read books and newspapers during the day. Other forms of spending free time by patients of the institution are presented by Ćwiklińska et al. who showed that the most frequently observed way of spending free time in the Care and Treatment Institution in Maków Mazowiecki was prayer that was noticed in 87.5% of respondents [14]. TV was watched by 37.5%, and the radio was listened to by 45% of respondents. The least frequently the respondents read and write in their free time: only 5% of subjects over 60. This was confirmed in the current study, where subjects rarely started or maintained conversation with other patients.

Depression in institutional care can occur frequently, at various stages of treatment in the course of a chronic disease, and at various times during the stay at the institution. The main difficulties in diagnosing depression in inpatient long-term care results mainly from the need to differentiate depression from reactive emotional states that are manifested as a response to a chronic disease, and constitute a form of adaptation to institutional care. Patients' symptoms, i.e. lack of appetite, insomnia, and fatigue, make it difficult to clearly assess whether these symptoms are a derivative of a chronic disease or mood disorders that lead to depression [15]. The analysis of the current research showed that depression was not found in 40.2% of respondents, mild depression appeared in 45.7% and moderate depression in 14.1% of respondents. It is significant that no major depression was found in any of the subjects. The occurrence of depression in the respondents was not related to their age and gender, while it was found significantly more common in maidens / bachelors (38.4%). Burzyńska and Maniecka-Bryła obtained higher results regarding the occurrence of depression among patients in the Nursing and Care Institution [16]. They showed that 78% of respondents had probable depression, and the prevalence of depression significantly depended on education. Babiarczyk et al. obtained similar results to the results of the current research regarding the incidence of depression in the elderly among 202 patients of nursing and care facilities in the Bielsko powiat [17]. The authors of this study showed that 45.6% of respondents did not suffer from depressed mood, slight depressive symptoms occurred in 43.6%, while severe depression in 10.9% of respondents. Contrary to the results of our own research, it was found that the sex of the respondents significantly affected the incidence of depression, while marital status did not. Babiarczyk et al. [17] showed that severe depression was significantly more common in the surveyed men. Research conducted among older people by Mora et al. [18] indicated that minor depressive symptoms were present in 68% of subjects and severe depressive symptoms in 5%.

Summing up, it is clear that the psychological aspects of quality of life of patients in long-term residential care are some of the most important elements determining their satisfaction and enjoyment of life. The results of the current research clearly show how many problems people in Nursing and Care Institutions face. The main psychological aspects affecting the quality of life of these patients included: depression, loneliness, excessive worry and anxiety disorders. Unfortunately, all of the above-mentioned aspects were deeply experienced by the respondents. It should be noted that despite the absence of severe depression in respondents, more than half of the respondents were found to have mild or moderate depression. Also, the high percentage of people who feel lonely is disturbing, as it amounted to as much as 84.8%. It should be noted that the feeling of loneliness also occurred in patients who had contacts with family and spent time with others, but nevertheless suffered from loneliness. The respondents also struggled with helplessness, confusion, anxiety and irritability, which was felt by more than half of all respondents. In connection with the above, one should consider the implementation of methods that could improve the mental state of patients staying in Nursing and Care Institutions. It seems reasonable to introduce a variety of activities tailored to the capabilities of these people that would allow them to fill time during the day.

## Conclusions

Depression is a common phenomenon among residents of the Care and Nursing Institution and the most often affected respondents were the ones who were single.

Contacts of the respondents with family and friends did not affect their sense of loneliness.

The way people spend their free time did not affect the level of anxiety and worry they felt.

The most common situation causing irritability and anxiety of the respondents is lack of independence that affects the feeling of loneliness.

Subjects who did not spend time among other patients more often felt helpless and lost.

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