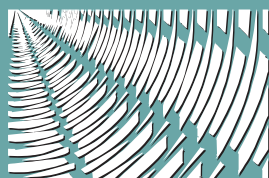
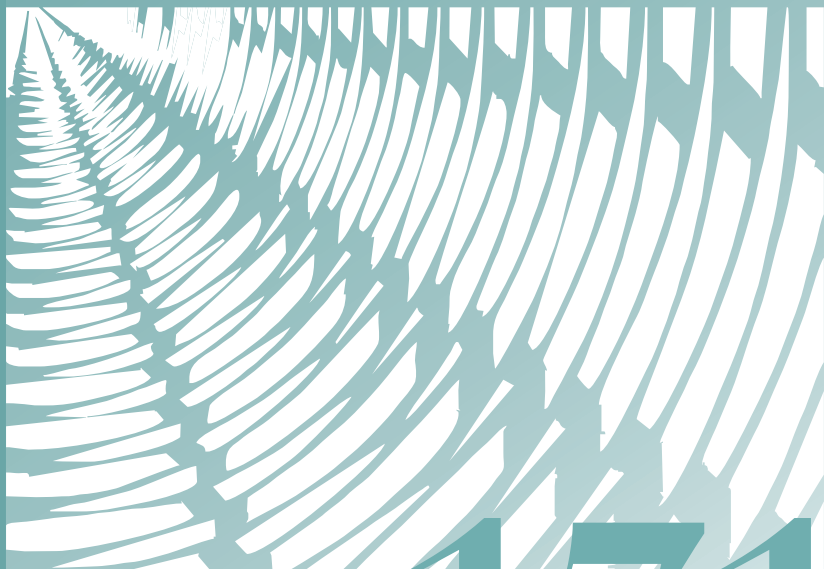


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FAMILY DYNAMICS AND WELL-BEING IN EUROPEAN
MIGRATION AND TRANSNATIONAL CONTEXTS

OBITELJSKA DINAMIKA I DOBROBIT U EUROPSKIM
MIGRACIJSKIM I TRANSNACIONALNIM KONTEKSTIMA

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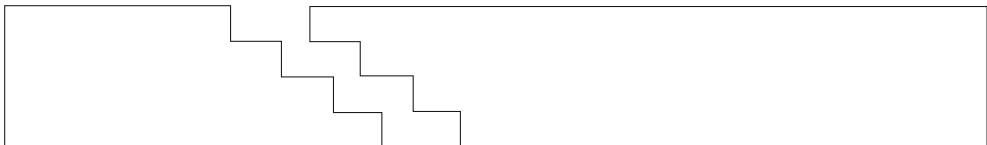
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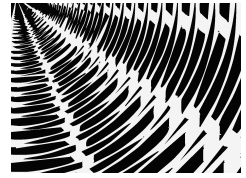
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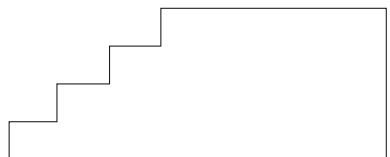
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*FAMILY DYNAMICS AND WELL-
-BEING IN EUROPEAN MIGRATION
AND TRANSNATIONAL CONTEXTS*

*OBITELJSKA DINAMIKA I DOBROBIT U
EUROPSKIM MIGRACIJSKIM I
TRANSNACIONALNIM KONTEKSTIMA*



The theme of this issue of the journal Društvena istraživanja is: Family Dynamics and Well-Being in European Migration and Transnational Contexts. The experiences of migrant and transnational families, as well as the challenges and opportunities they face in navigating cultural, social, and economic contexts worldwide, are becoming increasingly important topics of research, particularly with regard to their impact on family structures, relationships, and overall well-being. This thematic issue focuses on the complex interplay between family dynamics and the well-being of family members in the European context. Transnational families are defined as families whose members live in different locations, highlighting dynamics of separation, reunification, and the maintenance of family ties. We are interested in the determinants of family well-being in the European context, as well as the well-being of individual family members. The papers included in this issue address the well-being of transnational families, discrimination, social protection and coping mechanisms among transnational families in Europe, determinants of family well-being, and the psycho-social adjustment of migrant and refugee populations.

Understanding family dynamics and well-being in European migration and transnational contexts is also the focus of the COST (European Cooperation in Science and Technology) Action CA21143 Transnational Family Dynamics in Europe (TraFaDy), funded by the European Union. Approximately one hundred researchers from various European countries are involved in this Action. The authors contributing to this thematic issue are active scholars in psychology, sociology, social work, and other social science disciplines, many of whom are also collaborators in the COST Action. The aim of the TraFaDy Action is to deepen knowledge of the growing and rapidly changing phenomenon of transnational families by bringing together researchers and stakeholders from different disciplines and countries, responding to the need for transnational insights, and formulating policy- and practice-oriented recommendations with implications for international, national, and local contexts. The main objectives of the action's research coordination are to facilitate interaction among researchers and stakeholders across countries and to bridge the gap between research, policy, and practice concerning transnational families.

In this thematic issue, Ozan Selçuk and Bekir Güzel (Recep Tayyip Erdoğan University), Zahide Erdoğan (Ankara Hacı Bayram Veli University), and Tuğba Aydın Halisoğlu (Tarsus University), all from Türkiye, examine the determinants of well-being in transnational families with a focus on the European context. The aim of this review article is to map the existing literature in order to identify and analyse the determinants of well-being among transnational families in Europe. A systematic search of Scopus, Web of Science, PubMed, and PsycINFO was conducted for articles published in English between 2014 and 2024. Studies were included if they focused on transnational families living in Europe and explicitly addressed well-being or related concepts. The thematic analysis identified four key determinants of well-being: (1) indi-

vidual-level determinants, including emotional and psychological well-being and child-specific factors; (2) family- and community-level determinants, such as social support networks, family dynamics, cultural adaptation, and acculturative stress; (3) institutional- and policy-level determinants, including economic stability, access to health-care, and legal and policy constraints; and (4) social and structural determinants, such as migration and mobility policies, social perceptions, and discrimination. The authors conclude that the well-being of transnational families is shaped by a complex interaction of individual, familial, institutional, and societal factors.

In a review paper on discrimination, social protection, and coping mechanisms among transnational families in Europe, colleagues from Türkiye, Cyprus, and Albania (Ozan Selçuk, Recep Tayyip Erdoğan University; Tuğba Aydın Halisoğlu, Tarsus University; Zahide Erdoğan, Ankara Hacı Bayram Veli University; Sviatlana Karpava, University of Cyprus; Anila Sulaj, Agricultural University of Tirana; Heliona Bellani, Epoka University) explore the challenges faced by transnational families in Europe during times of crisis, with a particular focus on discrimination, social protection mechanisms, and coping strategies. This review systematically maps the existing literature from 2011 to 2023. A total of 52 studies were selected for analysis through searches of the SCOPUS and Web of Science databases. The findings indicate that transnational families experience significant discrimination based on race, gender, and socio-economic status, which affects their access to essential services and social integration.

Maja Kućar from the Institute of Social Sciences Ivo Pilar (Varaždin Regional Centre, Croatia) examines life satisfaction, happiness, and loneliness across seven European countries (Croatia, Denmark, Estonia, Germany, the Netherlands, Norway, and the United Kingdom), as well as differences in these outcomes based on migration background. The sample included 68,136 participants (57% women, aged 18–60). Data were collected between 2020 and 2023 as part of the large-scale Generations and Gender Programme (GGP). Migration background was categorised into three groups based on respondents' country of birth and their parents' country of birth: local population, individuals born abroad with foreign-born parents, and those with a mixed migration background. The results show cross-national differences in life satisfaction, happiness, and loneliness. Croatia reported the highest levels of happiness and life satisfaction, while Germany and the United Kingdom reported the lowest levels of life satisfaction and happiness, along with the highest levels of loneliness. The mixed group reported the lowest levels of life satisfaction and happiness, whereas the group with a migration background reported the highest levels of happiness but also the highest levels of loneliness.

Iva Tadić, Ivan Balabanić, and Marko Turk from the Institute for Migration Research, Zagreb, Croatia, conducted a study among foreign workers in Croatia. The aim of the study was to examine the subjective quality of life of foreign workers in Croatia. The sample included 400 foreign workers from countries in South and Southeast Asia and North Africa. The subjective quality of life of foreign workers was found to be significantly lower than the assumed theoretical value, suggesting a disruption of their psy-

chological homeostasis, likely due to chronic stressors they experience. Participants reported the highest satisfaction in the domain of health and the lowest satisfaction in the domain of living standards. This study identifies key challenges faced by foreign workers in Croatia and highlights the need for inclusive policies and mental health support to improve their overall well-being.

The final paper in this thematic issue examines the longitudinal relationship between family resilience and parents' subjective well-being. The authors are Ivana Hanzec Marković (University of Slavonski Brod, Croatia) and Marija Džida and Andreja Brajša-Žganec (Institute of Social Sciences Ivo Pilar, Zagreb, Croatia). The aim of the study was to investigate the relationship between different dimensions of family resilience (family problem-solving, use of social and economic resources, and family spirituality) and the subjective well-being of mothers and fathers. Data were collected from 848 pairs of mothers and fathers of primary-school-aged children as part of a three-year longitudinal study within the project Child Well-Being in the Family Context (CHILD-WELL), funded by the Croatian Science Foundation. Structural equation modelling results showed that among the dimensions of family resilience, only family problem-solving was longitudinally associated with higher subjective well-being of both parents two years later. Other dimensions of family resilience did not significantly contribute to parental well-being after controlling for baseline well-being. Family resilience explained only a small proportion of the variance in mothers' and fathers' well-being, indicating that although family resilience plays a role in parents' subjective well-being, other individual and family factors should also be considered.

Aware that these five papers, two review articles and three empirical studies based on three different research projects, represent only a small part of the broader discussions on transnational family dynamics in Europe, we hope that they will contribute to an evidence-based understanding of family dynamics and well-being in European migration and transnational contexts and stimulate further scholarly interest in this field. The findings underscore the need for policies that address the comprehensive challenges faced by transnational families, as well as the importance of longitudinal research in advancing a deeper understanding of transnational family resilience.

Andreja Brajša-Žganec and Maja Kućar
Guest Editors

UZ TEMU

Tema ovoga broja časopisa Društvena istraživanja jest Obiteljska dinamika i dobrobit u europskim migracijskim i transnacionalnim kontekstima. Teme iskustva migrantskih i transnacionalnih obitelji, izazovi i prilike s kojima se susreću u snalaženju u kulturnim, društvenim i ekonomskim kontekstima u svijetu postaju svakim danom sve važnije, posebno istražujući njihov utjecaj na obiteljske strukture, odnose i ukupnu dobrobit. U ovom tematskom broju usredotočeni smo na složenu interakciju obiteljske dinamike i dobrobiti članova obitelji u europskom kontekstu. Transnacionalne obitelji jesu obitelji čiji članovi žive na različitim lokacijama, ističući dinamiku razdvajanja, ponovnoga spajanja i održavanja obiteljskih veza. Zanimaju nas odrednice obiteljske dobrobiti u europskom kontekstu, kao i dobrobit pojedinačnih članova obitelji. Radovi u ovom broju bave se dobrobiti transnacionalnih obitelji, diskriminacijom, socijalnom zaštitom i mehanizmima suočavanja transnacionalnih obitelji u Europi, odrednicama obiteljske dobrobiti i psihosocijalnom prilagodbom migrantske i izbjegličke populacije.

Razumijevanje obiteljske dinamike i dobrobiti u europskim migracijskim i transnacionalnim kontekstima tema je COST (European Cooperation in Science and Technology) akcije CA21143 Transnational Family Dynamics in Europe (TraFaDy), koju financira Europska unija. U ovu je akciju uključeno stotinjak znanstvenika iz europskih zemalja. Autori ovoga tematskog broja aktivni su znanstvenici s područja psihologije, sociologije, socijalnog rada i drugih polja društvenih znanosti, mnogi su od njih suradnici u COST-akciji. Cilj je TraFaDy akcije produbiti znanje o rastućem, brzo promjenjivom fenomenu i dinamici transnacionalnih obitelji okupljanjem istraživača i dionika iz raznih disciplina i zemalja kako bi se odgovorilo na potrebu za transnacionalnim uvidima i formulirale preporuke usmjerene na politiku i praksu s utjecajem na međunarodne, nacionalne i lokalne prakse. Glavni ciljevi koordinacije istraživanja ove akcije jesu olakšavanje interakcije između istraživača i dionika iz raznih zemalja te prevladavanje jaza između istraživanja, politike i prakse transnacionalnih obitelji.

U ovom tematskom broju Ozan Selçuk i Bekir Güzel, sa Sveučilišta Recep Tayyip Erdoğan, te Zahide Erdoğan, sa Sveučilišta Ankara Hacı Bayram Veli, i Tuğba Aydın Halisoğlu sa Sveučilišta u Tarsusu, svi iz Turske, bave se odrednicama blagostanja u transnacionalnim obiteljima, usmjeravajući se na europski kontekst. Cilj je ovoga preglednog rada mapirati literaturu kako bi se identificirale i analizirale determinante dobrobiti transnacionalnih obitelji u Europi. Sustavno pretraživanje Scopusa, Web of Science, PubMed i PsycINFO, provedeno je za članke objavljene na engleskom jeziku između 2014. i 2024. Studije su uključene ako su se usredotočile na transnacionalne obitelji koje žive u Europi i eksplicitno su se bavile dobrobiti ili povezanim konceptima. Tematska analiza otkrila je četiri ključne odrednice dobrobiti: (1) Odrednice na razini pojedinca, uključujući emocionalnu i psihološku dobrobit i čimbenike specifične za dijete; (2) Odrednice na razini obitelji i zajednice, kao što su mreže socijalne podrške, obiteljska dinamika, kulturna prilagodba i akulturacijski stres; (3) Od-

rednice na institucionalnoj i političkoj razini, uključujući ekonomsku stabilnost, pristup zdravstvenoj skrbi te pravna i politička ograničenja; (4) Društvene i strukturne odrednice, kao što su politika migracije i mobilnosti, društvena percepcija i diskriminacija. Autori zaključuju da je dobrobit transnacionalnih obitelji pod utjecajem složenoga međudjelovanja individualnih, obiteljskih, institucionalnih i društvenih čimbenika.

U preglednom radu o diskriminaciji, socijalnoj zaštiti i mehanizmima suočavanja transnacionalnih obitelji u Europi kolegice i kolege iz Turske, Cipra i Albanije (Ozan Selçuk, Sveučilište Recep Tayyip Erdoğan; Tuğba Aydın Halisoğlu, Sveučilište u Tarsusu; Zahide Erdoğan, Sveučilište Ankara Hacı Bayram Veli; Sviatlana Karpava, Sveučilište na Cipru; Anila Sulaj, Poljoprivredno sveučilište u Tirani; Heliona Bellani, Sveučilište Epoka) istražuju izazove s kojima se suočavaju transnacionalne obitelji u Europi tijekom kriza, s fokusom na diskriminaciju, mehanizme socijalne zaštite i strategije suočavanja. Pregled sustavno mapira literaturu od 2011. do 2023. godine. Pretraživanjem baza podataka SCOPUS-a i Web of Science odabrane su 52 studije za analizu. Nalazi ističu da transnacionalne obitelji doživljavaju značajnu diskriminaciju na temelju rase, spola i socioekonomskoga statusa, što utječe na njihov pristup osnovnim uslugama i socijalnu integraciju.

Maja Kućar iz Instituta društvenih znanosti Ivo Pilar (Područni centar Varaždin, Hrvatska) ispituje zadovoljstvo životom, sreću i usamljenost u sedam europskih zemalja (Hrvatska, Danska, Estonija, Njemačka, Nizozemska, Norveška i Ujedinjeno Kraljevstvo) i razlike u tim ishodima na temelju migracijske pozadine. Uzorak uključuje 68 136 sudionika (i to 57 % žena od 18 do 60 godina). Podaci su prikupljeni između 2020. i 2023. godine u sklopu velikoga projekta Generations and Gender Programme (GGP). Migracijska pozadina kategorizirana je u tri skupine na temelju zemlje rođenja i zemlje rođenja njihovih roditelja: lokalno stanovništvo, osobe rođene u inozemstvu s roditeljima rođenima u inozemstvu i one s miješanom migracijskom pozadinom. Rezultati pokazuju da postoje razlike u zadovoljstvu životom, sreći i usamljenosti između zemalja. Hrvatska je u ovom slučaju imala najvišu razinu sreće i zadovoljstva životom, dok su Njemačka i Ujedinjeno Kraljevstvo imale najniže razine zadovoljstva životom i sreće, ali i najviše razine usamljenosti. Miješana grupa imala je najniže zadovoljstvo životom i sreću, dok je grupa s migracijskom pozadinom izvijestila o najvišim razinama sreće, ali je pokazala i najvišu razinu usamljenosti.

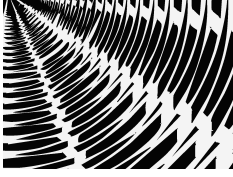
Iva Tadić, Ivan Balabanić i Marko Turk iz Instituta za istraživanje migracija, Zagreb, proveli su istraživanje sa stranim radnicima u Hrvatskoj. Cilj istraživanja bio je istražiti subjektivnu kvalitetu života stranih radnika u Hrvatskoj. U istraživanju je sudjelovalo 400 stranih radnika iz zemalja južne i jugoistočne Azije te sjeverne Afrike. Subjektivna kvaliteta života stranih radnika statistički je značajno niža od pretpostavljene teorijske vrijednosti, sugerirajući da im je narušen psihološki sustav homeostaze, vjerojatno zbog kroničnih stresora koje doživljavaju. Sudionici su izvještavali o najvećem zadovoljstvu u zdravlju, a najmanjem u životnom standardu. Ovo istraživanje identificiralo je izazove s kojima se susreću strani radnici u Hrvatskoj, nagla-

šavajući potrebu za inkluzivnim politikama i podršku psihičkom zdravlju, kako bi se poboljšale njihove ukupne dobrobiti.

Završni rad u ovom tematskom broju bavi se longitudinalnim odnosom između obiteljske otpornosti i subjektivne dobrobiti roditelja. Autori su Ivana Hanzec Marković, Sveučilište Slavonski Brod, te Marija Džida i Andreja Brajša-Žganec iz Instituta društvenih znanosti Ivo Pilar, Zagreb. Cilj istraživanja bio je ispitati odnos između raznih dimenzija obiteljske otpornosti (obiteljskog rješavanja problema, upotrebe socijalnih i ekonomskih resursa te obiteljske duhovnosti) i subjektivne dobrobiti majki i očeva. Podaci su prikupljeni od 848 parova majki i očeva djece osnovnoškolske dobi u okviru trogodišnjega longitudinalnog istraživanja u sklopu projekta Dobrobit djeteta u kontekstu obitelji CHILD-WELL, što ga financira Hrvatska zaklada za znanost. Rezultati strukturalnoga modeliranja pokazali su da je među dimenzijama obiteljske otpornosti samo obiteljsko rješavanje problema longitudinalno povezano s većom subjektivnom dobrobiti obaju roditelja nakon dvije godine. Druge dimenzije obiteljske otpornosti nisu značajno pridonijele dobrobiti roditelja, nakon kontrole roditeljske dobrobiti iz prvog vala istraživanja. Obiteljska otpornost objasnila je samo malen dio varijance dobrobiti majki i očeva, što upućuje na to da, iako obiteljska otpornost ima ulogu u subjektivnoj dobrobiti roditelja, postoje i drugi individualni i obiteljski faktori koje treba uzeti u obzir.

Svjesni da je ovih pet radova – dva pregledna rada i tri rada na temelju rezultata triju istraživanja – samo malen dio rasprava o transnacionalnoj obiteljskoj dinamici u Europi, nadamo se da će pridonijeti znanstveno utemeljenom razumijevanju obiteljske dinamike i dobrobiti u europskim migracijskim i transnacionalnim kontekstima, a time pobuditi i daljnju istraživačku znatiželju znanstvenika za ovo područje. Nalazi naglašavaju potrebu za uključivanjem politika koje se bave sveobuhvatnim izazovima transnacionalnih obitelji te potrebu za longitudinalnim istraživanjima, kako bi se pridonijelo dubljem razumijevanju otpornosti transnacionalnih obitelji.

Andreja Brajša-Žganec i Maja Kućar
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DETERMINANTS OF WELL-BEING IN TRANSNATIONAL FAMILIES: A SCOPING REVIEW OF THE EUROPEAN CONTEXT

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Transnational families (TNFs) are a growing demographic in Europe, yet no scoping review has systematically mapped the multilevel determinants shaping their well-being across Europe's diverse welfare regimes. This review addresses that gap. A systematic search of Scopus, Web of Science, PubMed, and PsycINFO identified 42 peer-reviewed articles published in English (2014–2024) focusing on TNFs in Europe and addressing well-being. Guided by the transnational ecological systems framework, thematic analysis organised findings into four levels from proximal to distal: (1) Individual-level determinants, (2) Family & community-level determinants, (3) Institutional & policy-level determinants and (4) Societal & structural determinants. Findings demonstrate that well-being in TNFs emerges from the transaction between individual agency and structural environments, filtered through diverse European welfare regimes. These findings call for a shift from nationally centred service models towards transnational competence in social work practice and inclusive policies recognising cross-border caregiving. Future research should prioritise participatory approaches and address the geographical bias towards Western and Northern European contexts.

Keywords: Europe, migration, transnational families, well-being



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INTRODUCTION

The traditional boundaries of family life have been fundamentally altered by increasing international migration. As individuals and families navigate various cultural, economic, and political landscapes, the meaning of family well-being has expanded to include not merely physical closeness but also the preservation of emotional, social, and financial connections across borders (Levitt & Schiller, 2004). This transnational perspective contests traditional concepts of family unity and emphasises the necessity of comprehending how geographically separated family members navigate their responsibilities, identities, and support networks in a globalised context (Basch et al., 1993).

In the literature, well-being is comprehensively defined as a multidimensional construct encompassing both subjective and objective elements. The OECD (2011) approach to well-being includes both objective and subjective components such as the material living conditions and the quality of life. Subjective well-being pertains to an individual's cognitive and emotional assessments of their existence, frequently quantified through life satisfaction and emotional experiences (Diener, 1984). Objective well-being encompasses tangible factors such as economic and social indicators (Diener & Suh, 1997). Consequently, objective well-being typically includes quantitative criteria such as income, employment status, and health metrics. Conversely, subjective well-being pertains to individual assessments of life satisfaction and emotional conditions. The interplay between these two elements yields significant insights on familial well-being.

Bryceson and Vuorela (2002) define transnational families as structures that spend part or most of their time apart but remain together even beyond national borders, creating a collective welfare and sense of unity. This emphasis on collective welfare and unity is considered in this study as the transnational counterpart of the broader construct of well-being. Consequently, this definition highlights that well-being in TNFs is not merely an individual state but a multifaceted phenomenon encompassing collective, emotional, and economic dimensions. Transnational families are a wide-ranging umbrella term covering cross-border ties between a diverse group of members, such as spouses, siblings, and elderly parents. While this study focuses on the well-being dynamics centred on parent-child separation that have come to the fore in the European literature, it acknowledges that transnational well-being also differs for childless couples or extended family networks. The well-being of TNFs is affected by three interconnected aspects. First, the emotional and psychological well-being is affected by the difficulties of long-distance parenting, changing caregiving obligations, and the emotional burden of extended separation (Zhao et al., 2018), and perceived social integration

has a preventive role on life satisfaction and feelings of loneliness as a protective factor for migrants' subjective well-being (Carella et al., 2022). Migrant parents, stayer children, and elderly relatives all endure varying levels of emotional suffering, which are frequently alleviated – but not completely resolved – through communication technologies (Acedera & Yeoh, 2018; Zhao, 2019). Secondly, economic well-being is intricately connected to financial remittances, which function as both a tangible necessity and a symbolic manifestation of caring and familial duty (Zharkevich, 2019). Nonetheless, financial assistance alone often fails to mitigate emotional absence, and economic insecurity among migrant workers can intensify stress and instability within TNFs. Third, technology mediation and social well-being significantly influence international family relations. Digital communication tools enable migrants to preserve intimacy, negotiate parental responsibilities, and sustain everyday familial interactions despite geographical separation (Acedera & Yeoh, 2021). However, the reliance on virtual communication is also paradoxical, while fostering connection, it can simultaneously highlight distance and create new forms of emotional stress and disconnected practice (Zhao, 2019).

This study maps the determinants of well-being within TNFs in the European context. Although existing research has examined transnational family dynamics and migration outcomes, no scoping review has systematically identified how individual, familial, institutional, and societal factors collectively shape well-being across Europe. This review addresses that gap by integrating migration studies, family sociology, and digital communication research into a structured multilevel synthesis.

METHODS

Protocol and registration

This scoping review was conducted following the methodological framework outlined by Arksey and O'Malley (2005) and further refined by Levac et al. (2010). The methodological approach was additionally enhanced by incorporating guidance from the Joanna Briggs Institute (JBI) for Scoping Reviews (Peters et al., 2020). The study is reported in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines (Tricco et al., 2018). This review has been registered with the Open Science Framework (OSF) registries (reference <https://osf.io/e38bh/>).

Eligibility criteria

The eligibility criteria for study selection were determined based on the research objective of identifying key determinants of well-being for TNFs in the European context. To be included,

studies had to focus on TNFs where at least one family member resided in a European country. Eligible studies also needed to explicitly address well-being or related concepts, such as quality of life, life satisfaction, mental health, social well-being, emotional well-being, family well-being, and subjective well-being. Only peer-reviewed journal research articles published in English between 2014 and 2024 were considered for inclusion.

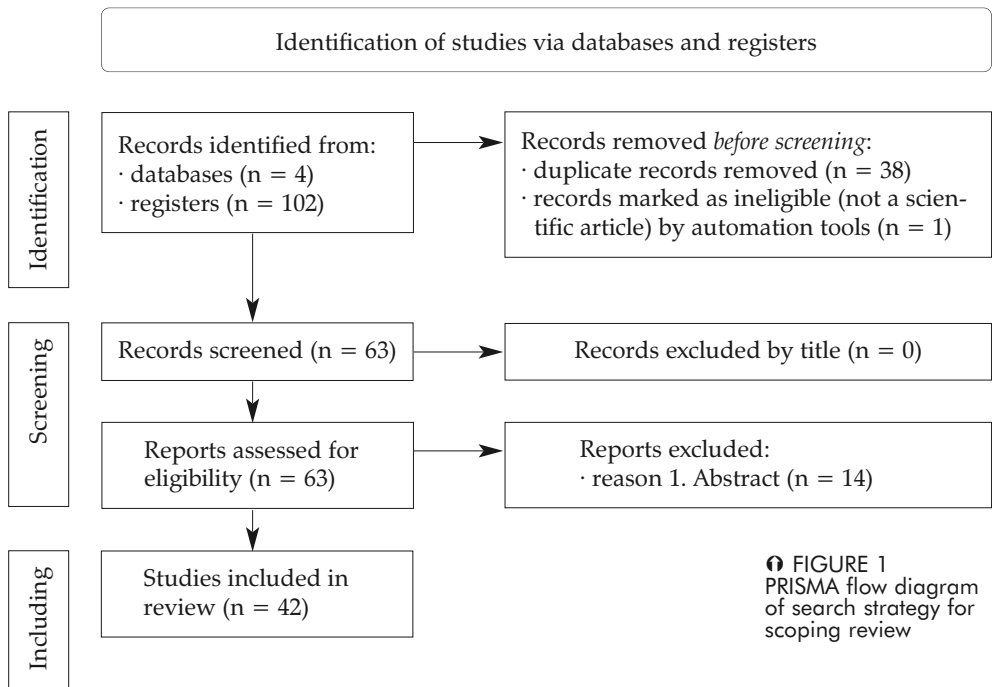
Studies that focused solely on migration without a transnational family component were excluded, as were those that did not engage with the concept of well-being. Articles published in languages other than English were also excluded, as were non-peer-reviewed sources such as editorials, letters to the editor, and conference abstracts without full-text availability. Duplicate publications were removed at the screening stage.

Information sources and search process

A comprehensive search strategy was developed to identify relevant literature across multiple electronic databases. The search was conducted in Scopus, Web of Science (Core Collection), PubMed, and PsycINFO, ensuring broad coverage of studies related to TNFs and well-being. The search was structured using Boolean operators (AND, OR) and controlled vocabulary, including MeSH terms for PubMed. The search terms were categorised into three key conceptual domains: TNFs (e.g., "transnational families", "migrant families", "cross-border families"), well-being (e.g., "quality of life", "mental health", "social well-being"), and the European context (e.g., "European Union", "Germany", "France", "Italy"). The initial search retrieved 41 results from Scopus, 47 from Web of Science, 1 from PubMed, and 13 from PsycINFO. These records were exported and managed through Zotero software, which facilitated the screening and selection process.

Study selection

The study selection process was conducted in two stages. In the first stage, four independent reviewers screened the titles and abstracts of all retrieved studies based on the pre-defined inclusion and exclusion criteria. Any discrepancies between the reviewers were resolved through discussion or, when necessary, consultation with a fifth reviewer. Studies that met the inclusion criteria during this phase were then moved to the second stage, where their full texts were retrieved and assessed for eligibility. The study selection process was documented using a PRISMA flow diagram (See Figure 1), which recorded the number of studies identified, screened, assessed for eligibility, and included in the final review.



Data charting process

To systematically extract relevant data from the selected studies, a standardised data charting form was developed and pilot-tested. This form was designed to capture essential study characteristics, including author(s), year of publication, country of study, research design (qualitative, quantitative, or mixed methods), sample size, and data collection methods. Additionally, the form recorded how well-being was conceptualised in each study, identifying the specific frameworks or definitions employed. The extraction process was conducted independently by two reviewers to minimise bias, and any discrepancies were discussed and resolved through consensus.

Synthesis of findings

A thematic analysis approach was employed to synthesise the extracted data. The process began with repeated readings of the charted data to familiarise the researchers with key patterns and trends. Initial coding was conducted to identify recurring concepts, which were subsequently grouped into broader themes related to the determinants of well-being. These themes were iteratively refined and clarified through discussions among the research team. Here, "determinants" are conceptualised as a comprehensive set of predictors (e.g., emotional resilience, kinship support/network) and contextual conditions (e.g., migration policies/regulations, welfare states) that collectively shape

the well-being outcomes of transnational families. This approach ensures that well-being is analysed not as a static state, but as a dynamic result of the transaction between individual agency and structural environments.

The final synthesis was presented in a narrative format, providing a structured overview of the key findings. Additionally, tables and charts were used to summarise the characteristics of included studies and illustrate the distribution of well-being determinants across different thematic categories. This approach ensured that the findings were clearly organised and accessible for interpretation.

Prior to presenting the findings, it is critical to analyse the implications of the existing literature across Europe in order to clarify the socio-political context in which the data should be interpreted. Based on the 42 studies examined, transnational family dynamics in Europe can be summarised as in Table 1.

In European literature, the well-being of transnational families is addressed as a dynamic phenomenon at the intersection of migration regimes, intergenerational care responsibilities, and socio-cultural adaptation processes. A synthesis of existing studies reveals that well-being is not only an individual health indicator but also a relational practice that transcends geographical and political boundaries. This literature varies widely from the mental health and care barriers of transnational children within the welfare systems of Northern Europe (Place et al., 2021; Szelei et al., 2024; Makrooni & Ropo, 2021) to family-based solidarity networks and parenting competencies in Southern Europe (Martins et al., 2024; Barros et al., 2023; Carella et al., 2022). Research concentrated in countries such as the United Kingdom, Germany, and the Netherlands emphasises the cumulative effects of discrimination, economic disadvantage, and language barriers on subjective well-being (Brandt & Kaschowitz, 2024; Haagsman et al., 2015; White et al., 2019).

On the other hand, labour or forced migration movements from countries such as Poland and Ukraine have brought concepts such as long-distance parenting, stayer children and resilience of separated families to the forefront of the literature (Fialkowska, 2019; Kraus & Wojtas, 2021; Dryjanska et al., 2024). Current studies focus on the role of digital communication technologies in preserving family ties by creating transnational social spaces (Nedelcu, 2017; Acedera & Yeoh, 2021) and on the fragility of migrants' mental health during crisis periods such as COVID-19 (Gerber & Ravazzini, 2022; Alarcão et al., 2024). Consequently, this European-wide body of research shows that well-being is shaped by the balance between local, national, and international policies and transnational family dynamics (Amelina & Bause, 2020; Brandt & Kaschowitz, 2024).

No	Study	Country/Region	Method	Family type	Family members (Participants)
1	Afonso et al. (2023)	Luxembourg (origin: Portugal)	Qualitative	Transnational families	Mobile members (Portuguese migrants in Luxembourg)
2	Alarcão et al. (2024)	Portugal (origins: various/global)	Mixed methods	Migrant families	Migrant adults (living in Portugal)
3	Alarcon & Prieto-Flores (2021)	Spain (Barcelona)	Qualitative	Transnational families (unaccompanied minors)	Unaccompanied immigrant youth and their mentors
4	Amelina & Bause (2020)	Germany (origins: Syria and Afghanistan)	Qualitative	Transnational forced migrant families	Mobile members (forced migrants/refugees) and stayer members
5	Antia et al. (2022)	Georgia (destinations: Italy, Greece, Poland, etc.)	Qualitative	Transnational nuclear families	School teachers and principals (perceptions of left-behind children)
6	Barros et al. (2023)	European & Schengen countries (origin: Portugal)	Qualitative	Transnational multigenerational families	Mobile adult children (emigrants) and their stayer elderly parents
7	Barros & Haenbergh (2024)	Portugal / European context	Qualitative	Transnational families	General (applicable to mobile and stayer members)
8	Boccagni (2015)	Italy (origins: Ecuador and various)	Qualitative	Transnational extended families	Mobile members (migrants in Italy) and their stayer relatives
9	Boccagni (2016)	Italy (origin: Ecuador)	Qualitative	Transnational nuclear & extended families	Mobile women (care workers in Italy) and stayer relatives (in Ecuador)
10	Brandt & Kaschowitz (2024)	Europe (general / multi-country focus)	Qualitative	Transnational and migrant families	Multi-generational (caregivers and care-receivers)
11	Carella et al. (2022)	Italy (various origins)	Quantitative	Transnational vs. non-transnational nuclear families	Mobile married immigrants (living in Italy)
12	Cela & Bettin (2018)	Germany (various origins)	Quantitative	Migrant families (older migrants)	Older migrants (living in Germany)
13	Cojocaru (2021)	Italy (origin: Moldova)	Qualitative	Transnational nuclear & extended families	Mobile domestic workers (Moldovan women in Italy)
14	Dito et al. (2017)	Netherlands (Origin: Ghana)	Quantitative	Transnational nuclear families	Mobile parents (Ghanaian migrants in the Netherlands)

Continues 

No	Study	Country/Region	Method	Family type	Family members (Participants)
15	Dryjanska, Sanchez & Hagues (2024)	Poland (origin: Ukraine)	Qualitative	Transnational refugee families	Refugee women (from Ukraine)
16	Eremenko & Bennett (2018)	UK and France	Quantitative	Migrant families (including transnational separation history)	Young adults (who migrated as children or are children of migrants)
17	Fialkowska (2019)	Poland (origin)/ Germany (destination)	Qualitative	Transnational nuclear families	Mobile fathers (seasonal migrants) and their families
18	Gerber & Ravazzini (2022)	Switzerland (various origins)	Quantitative	Skilled transnational families	Mobile skilled professionals and their family members
19	Haagsman (2018)	Netherlands (origin: Angola)	Quantitative	Transnational & non-transnational nuclear families	Migrant parents (Angolan migrants in the Netherlands)
20	Haagsman et al. (2015)	Netherlands (origins: Angola & Nigeria)	Quantitative	Transnational & non-transnational nuclear families	Mobile parents (Angolan and Nigerian migrants in the Netherlands)
21	Hiitola (2021)	Finland (origins: Afghanistan, Iraq, Somalia)	Qualitative	Transnational forced migrant families (unaccompanied minors)	Young forced migrants (living in Finland) and their family members (stayers or in transit)
22	Kaschowitz (2020)	Cross-European (various countries)	Quantitative	Transnational extended families	Mobile caregivers (migrants providing care)
23	Kraus & Wojtas (2021)	Poland (origin) / Europe (destinations)	Qualitative	Transnational nuclear families	Children and youth (left behind)
24	Makrooni & Ropo (2021)	Finland (origins: various/global)	Qualitative	Migrant families	First-generation migrant students in higher education
25	Martins et al. (2024)	Spain	Quantitative	Migrant families (at psychosocial risk)	Migrant parents (mothers and fathers)
26	Mazzucato et al. (2017)	Netherlands and Portugal (origin: Angola)	Quantitative	Transnational nuclear families	Mobile parents (Angolan migrants in the Netherlands and Portugal)
27	Meijering & Lager (2014)	Netherlands (origin: Netherlands Antilles)	Qualitative	Migrant families (older migrants)	Older Antillean migrants (living in the Netherlands)
28	Merla et al. (2020)	Australia and UK (origins: various/global)	Qualitative	Transnational extended families	Mobile members (migrants) and stayer members (elderly parents/relatives)

No	Study	Country/Region	Method	Family type	Family members (Participants)
29	Nedelcu (2017)	Switzerland and Canada (origin: Romania)	Qualitative	Transnational multigenerational families	Mobile parents (migrants) and stayer/mobile grandparents
30	Neto (2016)	Portugal (return migration context)	Quantitative	Returned migrant families	Second-generation youth (Portuguese youths from returned families)
31	Pertzikowitz et al. (2024)	Netherlands (various origins)	Quantitative	Migrant families (second-generation)	Adult children of immigrants
32	Place et al. (2021)	High-income countries (Sweden, UK, Norway, etc.)	Qualitative	Migrant families	Migrant children and young people (along with their families/caregivers)
33	Pongthippat et al. (2024)	Sweden (origin: Thailand)	Qualitative	Transnational marriage (migrant family)	Mobile women (Thai women married to Swedish men)
34	Purkarthofer et al. (2022)	Norway (origins: various)	Qualitative	Transnational families	Mobile members (migrant parents and children in Norway)
35	Rytter (2014)	Denmark (origin: Pakistan)	Qualitative	Transnational extended families	Mobile members (Pakistani migrants in Denmark)
36	Serra Mingot (2020)	Netherlands, UK, and Sudan	Qualitative	Transnational extended families	Mobile members (migrants) and stayer members (care-receivers in Sudan)
37	Sun et al. (2020)	UK (origins: various/global)	Quantitative	Migrant families	Adolescent migrant youth (living in the UK) and their parents
38	Szelei et al. (2025)	Multi-country (Denmark, Finland, Norway, Sweden)	Qualitative	Migrant families (including transnational dynamics)	School staff and migrant parents
39	Tesfaye & Day (2015)	UK (origin: Eastern Europe / EU)	Qualitative	European migrant families	Health visitors (working with migrant families)
40	Tezcan (2018)	Germany (origin: Turkey)	Qualitative	Migrant families (older migrants)	Older Turkish immigrants (first-generation)
41	White et al. (2019)	Ireland and Netherlands (origin: Nigeria)	Qualitative	Transnational nuclear families	Mobile parents (Nigerian migrants in Ireland and the Netherlands)
42	Wu & del Rey Poveda (2024)	Spain (origin: China)	Qualitative	Transnational nuclear & extended families	Mobile parents (in Spain) and stayer children/grandparents (in China)

FINDINGS

This scoping review identified 42 studies that examined the well-being of TNFs in the European context. Guided by the transnational ecological systems framework (Moreno & Boxer, 2025), the findings were organised into four interconnected levels that move from proximal to distal influences: (1) Individual-level determinants, (2) Family & community-level determinants, (3) Institutional & policy-level determinants, and (4) Societal & structural determinants.

Theme 1. Individual-level determinants

Psychological consequences and personal resilience. The psychological consequences of prolonged separation are profound, affecting both migrant parents and stayer children (i.e., children who remain in the origin country while a parent migrates). Focusing on the innermost level of the ecological framework, this section documents high levels of anxiety, depression, and emotional distress, as parents often feel disconnected from their children's daily lives, leading to feelings of failure and estrangement (Dito et al., 2017; Carella et al., 2022; Gerber & Ravazzini, 2022; Szelei et al., 2025). Children also experience emotional distress from the absence of parental figures, sometimes developing attachment issues or behavioural problems (Antia et al., 2022; Haagsman, 2018). Digital communication tools such as video calls, messaging apps, and social media have been found to help mitigate separation anxiety by allowing families to stay in touch (Nedelcu, 2017; Boccagni, 2015). However, digital contact does not fully substitute for physical presence, especially in moments requiring emotional comfort, everyday care, or disciplinary guidance (Barros et al., 2023; Nedelcu, 2017). Despite these psychological risks, many TNFs develop coping strategies to manage stress and maintain emotional bonds. Emotional regulation techniques, including religious beliefs, spirituality, and social support networks, play a key role in sustaining psychological resilience (Rytter, 2014; Boccagni, 2016). Families also create transnational routines (e.g. scheduled calls and planned visits) to maintain continuity and closeness across borders (Afonso et al., 2023; Barros & Hanenberg, 2024).

Child and youth development and identity formation. While children's well-being inevitably has relational dimensions, this section focuses on the developmental outcomes that manifest at the individual level. Migration introduces disruptions in schooling and identity formation that shape children's social and academic development. Educational disruptions caused by migration-related challenges are particularly evident among transnational children. Language barriers significantly hinder academic performance, especially for those who migrate at later

stages of education (White et al., 2019; Makrooni & Ropo, 2021). Migrant children often perform worse in school compared to their native-born peers, not only due to language proficiency issues but also because of limited parental support in host countries (Pertzikovitz et al., 2024; Cela & Bettin, 2018). Children who stay in the origin country may also face academic challenges when caregivers (e.g. grandparents or other relatives) have limited time or resources to support schooling (Purkarthofer et al., 2022; Boccagni, 2015). Furthermore, migration creates internal identity struggles as children navigate belonging in both their home and host countries. This challenge is particularly pronounced among adolescent migrants, who experience pressure to conform to new cultural norms while maintaining connections to their heritage (Sun et al., 2020; Pongthipatt et al., 2024). Beyond identity strain, stayer children report loneliness, insecurity, and depressive symptoms, particularly when they do not fully understand the reasons for parental migration and interpret separation as rejection or abandonment (Carella et al., 2022; Eremenko & Bennett, 2018; Antia et al., 2022).

Theme 2. Family & community-level determinants

Transnational caregiving stress and kinship dynamics. At the relational level of the ecological framework, this section examines how caregiving is restructured across borders. Long-distance parenting creates significant emotional strain for both migrant parents and the stayer children. Parents who migrate for work often experience feelings of guilt, helplessness, and frustration as they struggle to maintain parental authority and emotional closeness from afar (Wu & del Rey Poveda, 2024; Haagsman et al., 2015; Mazzucato et al., 2017). Kinship networks serve as a primary source of emotional and financial security for TNFs. Extended family members, particularly grandparents, siblings, and close community members, frequently take on caregiving responsibilities and provide financial support when one or both parents migrate (Wu & del Rey Poveda, 2024; Tesfaye & Day, 2015). However, this redistribution of labour often leads to role overload. Caregivers who remain in the home country frequently assume full responsibility for child-rearing in the absence of parental figures (Nedelcu, 2017; Merla et al., 2020). The burden of transnational caregiving is often gendered, with women, especially mothers, experiencing greater distress due to societal expectations of maternal presence (Serra Mingot, 2020; Amelina & Bause, 2020). Older caregivers (e.g. grandparents) may carry this responsibility despite limited financial and emotional resources, which can intensify strain within multigenerational arrangements (Kaschowitz, 2020; Cojocar, 2021).

Cultural adaptation, acculturation, and social isolation. Migration can strain family relations as parents hold on to home-country values while children adapt to host-country norms, often fuelling intergenerational conflict around discipline and gender roles especially when accepted parenting practices in the country of origin clash with Western models of permissive parenting (Wu & del Rey Poveda, 2024; Tezcan, 2018; Tesfaye & Day, 2015; Hiitola, 2021; Salaris & Tedesco, 2024). Language barriers can also limit parents' involvement in schooling and push children into brokerage roles (e.g. interpreting in medical, legal, or administrative settings), creating emotional burden and role reversals (Makrooni & Ropo, 2021; Pertzikovitz et al., 2024; Alarcon & Prieto-Flores, 2021; Martins et al., 2024). Even with kinship networks, many families report isolation, and time zones and emotional exhaustion can weaken parent-child connections; support from ethnic/religious communities and cultural associations, alongside transnational mobility (e.g. visits and circular movement), is often used to cope and sustain belonging across borders (Dito et al., 2017; Gerber & Ravazzini, 2022; Boccagni, 2015; Rytter, 2014; Cela & Bettin, 2018).

Theme 3. Institutional & policy-level determinants

Economic stability, remittances, and employment policies. Corresponding to the exosystem in the ecological framework economic stability plays a crucial role in determining the well-being of TNFs. Many transnational parents migrate in search of better financial prospects, often securing low-wage and precarious jobs despite their qualifications and experience (Wu & del Rey Poveda, 2024; White et al., 2019; Tesfaye & Day, 2015). While migration can enhance household income through remittances, these gains frequently come at the cost of job instability and workplace exploitation (Fialkowska, 2019; Merla et al., 2020). Employment regulations further limit access to stable jobs, as many migrant workers are employed under temporary contracts with few labour protections (Cela & Bettin, 2018). Furthermore, heavy reliance on remittances can lead to financial dependency, making families vulnerable to economic shocks (Gerber & Ravazzini, 2022; Kaschowitz, 2020). TNFs may also experience added strain from maintaining two households (origin and host), which increases living costs and financial pressure (Nedelcu, 2017; Tezcan, 2018).

Migration regulations and legal constraints. European Union migration policies significantly affect the ability of TNFs to remain connected. Restrictive visa regimes, bureaucratic delays, and legal barriers contribute to family fragmentation and prolonged separations (Brandt & Kaschowitz, 2024; White et al., 2019). Family reunification policies dictate whether migrant

parents can legally bring their children and spouses to the host country. Many European nations impose strict eligibility requirements, including minimum income thresholds and residency duration conditions, which can delay or prevent reunification (White et al., 2019; Tezcan, 2018). These restrictions create cycles of precarity, as TNFs also face significant legal restrictions regarding access to social services and child benefits (Makrooni & Ropo, 2021; Rytter, 2014). An often-overlooked policy issue is the lack of legal recognition for transnational caregiving responsibilities across borders (Barros et al., 2023; Szelei et al., 2025). Variation across host countries (e.g. limits on changing employers under temporary permits, or exclusions tied to irregular status) can further amplify uncertainty and constrain family strategies for stability (Rytter, 2014; Hiitola, 2021).

Healthcare access and institutional barriers. Migrants frequently encounter obstacles when seeking healthcare, including legal restrictions, lack of health insurance, and financial constraints (Tefaye & Day, 2015; Tezcan, 2018). Even when access is legally granted, bureaucratic hurdles discourage many migrants from seeking assistance (Kaschowitz, 2020; Place et al., 2021). Mental health remains a significant yet often overlooked concern, with mental health services often underutilised due to stigma and lack of culturally competent care (Cojocar, 2021; Neto, 2016; Gerber & Ravazzini, 2022). Cultural misunderstandings within healthcare settings further complicate access to effective treatment (White et al., 2019; Pongthippat et al., 2024). In some contexts, undocumented or precariously documented migrants may be excluded from public healthcare, pushing them towards informal networks or costly private options (Meijering & Lager, 2014; Hiitola, 2021).

Theme 4. Societal & structural determinants

Social perceptions, discrimination, and stigma. At the macrosystem level of the ecological framework, this final theme addresses the structural influence of societal attitudes. Transnational families often face negative social perceptions in host countries, which create significant barriers to their integration and mental well-being. They are frequently viewed as a burden on the welfare system, leading to social stigma and resentment (Kraus & Wojtas, 2021; White et al., 2019). Additionally, parents who migrate for work are sometimes criticised for leaving their children behind, overlooking the structural challenges that compel migration (Antia et al., 2022; Serra Mingot, 2020). These perceptions can also affect children directly, including experiences of bullying, exclusion, or lowered expectations in school settings – often intertwined with language barriers and legal precarity (Sun et al., 2020; Pertzikovitz et al., 2024).

Systemic inequality and workplace discrimination. Discrimination and cultural biases shape the everyday experiences of transnational families, particularly in employment, housing, and education. Unlike the regulatory barriers outlined in Theme 3, the obstacles here stem from societal attitudes: migrants from non-European backgrounds face racialised hiring practices and workplace marginalisation that limit career advancement regardless of qualifications (Cela & Bettin, 2018; Kaschowitz, 2020; Alarcão et al., 2024). Women migrants of colour experience compounded discrimination, as intersecting gender and racial biases create further obstacles to securing stable employment (Dryjanska et al., 2024; Hiitola, 2021).

DISCUSSION

The findings of this study demonstrate the manner in which individual, family, institutional and social factors collectively influence the well-being of transnational families (TNFs). By adopting a transnational ecological systems framework (Moreno & Boxer, 2025), this study moves beyond a unidimensional lens to understand how distal policies and proximal family processes co-construct the lived realities of these families across borders. Importantly, this study conceptualises Europe not merely as a geographical entity but as a dynamic socio-political context characterised by diverse welfare regimes and evolving EU legislation, whose interaction with transnational mobility rights remains largely neglected in the reviewed literature. The central finding is that well-being emerges from the transaction between individual agency and structural environments, where economic migration may improve material conditions through remittances while simultaneously intensifying emotional burdens and caregiving challenges for both migrants and stayers.

At the individual level (Theme 1), the reviewed studies consistently document separation-related distress among both parents and children (Dito et al., 2017; Carella et al., 2022). Notably, educational barriers and identity tensions compound these effects for children (White et al., 2019; Sun et al., 2020; Pongthippat et al., 2024), underscoring the need for accessible and culturally competent mental health services for transnational families.

It may be noteworthy to mention some divergent findings before moving on to the second theme. Some studies show that determinants of well-being generally lead to different outcomes depending on the socio-institutional context. For example, in the area of identity and social integration, some studies emphasise that transnational children may benefit from developing bicultural identities that allow them to integrate into the host community while maintaining meaningful

connections to their heritage (Sun et al., 2020). However, these potential advantages are often met with systemic challenges that lead to opposite outcomes. The same or some children may frequently experience marginalisation in education and significant achievement gaps due to language barriers and limited institutional support in host countries (Afonso et al., 2023; Pertzikovitz et al., 2024). This difference highlights that individual resilience is not a characteristic in itself, but is tightly structured by the quality of harmony between family strategies and the external environment.

At the relational level (Theme 2), the redistribution of caregiving within kinship networks emerges as a double-edged mechanism: while grandparents and extended family sustain family continuity (Wu & del Rey Poveda, 2024; Vanore, 2016), this arrangement often produces role overload and emotional exhaustion (Nedelcu, 2017; Merla et al., 2020). The gendered dimension is particularly salient, as women carry a disproportionate caregiving burden that formal policies rarely acknowledge (Serra Mingot, 2020; Amelina & Bause, 2020). Digital communication tools help bridge emotional gaps but cannot substitute for physical co-presence (Fialkowska, 2019; Barros et al., 2023).

Moving to the macrosystemic level, Theme 3 highlights how institutional frameworks shape TNFs' well-being. Moreno & Boxer (2025) emphasise that governmental policies are distal factors that directly shape local family realities. The findings reveal that restrictive visa regimes and divergent family reunification requirements across EU member states create cycles of precarity (Brandt & Kaschowitz, 2024; White et al., 2019), while employment insecurity and reliance on remittances deepen economic vulnerability (Wu & del Rey Poveda, 2024; Dito et al., 2017). These institutional barriers call for more inclusive immigration laws, equitable labour rights, and fair healthcare access. Furthermore, the impact of these determinants is significantly filtered through the diversity of European welfare state regimes. TNFs residing in social-democratic regimes (e.g. Social Democratic/Nordic countries) often benefit from more robust institutional support, which may alleviate the individual burden of care. In contrast, in the Mediterranean regime (e.g. Southern Europe), the lack of institutional recognition for transnational caregiving places a disproportionate burden on female stayers and elderly grandparents (Cojocar, 2021; Serra Mingot, 2020). This highlights that migratory regimes do not operate in a line but interact with the domestic social protection models of each host country.

Beyond formal policies, Theme 4 focuses on the socio-cultural elements that affect well-being. This theme addresses how unfavourable public attitudes shaped by political nar-

ratives and the media lead to exclusion and prejudice for transnational families. Such perceptions interact with the institutional barriers identified in Theme 3, compounding disadvantage through informal channels that formal policy alone cannot resolve.

Taken together, these four levels illustrate that well-being in TNFs cannot be reduced to any single determinant. Individual resilience is enabled or constrained by family resources, which are in turn shaped by institutional regulations and broader societal attitudes. This interdependence underscores the need for multilevel policy responses that address structural root causes rather than individual symptoms alone.

From this perspective, European policy frameworks could be recommended to transition from nationally centred models to transnational social protection systems. For those staying in family-centred welfare regimes, it is crucial to establish portable social security rights and transnational care credits that recognise the informal labour provided by cross-border family members to address the documented fatigue of caregivers. Furthermore, findings regarding the educational and emotional vulnerability of transnational children necessitate the implementation of Transnational Case Management (TCM), a model in which social service agencies in host and home countries (e.g. between EU member states and partner countries) provide coordinated family support. Moreover, in order to reduce the protection gap identified in Theme 3, European migration policies should move towards a more inclusive definition of family unity that grants simplified care-providing visas to extended family members such as grandparents, who are the key pillars of the transnational ecological system. Finally, digital participation should be recognised as a social right, and affordable communication access should be provided to low-income transnational families to maintain the digital kinship relationship necessary for emotional stability.

Finally, future studies might also examine how well-being varies over time and look at variables including race, gender, religion, education and legal status. Moreover, conducting research into identity and cultural adaptability may provide additional insight into the welfare of transnational families. Additionally, further study is required to evaluate current support networks and propose solutions to enhance family well-being. Also, it is essential to acknowledge the geographical bias in current literature, which predominantly focuses on Western and Northern European experiences. This creates a critical research gap regarding the well-being of TNFs in Eastern and Southern European contexts, where different historical and socio-political trajectories may produce distinct well-being outcomes.

CONCLUSION

As outlined in the preceding discussion, various factors can potentially affect the well-being of TNFs, including economic, emotional, social and policy-related challenges. This study seeks to understand how these families maintain or preserve their well-being while adapting to new cultures, finding a balance between emotional and financial stability. It highlights the role of individual level determinants such as emotional resilience, family level determinants such as caring responsibilities and the use of technology for family communication as important components of well-being. By adopting a transnational ecological systems framework (Moreno & Boxer, 2025), this review demonstrates that these components are not isolated; rather, they form an interdependent system where distant policies co-structure local family realities. While migration can potentially lead to employment opportunities, it is important to acknowledge that it can also result in emotional and psychological stress, particularly for parents who are separated from their children. The challenges of migration can include caregiver exhaustion and shifting family roles, and the support of family and the community can be crucial in helping to mitigate the negative effects. It is also worth noting that experiences can be influenced by gender roles, with migrant mothers often experiencing higher levels of emotional stress because of caring obligations. Despite their resilience, systemic injustices and a lack of social support in their home countries may exacerbate the vulnerabilities of both migrants and stayers.

The well-being of TNFs can be affected by a number of institutional and policy-level or societal and structural issues, particularly in relation to work, healthcare, and legal safeguards. These families may encounter difficulties due to restrictive migration laws, obstacles to family reunion, and a lack of social assistance. Financial instability and dependency on remittances due to economic disparities between transnational families and locals is also a concern. The general well-being of TNFs is impacted by the difficulties they frequently have in obtaining healthcare and overcoming linguistic and cultural hurdles. These findings suggest that a fundamental shift is required away from nationalised social service models towards transnational competence (e.g. transition from localised interventions to Transnational Case Management) in social work practice. This requires social workers to act as cross-border coordinators who facilitate communication and service delivery between agencies in both origin and host countries. It is also proposed that policy interventions that meet the needs of TNFs and offer

economic stability, legal protection, and access to healthcare are potential solutions to these problems. Specifically, providing legal recognition for cross-border caregiving and establishing coordinated healthcare access for stayers in origin countries are essential steps. Global mobility, family unity, and the well-being of TNFs could all be enhanced by inclusive policies that transcend national silos and acknowledge the multi-sited nature of modern family life.

In conclusion, it is necessary that scholars, decision-makers, and social institutions collaborate to ensure the well-being of TNFs, recognising it as a shared responsibility. Addressing migration and family well-being in a holistic and intersectional manner may facilitate the management of cross-border challenges experienced by these families. Future research should prioritise participatory approaches that include the voices of stayers, ensuring that interventions are grounded in the lived realities of the entire transnational system.

Data availability statement

The full algorithm for the verification will be available.

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Odrednice dobrobiti u transnacionalnim obiteljima: pregled europskoga konteksta

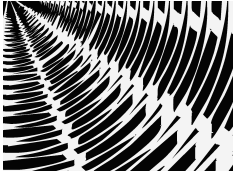
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Transnacionalne obitelji (TNF) čine sve veću demografsku skupinu u Europi, no ni jedan pregledni rad nije sustavno mapirao višerazinske odrednice koje oblikuju njihovu dobrobit u europskim režimima socijalne skrbi. Ovaj pregledni rad popunjava tu prazninu. Sustavnom pretragom baza Scopus, Web of Science, PubMed i PsycINFO identificirana su 42 recenzirana članka objavljena na engleskom jeziku (2014.–2024.) koji se bave transnacionalnim obiteljima u Europi i njihovom dobrobiti. Vođena okvirom transnacionalnih ekoloških sustava, tematska analiza organizirala je nalaze u četiri razine od proksimalne do distalne: (1) odrednice na razini pojedinca; (2) odrednice na razini obitelji i zajednice; (3) odrednice institucionalne i političke razine; (4) društvene i strukturne odrednice. Rezultati pokazuju da se dobrobit u transnacionalnim obiteljima rađa iz interakcije između individualne sposobnosti djelovanja i strukturnih okruženja, filtrirane kroz europske režime socijalne skrbi. Ovi rezultati pozivaju na promjenu od nacionalno usmjerenih modela usluga prema transnacionalnoj kompetenciji u praksi socijalnog rada i inkluzivnim politikama koje priznaju prekograničnu skrb. Buduća istraživanja trebala bi dati prednost participativnim pristupima i riješiti geografsku pristranost prema zapadnoeuropskom i sjevernoeuropskom kontekstu.

Ključne riječi: Europa, migracija, transnacionalne obitelji, dobrobit



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A SCOPING REVIEW ON DISCRIMINATION, SOCIAL PROTECTION AND COPING OF TRANSNATIONAL FAMILIES IN EUROPE

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Review paper

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This review explores the challenges encountered by transnational families in Europe amidst crises like forced migration, the refugee crisis, political unrest, war, and the COVID-19 pandemic, emphasising issues of discrimination, social protection, and coping strategies. The study analyses literature from 2011 to 2023, focusing on 52 peer-reviewed articles in English from SCOPUS and Web of Science databases. While social protection measures exist, they are often insufficient or inaccessible, leading families to rely on informal support networks and coping methods like community assistance and legal aid. The review underscores the necessity for more inclusive policies that address the specific hurdles, advocating for reforms to curb discrimination, fortify social protection, and bolster support frameworks.

Keywords: coping strategies, discrimination, migration and crises, social protection, transnational families



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INTRODUCTION

Transnational families (TNFs), defined as family units maintaining strong bonds across different countries (Bryceson & Vuorela, 2002), are increasingly significant in Europe. They arise from global labour markets, political conflicts, and migration trends, leading to complex dynamics that challenge traditional family structures. Sharma (2013) defined the traditional family as two or more people united by marriage, blood, adoption, or consensual union, typically sharing a household. During crises such as COVID-19, war, political instability, and forced migration, issues like discrimination, social protection, and coping mechanisms become crucial (Stewart et al., 2008). Legal and geographic separation heightens TNFs' vulnerabilities, limiting access to support systems. These crises intersect with existing structural inequalities, further intensifying challenges critical to their well-being and resilience. Europe provides a diverse context for studying TNFs due to its varied migration histories, welfare regimes, and legal frameworks (Budginaitė-Mačkinė et al., 2026). For example, Northern Europe offers strong welfare systems but with restricted access for non-EU migrants (Friberg, 2012). Southern and Eastern Europe, with weaker systems, often leave TNFs with minimal formal support (Palash & Baby-Collin, 2019). Thus, this scoping review focuses on these key issues within the European context, where diverse social, cultural, and economic landscapes further complicate the experiences of TNFs and is grounded in transnationalism, intersectionality, and social capital theory. While transnationalism highlights cross-border ties (Glick Schiller et al., 1992), intersectionality explains overlapping forms of discrimination (Crenshaw, 2015), and social capital theory explores how families mobilise networks to cope (Bourdieu, 1986; Coleman, 1988). These theoretical frameworks serve as analytical tools for understanding how TNFs experience and respond to crises within diverse European contexts.

This review centres on three concepts: discrimination, social protection, and coping strategies. Discrimination appears in racial, ethnic, gender, and socio-economic forms (Makkonen, 2002). For instance, racial and ethnic bias in Sweden and Germany impedes social integration and access to services for TNFs (Åkesson, 2011; Amelina & Bause, 2020). Migrant mothers face dual discrimination (Ambrosini, 2015). In Switzerland, socio-economic discrimination confines TNFs to low-paying jobs (Ammann Dula, 2023). Additionally, social protection mechanisms encompass both formal services and informal networks. Access gaps persist across Europe (Serra Mingot & Mazzucato, 2018). While Sweden has adapted services for TNFs, cultural factors and informal care dynamics present ongoing challenges (Johnsdotter, 2015; Wyss & Nedelcu, 2020).

Coping strategies demonstrate TNFs' resilience – ranging from social support to preserving cultural and religious ties (Friebert, 2012). Technology facilitates the maintenance of these bonds (Yeates & Owusu-Sekyere, 2019), although its effectiveness varies depending on the context (Lagomarsino & Castellani, 2016).

Although there is substantial research on transnational families (TNFs) in Europe, most studies¹ address these issues separately. Comprehensive reviews synthesising these interconnected concepts, especially in the context of European crises, are lacking. Existing studies tend to focus on specific aspects, such as the impact of migration on family dynamics or social protection in migrant integration, without fully capturing the interplay between discrimination, social protection, and coping mechanisms within TNFs.

This scoping review investigates transnational families' experiences during crisis, focusing on discrimination, social protection access, and coping strategies, examining cross-country differences and effective coping practices. The primary research questions guiding this review are:

- RQ1: What are the experiences of TNFs in Europe during crises in terms of discrimination, social protection mechanisms, and coping strategies?
- RQ2: How do social protection mechanisms differ across European countries in supporting TNFs during crises?
- RQ3: What are the most effective coping strategies employed by TNFs in different European contexts?

This review synthesises studies to identify key themes, gaps, and areas for future research, thereby enhancing the understanding of TNFs' unique challenges and informing the development of effective policies and support systems. Ultimately, this synthesis will guide the creation of more effective policies and support systems to better serve these families, thereby enhancing their well-being and resilience in an interconnected world.

METHODS

Protocol and registration

This scoping review was conducted to explore existing research related to discrimination, social protection, and coping mechanisms of TNFs in Europe. Unlike systematic reviews, it does not evaluate the quality of included studies; instead, it focuses on mapping the existing literature on a particular topic to identify gaps and provide guidance for future research and policymaking (Arksey & O'Malley, 2005). The reviewers

followed the methodology outlined in the Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) and its extension for Scoping Reviews (PRISMA-ScR), as described by Tricco et al. (2018). The use of the PRISMA-ScR guidelines ensures transparency and methodological rigour throughout the review process. Additionally, the review protocol was registered on OSF REGISTRIES (<https://osf.io/pd8a7/>) to promote transparency and allow for future updates or related research.

Eligibility criteria

This scoping review aimed to understand the experiences of TNFs in Europe, specifically discrimination, social protection mechanisms, and coping strategies. Only peer-reviewed journal articles were included, ensuring academic rigour and reliability. Grey literature, such as dissertations, news bulletins, and reports, was excluded to maintain high-quality evidence.

This review examines the unique challenges faced by TNFs in Europe from 2011 to 2023, focusing on the turbulent periods such as the 2016 migrant crisis and the COVID-19 pandemic. The review covers a wide range of relevant literature, including both qualitative, quantitative and mixed studies. The focus is on studies specifically addressing TNFs in Europe, focusing on topics like social protection, discrimination, and coping strategies for emigrant and immigrant groups. The review prioritises studies on the impact of these issues on educational outcomes, employment, language challenges, and health outcomes for TNFs. Both original research articles and review articles are included to build a robust evidence base.

Information sources and search process

A comprehensive search strategy was developed to capture relevant literature across several interconnected themes. Keywords were carefully selected and combined using Boolean operators (OR and AND) to create a robust search equation. Key search phrases included combinations such as "anti-discriminat*" OR "discriminat*" AND "transnational fam*" AND "Europe*," "social protection" AND "transnational fam*" AND "Europe*," and "coping mechanism*" AND "transnational fam*" AND "Europe*." This strategy was designed to retrieve studies that specifically address discrimination, social protection, and coping mechanisms among TNFs in Europe.

The literature search was conducted using SCOPUS and Web of Science databases, which have extensive coverage of peer-reviewed social sciences literature. The search focused on titles, abstracts, and keywords to retrieve relevant studies and ensure a comprehensive review set.

Study selection

Studies identified through the search process were imported into Zotero, a reference management tool. Six reviewers independently screened the titles and abstracts of the identified studies to determine their eligibility. Disagreements among reviewers were resolved through discussion until a consensus was reached, ensuring that only studies meeting the pre-defined eligibility criteria were selected for full-text analysis.

Data charting process

The data charting process involved six independent reviewers extracting relevant information from studies using a pre-structured data extraction sheet in Microsoft Excel. Key data categories included article information, study characteristics, and focus. The data extraction was conducted by one reviewer and verified by the other reviewers. The reviewers documented key findings, such as discrimination types, impact on transnational families, and effectiveness of social protection mechanisms. They also documented coping mechanisms employed by transnational families.

The reviewers identified gaps and limitations in the studies, such as underexplored areas or methodological constraints. Finally, the implications of each study were recorded, including policy implications, suggestions for future research, and recommendations for improving social protection measures. This structured approach to data charting ensured that the review captured a comprehensive and detailed picture of the current state of research on TNFs in Europe during crises.

Synthesis of results

The included studies were synthesised qualitatively and presented in the "Results" section. The synthesis was conducted using both narrative and tabular formats. Key concepts such as discrimination, social protection mechanisms, and coping strategies employed by TNFs were tabulated for clarity, while the overall narrative provided a cohesive summary of the findings. The significance of these findings was highlighted, particularly concerning the study's research questions and objectives.

Methodological rigour and limitations

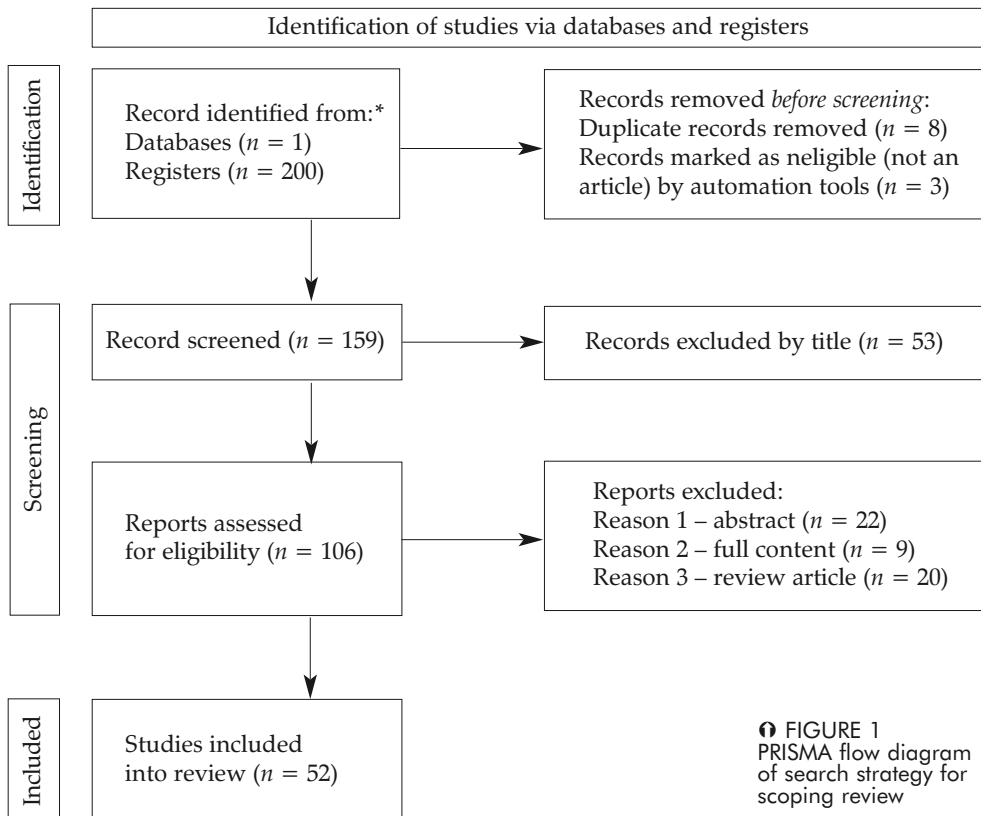
This scoping review has limitations, including potential selection bias due to the inclusion of peer-reviewed journal articles, variability in methodologies and contexts, and potential publication bias. This could lead to underrepresentation of perspectives from non-Western or less-researched regions. The diversity of studies adds richness but limits generalisability.

Future research should explore underrepresented areas and incorporate a broader range of sources to provide a more comprehensive understanding of transnational family challenges in Europe. Another limitation of the study is language. Only articles written in the English language were included in the analysis; research published in other languages were excluded.

FINDINGS

Selection of evidence sources

The initial search of the literature identified 200 studies through the database search. After removing duplicates ($n = 8$) and ineligible ($n = 3$), 189 studies were screened based on their title and abstract. From this initial screening, 53 studies were excluded by title as they did not meet the eligibility criteria.



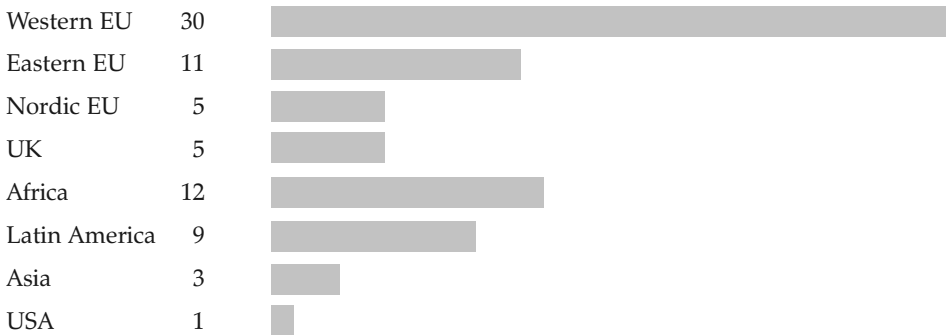
The remaining 106 studies were assessed for eligibility according to the inclusion and exclusion criteria. Twenty-two articles were deemed less relevant to the study's objectives as they primarily focused on theoretical discussions (e.g., Bailey,

2013; Matias, 2020), legal norms (e.g., Leinonen & Pellander, 2014), or comparative diaspora studies (e.g., Yoon, 2012), rather than the specific experiences of transnational families during crises. These studies did not sufficiently address the key themes of discrimination, social protection mechanisms, or coping strategies. Additionally, some studies lacked clarity in their objectives and methods (e.g., Ivanova, 2022), making it difficult to assess their relevance. The final number of articles that were included in this scoping review was 52, and data was extracted from each of these articles. Figure 1 presents the PRISMA flow diagram,² which illustrates the number of studies included in each stage of the screening process and the rationale for their inclusion or exclusion.

Characteristics of evidence sources

The 52 studies included in this scoping review explore the experiences of transnational families during crises, with a focus on discrimination, social protection mechanisms, and coping strategies. The studies span various geographic contexts, including Europe, Africa, Latin America, and Asia, and were published between 2011 and 2023 (see Figure 2), which indicates the distribution of the studies across all years, with an increase during the pandemic (2019–2023) (see Figure 3).

FIGURE 2
Geographical context
of included studies

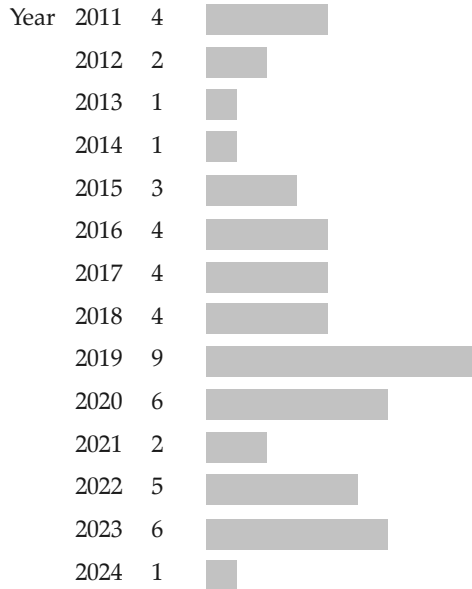


The researchers involved come from diverse disciplines,³ providing a comprehensive understanding of the challenges faced by transnational families (Ambrosini, 2015; Amelina & Bause, 2020; Barglowski et al., 2015; Belloni, 2016; Barros et al., 2025; González-Ferrer et al., 2014, Madziva & Zontini, 2012).

A total of 43 studies employed qualitative research methodologies, such as in-depth interviews, ethnographic fieldwork, and case studies, to capture the lived experiences of migrants and their families (Martin-Bylund & Stenliden, 2022; Leonen & Rosen, 2023; Barglowski et al., 2015; Barros et al., 2025; Belloni, 2016), (see Figure 4). For example, Ambrosini (2015)

conducted in-depth interviews with first-generation migrant mothers and their reunited children in Italy to explore transnational family relations and care practices. Similarly, Amelina and Bause (2020) used biographical interviews and ethnographic observations to analyse care and social protection among forced-migrant families in Germany and Belloni (2016) engaged with Eritrean refugees using ethnographic methods. Bargłowski et al. (2015) focused on transnational caregiving practices among Polish migrants in Germany and their relatives in Poland through qualitative methods.

FIGURE 3
Publication years
of included studies



Sample sizes in the included studies varied significantly (Min = 7, Max = 15384, Mean = 542, SD = 25). Fifteen studies focused on small, detailed samples of 20-30 participants (Barros et al., 2025; Belloni, 2016), while eight studies employed larger sample sizes for broader surveys (González-Ferrer et al., 2014). For instance, Barros et al. (2025) conducted interviews with 22 young Portuguese adult migrants and Ammann Dula (2023) used 7 interviews in a biographical approach. In contrast, González-Ferrer et al. (2014) analysed data from 603 migrants across three African countries to understand migration motives and return dynamics.

The 52 studies (see Table 1) covered a wide range of transnational family dynamics, including caregiving arrangements, the impact of migration on family ties, and the role of digital communication in maintaining cross-border relationships (Mazzucato et al., 2015). Thirty-six studies focused on the challenges faced by these families in accessing social protection and

navigating discrimination in both their host and origin countries (Serra Mingot, 2022; Oso & Martínez-Buján, 2022; Palenga-Möllenbeck, 2013). The diversity in study designs and methodologies, in a variety of geographical contexts, sending and receiving countries for transnational families and migrants, where the research was conducted, enriches the overall findings of this scoping review, offering a multifaceted perspective on the resilience and coping mechanisms of transnational families during times of crisis.

➡ FIGURE 4
Research methodology
and data collection
tools of included
studies

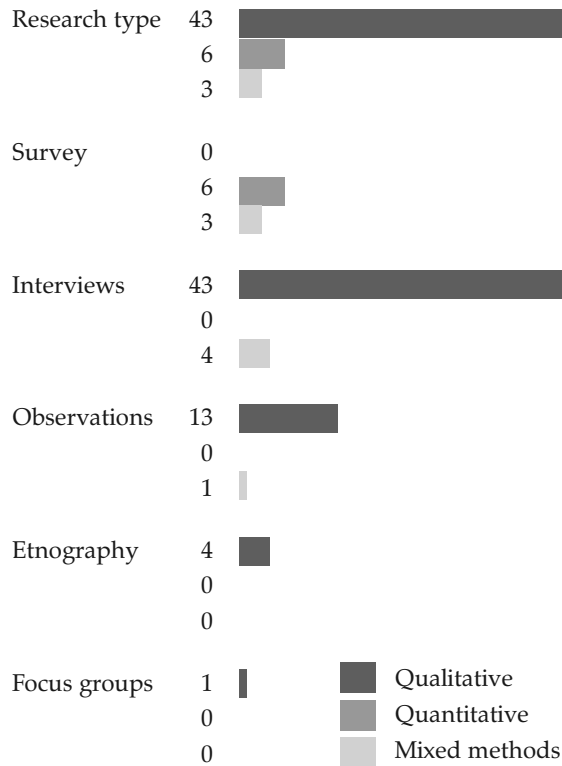


Figure 5 illustrates the main research focus and themes in the studies under investigation. As it is shown, the most prominent themes are care and social protection of transnational families (TNFs), transnational marriages and parenting, gender roles and sexuality, and migration policy. This figure underscores the significance of caregiving and parenting issues, often influenced by gendered expectations, and illustrates the intersection of themes, particularly when migration policy frameworks affect experiences of familial separation and intimacy. This visualisation supports that the social protection of transnational families must be comprehended in relation to the intersecting dynamics of discrimination, mobility regimes, and familial adaptability.

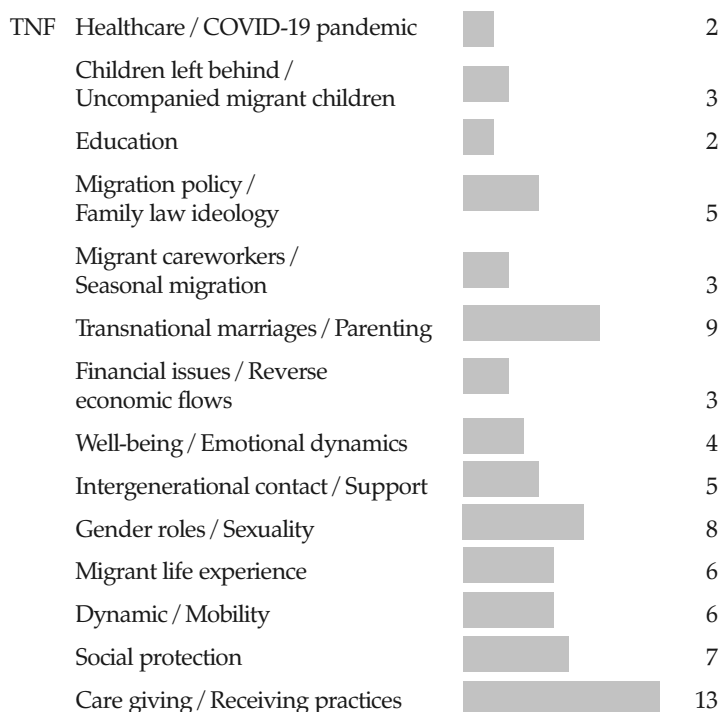


FIGURE 5
Research focus and themes of the included studies

Discrimination

The studies reviewed reveal various forms of discrimination (see Table 1) that impact transnational families, affecting their social integration, economic opportunities, and emotional well-being. Discrimination based on race, gender, class, and ethnicity was a recurring theme across several studies. For instance, Åkesson (2011) highlights how racial discrimination experienced by young Swedish-Cape Verdeans fuels their desire to establish transnational belonging as a response to exclusion from Swedish society. Similarly, Ambrosini (2015) notes the stigmatisation and economic challenges faced by migrant mothers in Italy, compounded by the global care chains and transnational political economy of care.

TABLE 1
Concepts related to discrimination

Article(s)	Concepts
Åkesson, 2011	Racial discrimination, Social exclusion
Ambrosini, 2015	Gender discrimination, Economic challenges
Amelina and Bause, 2020; Bargłowski et al., 2015	Intersectional discrimination (gender, race, socio-economic)
Brzezińska, 2021	Gender discrimination in transnational marriages
Lafleur and Romero, 2018	Racial and class discrimination in healthcare access
Leon and Rosen, 2023	Stigmatisation, Adulthood of migrant children
Yeates and Owusu-Sekyere, 2019	Exclusion, Exploitation, Financial and emotional burdens

Other studies, such as those by Amelina and Bause (2020) and Bargłowski et al. (2015), emphasise the intersectional nature of discrimination, where gender, race, and socio-economic factors converge to limit access to education, healthcare, and employment opportunities for transnational families. Discrimination is often contextualised within broader social and institutional structures, as seen in the study by Brzezińska (2021), which explores gender discrimination within transnational marriages. Additionally, Lafleur and Romero (2018) underscore how restricted access to formal healthcare due to racial and class discrimination forces transnational families to rely on remittances and community solidarity for their healthcare needs.

The impact of such discrimination is profound, influencing not only the socio-economic mobility of transnational families but also their emotional and psychological well-being. For example, Leon and Rosen (2023) discuss the stigmatisation and adultification of unaccompanied migrant children, complicating their relationships with social care systems. Similarly, Yeates and Owusu-Sekyere (2019) highlight the financial and emotional burdens placed on remittance senders due to exclusion and exploitation, adversely affecting their quality of life and ability to provide for their families. These findings underscore the complex and multifaceted nature of discrimination faced by transnational families across various contexts.

Social protection mechanisms

The studies included in this scoping review reveal that transnational migration scholars have started to bring the literature on care into the conversation with the diverse transnational social protection mechanisms (see Table 2) utilised by transnational families, reflecting the challenges and opportunities associated with their unique circumstances. Social protection mechanisms range from formal welfare programmes to informal support systems within families and communities. Serra-Mingot & Mazzucato, (2019) have shown that often the provision of intra-familial care is perceived as more appropriate for specific needs as compared to other formal state-based provisions. In her study, Ambrosini (2015) emphasises the role of welfare programmes, legal assistance, and community services in supporting migrant mothers during family separation and reunification processes. However, these mechanisms often fall short in addressing the complex needs of transnational families, particularly regarding economic stability and emotional well-being.

TABLE 2
Concepts related to
social protection
mechanisms

In the context of forced migration, Amelina and Bause (2020) explore the limitations of social protection mechanisms in Germany, highlighting how legal status stratification impacts access to formal social protection for forced migrants. The study also underscores the importance of semiformal resources provided by NGOs and migrant organisations in filling the gaps left by formal social protection systems. Similarly, Drotbohm (2011) discusses the challenges deportees face in Cape Verde, where social protection mechanisms are strained by the ambivalence of juridical citizenship and the powerful ascriptions of belonging, leading to continuous othering and social exclusion.

Article(s)	Concepts
Ambrosini, 2015	Welfare programs, Legal assistance, Community services
Amelina and Bause, 2020	Limitations of social protection for forced migrants, Legal status stratification
Drotbohm, 2011	Challenges in social protection for deportees, Social exclusion
Dankyi et al., 2017	Kin-based support systems, Remittances, Faith-based networks
Saksela-Bergholm, 2019	Informal social protection, Migrant capital (remittances, social ties)
Serra Mingot, 2020	Transnational care-receiving in social protection arrangements
Wyss and Nedelcu, 2020	Discriminatory migration regimes, Access to social protection benefits, Zero-generation childcare arrangements

Several studies focus on the role of informal social protection mechanisms, particularly within transnational families. Dankyi et al. (2017) highlight the reliance on kin-based support systems, remittances, and faith-based networks in Ghana, which are crucial for caregivers of migrant children. These informal mechanisms are often the primary source of social protection due to the inadequacies of formal programmes. Similarly, Saksela-Bergholm (2019) discusses the use of migrant capital, including remittances and social ties, as a strategy for social protection among Filipino transnational families, emphasising the role of reciprocity and commitment between migrants and non-migrants in ensuring effective support.

Despite the existence of these mechanisms, gaps in social protection are prevalent. Leon and Rosen (2023) show that often institutions that are intended to provide care and protection may fail, as well as unaccompanied children rarely disclose relations with frontline practitioners. Similarly, Wyss and Nedelcu (2020) highlight the discriminatory nature of the Swiss migration regime, which hinders non-EU nationals from accessing social protection benefits, particularly in the context of zero-generation childcare arrangements. These findings underscore the need for more comprehensive and inclusive social protection systems to better support the diverse needs of transnational families.

Coping strategies used by transnational families

Transnational families employ various coping strategies (see Table 3) to navigate the complex challenges associated with migration, separation, and maintaining family ties across borders. These strategies often involve a combination of reliance on community networks, adapting cultural practices, and seeking legal recourse to manage the difficulties they face.

Article(s)	Concepts
Åkesson, 2011	Reliance on community networks, Maintaining transnational family ties
Ambrosini, 2015	Long-distance communication, Financial support, Resilience in family relationships
Lagomarsino & Castellani, 2016	Balancing traditional gender roles with educational aspirations, Social acceptance strategies
Friberg, 2012	Maintaining strong social ties, Adapting cultural practices
Palenga-Möllenbeck, 2013	Global care chains, Care regimes, Care culture and policies
Sportel, 2020	Legal aid, NGO activism, Transnational cooperation
Leon & Rosen, 2023	Managing indebted relationships, Reliance on community networks, Legal assistance
Saksela-Bergholm, 2019	Extended family networks, Community support, Circular migration, Leveraging remittances

TABLE 3
Concepts related to coping strategies used by transnational families

Many studies emphasise the importance of community networks as a key coping mechanism. For instance, young Swedish-Cape Verdeans turn to their Cape Verdean family and friends for support when faced with exclusion in Swedish society, maintaining strong transnational family ties to cope with their experiences of discrimination (Åkesson, 2011). Similarly, migrant mothers in Ambrosini's (2015) study rely on long-distance communication and financial support to maintain relationships with their children, demonstrating resilience in the face of separation.

Adapting cultural practices is another common strategy. For example, Ecuadorian daughters in Genoa and Seville adopt coping mechanisms that involve balancing traditional gender roles with their educational aspirations, using their roles within the family to navigate social acceptance and promotion (Lagomarsino & Castellani, 2016). Similarly, transnational families of Polish migrants in Norway maintain strong social ties and cultural practices to address the complexities of living and working across borders (Friberg, 2012). These strategies help them preserve their cultural identity while adapting to the host society's demands, thereby mitigating some of the stresses associated with transnational living.

Legal recourse also plays a significant role as a coping strategy for transnational families, particularly in situations where formal support systems are insufficient or inaccessible. For instance, Sportel (2020) highlights how left-behind women in Dutch-Moroccan families utilise legal aid, NGO activism, and transnational cooperation to address the challenges they face, demonstrating the effectiveness of these strategies in improving their situation. Similarly, unaccompanied migrant children navigate complex indebted relationships by relying on community networks and seeking legal assistance to manage the challenges posed by their circumstances (Leon & Rosen, 2023).

Overall, the effectiveness of these coping strategies varies depending on the context and the resources available to transnational families. While community networks and cultural adaptations often provide essential support, the need for formal legal recourse and the limitations of informal mechanisms underscore the challenges these families continue to face in their transnational lives.

DISCUSSION

This scoping review explored the challenges transnational families in Europe face during crises. These families frequently encounter structural and interpersonal discrimination – based on race, ethnicity, gender, and socio-economic status – which limits access to services and opportunities. Discrimination is embedded in social, economic, and political structures. Studies such as Åkesson (2011) and Ambrosini (2015) show how racial and gender biases shape access to social services, employment, and overall integration. This aligns with intersectionality theory, which explains how compounded identities intensify marginalisation (Crenshaw, 2015).

Discrimination experiences differ across Europe. For instance, Eastern European Roma migrants in Helsinki face ethnic discrimination linked to local policies (Tervonen & Enache, 2017), while in Western and Southern Europe, systemic racial and economic biases are more prevalent, particularly among migrants from Latin America and Africa (Lagomarsino & Castellani, 2016; González-Ferrer et al., 2014). In the UK, restrictive migration policies further marginalise non-EU families by limiting access to social services and hindering family reunification (Nehring & Sealey, 2020).

The review also highlights gaps in social protection. Though welfare programmes and legal aid exist, many families face barriers to access due to legal status or socio-economic constraints. Informal networks like NGOs and community ties are essential but reflect systemic failures in formal support. In Northern Europe, welfare systems are more robust but less

accessible to non-EU migrants (Friberg, 2012; Åkesson, 2011). Southern countries, with weaker welfare structures, rely heavily on informal networks (Palash & Baby-Collin, 2019). These disparities underline the need for more inclusive and equitable policies.

Coping strategies vary across contexts and reflect both resilience and structural limitations. These include maintaining cultural ties, using legal aid, and relying on digital tools or community support. In affluent countries like Sweden and the Netherlands, strong digital infrastructure supports transnational communication (Mazzucato et al., 2017). In contrast, Southern Europe sees more reliance on kinship and circular migration (Saksela-Bergholm, 2019).

These findings underscore the importance of the theoretical frameworks underpinning this review. Transnationalism explains how families sustain ties across borders. Intersectionality reveals how overlapping identities shape vulnerability. Social capital theory highlights the role of networks and informal mechanisms. Together, these frameworks illuminate how transnational families adapt within exclusionary policy landscapes in Europe.

These findings necessitate the implementation of urgent policy reforms that address the structural inequalities faced by transnational families in Europe. It is incumbent upon governments to prioritise the implementation of inclusive migration and integration policies that effectively remove legal and administrative barriers to social protection. The enhancement of access to social services for non-EU migrants, irrespective of their legal status, has been demonstrated to engender a reduction in inequalities in welfare levels. It is submitted that practical measures could include the expansion of eligibility criteria for housing, healthcare and legal aid, particularly in countries with restrictive frameworks. Furthermore, policy makers should allocate resources to culturally sensitive social services that acknowledge the multifaceted needs of transnational families. The enhancement of collaboration between state institutions and NGOs has the potential to facilitate improved access and enhanced service delivery. Digital tools and platforms should be utilised to facilitate transnational care and communication. A rights-based and intersectional approach to social protection has been demonstrated to engender long-term inclusivity and resilience.

Strengths and limitations

This scoping review provides a broad view of the challenges faced by transnational families, focusing on discrimination, social protection, and coping strategies. While diverse study designs strengthen insights, reliance on English-language publi-

cations and varied methodologies limits cohesion. The review identifies systemic gaps and emphasises more inclusive future research, though lacks a quality assessment of included studies.

CONCLUSION

This review highlights the complex challenges faced by transnational families in Europe, including discrimination, limited social protection, and reliance on coping strategies. Despite available mechanisms, many families face restricted access, especially those with uncertain legal status. Informal support networks are vital, but also highlight failures in formal systems.

The resilience of transnational families is evident in their use of cultural practices, legal tools, and social networks. However, effectiveness varies widely depending on geographic and socio-economic context. There is an urgent need for inclusive, equitable policies that address these systemic gaps. Future research should focus on underrepresented groups (e.g., undocumented migrants), long-term impacts of discrimination, and the policy environments shaping these experiences. Mixed-methods approaches and intersectional frameworks can offer deeper insight into adaptive strategies and support needs.

Recommendations for research and practice

The review suggests prioritising research, policies, and practical actions to better support transnational families. Recommendations include focusing on underrepresented regions, conducting comparative and longitudinal studies, exploring cultural differences and technology's impact, and using mixed methods approaches for a comprehensive understanding.

To support transnational families, inclusive social protection policies must be developed, including expanding access to social assistance and legal aid. Anti-discrimination measures, community-based interventions, and mental health support are also crucial, along with technology for family connections and cultural competency training for service providers.

Research gaps and future directions

Future research on transnational families should address research gaps, use intersectionality and resilience theory, and employ mixed methods to understand discrimination and adaptation strategies. Additionally, studies on the impact of policies and identification of best practices are needed.

Moreover, future research should explore the experiences of understudied populations, such as undocumented migrants and second-generation transnational families, to provide a more

comprehensive understanding of the diverse challenges and coping strategies within these groups. By addressing these gaps, future research can contribute to more effective policies and interventions that better support transnational families, reducing their vulnerabilities and enhancing their ability to thrive despite the systemic challenges they face.

ACKNOWLEDGEMENT

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NOTES

- ¹ Please see Budginaitė-Mačkinė et al., 2026; Bryceson, 2019; Hoffmann, Jónsson and Meckl, 2022; Jerves et al., 2020; Krzyzowski and Mucha, 2014; Juozeliūnienė and Budginaitė, 2018; Kirsch and Gogonas, 2018; Oliveira, 2020; Sampaio and Carvalho, 2022; Vivas-Romero, 2020; and Vuckovic Juros, 2022.
- ² PRISMA: Preferred Reporting Items of Systematic Reviews and Meta-Analysis.
- ³ These disciplines are law, linguistics, education, sociology, political sciences, anthropology-sociology and applied linguistics.

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Pretražni pregled diskriminacije, socijalne zaštite i mehanizama suočavanja transnacionalnih obitelji u Europi

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Ovaj pregled istražuje izazove s kojima se suočavaju transnacionalne obitelji u Europi tijekom kriza poput prisilnih migracija, izbjegličke krize, političkih nemira, rata i pandemije COVID-19, s naglaskom na diskriminaciju, mehanizme socijalne zaštite i strategije suočavanja. Pregled sustavno mapira postojeću literaturu od 2011. do 2023.

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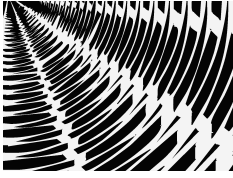
SELČUK, O. ET AL.:
A SCOPING REVIEW...

godine, analizirajući 52 recenzirane studije na engleskom jeziku iz baza podataka SCOPUS i Web of Science. Mehanizmi socijalne zaštite, iako postoje, često su neadekvatni ili nedostupni, što prisiljava obitelji da se oslanjaju na neformalne mreže podrške i strategije suočavanja, kao što su podrška zajednice i pravna pomoć. Pregled naglašava potrebu za uključivijim politikama koje se bave jedinstvenim izazovima transnacionalnih obitelji, zalažući se za reforme suzbijanja diskriminacije te jačanja socijalne zaštite i okvira podrške.

Ključne riječi: strategije suočavanja, diskriminacija, migracije i krize, socijalna zaštita, transnacionalne obitelji



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LIFE SATISFACTION, HAPPINESS, LONELINESS, AND MIGRATION BACK- GROUND ACROSS SEVEN EUROPEAN COUNTRIES

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This study examines life satisfaction (LS), happiness, and loneliness across seven European countries (Croatia, Denmark, Estonia, Germany, the Netherlands, Norway, and the United Kingdom) and differences in these outcomes based on migration background (MB). The sample involves 68136 participants (57% female, 18-60 years old). The data was collected between 2020 and 2023 as part of the Generations and Gender Programme (GGP). MB was categorised into three groups: locals, foreign-born individuals with foreign-born parents (MB group), and those with a mixed MB. The results show that there are differences in LS, happiness and loneliness between countries. Croatia had the highest levels of LS and happiness. Germany and the UK had the lowest levels of LS and happiness, but also the highest levels of loneliness. Overall, the mixed MB group had the lowest LS and happiness, while the MB group reported the highest LS and happiness levels but also showed the highest level of loneliness. Patterns varied in different countries, but generally, the locals and MB group had more similar profiles compared to the mixed MB group. Some countries followed the results obtained on the total sample, but for some, different results were obtained.

Keywords: subjective well-being, migration, happiness, life satisfaction, loneliness



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INTRODUCTION

Migration has long been one of the focal points in social sciences. People migrate for various reasons and adapt differently once they reach their destination. Many studies from various scientific fields investigate the outcomes of the migrant population upon arriving to a destination country. Objective outcomes may include employment, income or hospitalisation. On the other hand, many social scientists are exploring the subjective well-being (SWB) of migrant populations. SWB is an umbrella term typically encompassing both cognitive and affective evaluations of mental health, emotional states and life overall. According to the tripartite model of SWB (Diener, 2013), cognitive SWB refers to the rational evaluations, attitudes and opinions one holds about their life or aspects of it. Life satisfaction (LS) is a commonly used construct which reflects a cognitive component of SWB. Affective component reflects an individual's emotional life and how one 'feels about their life'. It includes measures of positive and negative affect (e.g., happiness vs. sadness). Loneliness is often defined as one of the main indicators of social well-being. It refers to an individual's evaluation of their social inclusion or isolation (De Jong Gierveld & Kamphuis, 1985). Song et al. (2025) highlighted the role of social connectedness among immigrant populations in a systematic review encompassing 43 studies. Their review shows that social connectedness significantly influences their LS, with social support and community engagement enhancing feelings of belonging and overall well-being.

For individuals who migrate, time spent in the destination country is typically related to various positive outcomes such as expanded social networks (Raghuram et al., 2010) or improved language skills (Dustmann & Fabbri, 2003), but many authors found negative outcomes of migration. For example, Kirkcaldy et al. (2005) found that Russian migrants in Germany have lower health status compared to locals and Russians who did not migrate. Typically, authors report a convergence of migrants' outcomes and an increased similarity to local population as the time spent in the destination country increases (Pollene & Vargas-Silva, 2024). The trajectory of possible changes in SWB remains unclear. When discussing the differences in SWB between the local-born population and migrants, two different perspectives typically appear in the literature.

Some authors reported that migrants have lower levels of SWB compared to locals because of the distinct challenges that they may face in their destination country. In a review study of 44 papers, Hendriks (2015) reported that the migrant population has lower levels of SWB compared to locals and that the gap between the groups typically decreases with time. Immi-

grants in developed European countries often do not experience improved SWB over time, despite better living conditions. According to Hendriks and Burger (2020), negative perceptions of their destination country are linked to lower SWB among first-generation immigrants. Interestingly, those who view their new society positively tend to feel happier than natives, which means that assimilation to the new society can also be followed by an increase in SWB. A study focused on the relationship between migration and depression found that natives and second-generation migrants have similar depression risk profiles, while first-generation migrants, especially those born outside Europe, face higher depression levels. Authors claim that the increased risk stems socio-economic barriers and discrimination (Levecque & Van Rossem, 2014). Tegegne and Glanville (2018) reported that immigrants in Western Europe typically exhibit lower levels of SWB compared to the native-born population and that the gap between the groups can be partially explained by social capital. Hadjar and Backes (2013) have found that the SWB gap between participants with migration background (MB) and without it is larger in countries with a high GDP and smaller in countries with a high MIPEX (Migrant Integration Policy Index) score.

Some authors reported that migrants generally have higher SWB. Luhmann et al. (2012) reported that migration as a life event might be a genuinely positive experience that has persistent positive effects on SWB. Bartram (2013) explored happiness among migrants and stayers in a number of European countries, investigating individuals from Eastern Europe who migrated to Western Europe. The author reported that many migrant groups tend to have higher levels of happiness, but relates that to the fact that individuals with higher levels of happiness have a greater tendency towards migration. An increase in happiness is, therefore, not a consequence of migration. Variations by country were also found; migrants from Russia, Turkey, and Romania were happier than stayers, while migrants from Poland were significantly less happy than stayers. A study which longitudinally explored Ingrian–Finnish migrants from Russia to Finland reported that LS increased from pre-migration to the first post-migration measurement point, after which it stabilised (Lönnqvist et al., 2015).

A third perspective may be that differences in SWB between the migrant and native population are not significant nor detrimental. A meta-analysis focused on determinants of SWB in the immigrant population revealed that social support and individual factors are the main determinants of one's SWB, while circumstantial factors such as duration of migration have a weak or nonsignificant effect (Bak-Klimek et al., 2015). Although many studies reported differences in SWB based on

an individual's MB, it is possible that dispositional factors play a larger role in explaining SWB. A study which included Russian and American (USA) migrants and non-migrants reported that there are no significant group differences in LS and happiness in either of the two samples (Brailovskaia et al., 2019).

SWB often shows significant variation across countries, shaped by factors like economic stability and cultural norms. According to the World Happiness Report – WHR (Helliwell et al., 2024), countries like Denmark, the Netherlands, and Norway consistently rank among the top 10 nations in terms of happiness, largely due to their strong social welfare systems, high standards of living, and trust in government. Germany and the UK (ranked 16th and 19th) showed somewhat lower LS compared to their northern European counterparts. Estonia ranked 34th and Croatia 63rd, reflecting lower happiness scores compared to the other six countries. These national rankings indicate the role of country-specific factors in shaping overall SWB, suggesting that regional and policy-driven differences play an important role in the well-being of individuals. The seven countries included in this study were selected based on adequate sample sizes and diversity in regional, economic, and policy contexts across Europe. These countries differ substantially in welfare state arrangements, integration policies, and overall SWB rankings, as documented in the WHR and prior migration studies (Hadjar & Backes, 2013; Safi, 2010). Previous research highlights considerable variation in SWB across countries, often attributed to differences in welfare systems, economic conditions, and social cohesion. Countries ranking higher on the WHR (e.g. Denmark), typically exhibit stronger social safety nets and higher levels of social trust, both linked to greater SWB. At the same time, studies on migration and SWB reveal a complex picture. Some findings suggest that migrants benefit from positive expectations and strong in-group support networks after migration (Song et al., 2025), while others point to persistent barriers such as discrimination, economic disadvantages, and weaker social integration that may reduce well-being relative to the native-born population (Hendriks, 2015; Tegegne & Glanville, 2018). Building on this evidence, the present study examines cross-national differences in SWB and explores how MB relates to LS, happiness, and loneliness across seven European countries with varying socio-economic conditions and integration policies. A review of the relevant literature revealed that numerous studies explored differences in SWB based on MB and SWB between countries. However, few studies have simultaneously explored differences in SWB based on MB within the context of multiple countries. The goal of this study is to explore potential differences in loneliness, happiness, and LS in seven European countries.

All the expectations stated in the hypotheses are in opposite directions for happiness/LS versus loneliness, based on the large amount of literature reporting negative associations between loneliness and LS/happiness/overall SWB. Across a wide range of populations, study designs, and measurement approaches, loneliness has been found to be consistently and strongly negatively associated with SWB or is viewed as its component or a negative indicator (Angelina et al., 2024; Seifert, 2024; VanderWeele et al., 2012). Additionally, the study aims to examine how SWB varies based on participants' MB, comparing locals, individuals with a full MB, and those with a mixed MB within each country. Although prior findings on MB and SWB are heterogeneous, several theoretical considerations suggest why individuals with mixed MB may be particularly vulnerable. Individuals with a mixed MB may experience less coherent cultural identities, weaker alignment with either the majority or minority group, which can limit social support and sense of belonging. In contrast, individuals with a full MB may benefit from stronger ethnic or cultural identification. These differences may translate into modest disadvantages for individuals with a mixed MB.

RESEARCH HYPOTHESES

Hypothesis 1 (Country differences). SWB will differ across countries in a tiered pattern reflecting broad differences in welfare regimes and overall well-being. Specifically, participants from countries with consistently high SWB and strong welfare systems (Denmark, Norway, and the Netherlands) are expected to report higher LS and happiness than both participants from countries with intermediate levels of SWB (Germany and the UK) and participants from countries with comparatively lower levels of SWB (Croatia and Estonia). In turn, participants from countries with intermediate levels of SWB are expected to report higher LS and happiness than participants from countries with comparatively lower levels of SWB. For loneliness, the expected pattern is the reverse. Differences are expected to be more pronounced between these broader country groups than within them.

Hypothesis 2 (MB): SWB will differ based on MB. Locals are expected to report the highest levels of LS and happiness, followed by individuals with a full MB, while individuals with a mixed MB are expected to report the lowest LS and happiness. Again, the expected direction for loneliness is the reverse of that for life satisfaction and happiness.

Hypothesis 3 (Interaction). The association between MB and SWB will vary across country contexts. Specifically, MB differences in LS, happiness, and loneliness are expected to be smaller in high-well-being countries with strong welfare sys-

tems and inclusive integration contexts (Denmark, Norway, and the Netherlands), larger in countries with intermediate well-being (Germany and the UK), and largest in countries with comparatively lower well-being and weaker welfare or integration support (Croatia and Estonia).

METHOD

Participants

In this study, participants from seven European countries are included ($N = 68136$) – Croatia ($N = 7481$, Čipin et al., 2024), Denmark ($N = 8216$, Fallesen et al., 2023), Estonia ($N = 9172$, Puur et al., 2023), Germany ($N = 22017$, Bujard et al., 2024), the Netherlands ($N = 8014$, Dommermuth & Lappegård, 2021), Norway ($N = 5361$, Dommermuth et al., 2021) and the UK ($N = 7875$, Perelli-Harris et al., 2024). Overall, 57% of the sample was female, and in each country, the proportion of female participants was slightly higher than that of male participants, ranging from 55.5% to 63%. However, the gender distribution remained balanced across all samples. The age ranges from 18 to 60 years ($M = 37.25$, $SD = 10.74$). Data on participants' birth year was collected and recoded to their age, based on the year when the interview was conducted (e.g., 2020–1990 = 30 years). Data was gathered as part of a large cross-national study called Generations & Gender Programme (GGP). Data used in this study is part of the Generations and Gender Survey – Round 2 (GGS-II) and was gathered from 2020 to 2023. GGP originally included seven other European countries in Round-II of their project – Belarus, the Czech Republic, Finland, France, Latvia, Moldova, and Sweden. Those countries were excluded from this study based on several criteria: data was collected before 2020, small overall sample or small sample of participants with MB. Characteristics of the sample are shown in Table 1. The N of the participants in Table 1 is smaller than the aforementioned one because participants with missing data on MB were excluded.

Instruments

Life satisfaction (LS). LS was measured with one item; respondents assessed how satisfied they were with their life overall on a Likert scale from 0 (extremely dissatisfied) to 10 (extremely satisfied).

Happiness. Happiness was measured with one item; respondents assessed their overall happiness on a Likert scale from 0 (extremely unhappy) to 10 (extremely happy).

Loneliness. Loneliness was assessed using a 6-item De Jong Gierveld Loneliness Scale for Emotional and Social Loneli-

ness. The scale consists of six items which measure aspects of social and emotional loneliness. Respondents assess their agreement with the claims (e.g., 'I miss having people around') on a three-point Likert scale (1=yes, 2=more or less, 3=no). To measure overall loneliness, the responses were summed with scores ranging from 0 (not lonely) to 6 (extremely lonely). Scale scores were based on dichotomous item scores with the answer 'more or less' always indicating loneliness (De Jong Gierveld & Kamphuis, 1985). Processing the scale data entailed counting neutral and positive answers as indicators of loneliness. Overall, loneliness can vary on this scale from 0 (lowest loneliness) to 6 (highest loneliness). Reliability of the scale was moderate to good in this study (Cronbach $\alpha = 0.76$).

Migration background (MB). MB was determined by combining data from three variables: whether the participant was born in the country (yes/no), whether their mother was born in the country (yes/no), and whether their father was born in the country (yes/no). Participants who were born in the country where they currently reside and whose parents were both also born in that country were classified as locals (0). Those who were not born in the country and whose parents were also born outside the country were classified as having an MB (1). That group of individuals is often referred to as first-generation migrants. Participants who did not fit into either of these categories were classified as having a mixed MB (2). This category includes individuals who were born in the country but had at least one parent born abroad or two parents born abroad (second-generation migrants). It also entails individuals whose parents are local born, but the participant is not.

Procedure

Data were collected online in six of the seven countries included in this study; only Germany employed face-to-face data collection. The participants were told that the results will be used to advise policymakers on how to improve issues such as work-life balance, social relationships between generations and gender equality. Participation in the study was voluntary and all personal identifiers from the data were removed (Gauthier et al., 2024). The GGS-II data are the result of joint work of the GGP Central Coordination Team and the national team of each GGS country. Data was collected using a probability sampling method tailored to each country's context, ensuring comparability across nations. The target population originally included adult, non-institutionalised residents of a certain country.

Two primary types of sampling frames were utilised in GGS-II: area-based sampling using addresses or dwellings (UK) and population registers with individual names as the

sampling unit (six other countries). In countries with individual-based sampling frames, simple random sampling was used. In contrast, countries using address-based sampling employed a multistage sampling approach, where units were selected using probability proportional to size. Within each selected household, the respondent was identified using the last birthday method. The UK applied stratified random probability sampling to select household addresses, followed by the last birthday method for respondent selection (Gauthier et al., 2023).

TABLE 1
Characteristics of the sample

	N	Locals	MB	Mixed MB	M age (SD)	Female (%)	Response rate (%)	Year
Croatia	6811	5042	387	1382	37.78 (10.59)	56.5	28	2023
Denmark	7592	6181	689	722	34.94 (9.56)	56.2	20	2021
Estonia	8339	6026	466	1847	40.83 (11.34)	57.7	29	2021/22
Germany	18166	14301	1660	2205	34.61 (8.82)	56	21	2021/22
Netherlands	7301	5916	615	770	40.62 (12.36)	60.5	29	2022/23
Norway	4702	3773	560	369	37.09 (10.65)	57.7	33	2020
UK	7169	5170	1043	956	40.91 (11.58)	62.9	15	2022/23
Total	60080	46409	5420	8251	37.55 (10.79)	57.8	25	2020-23

Note: MB – migration background, UK – United Kingdom

RESULTS

Before conducting the main analysis, correlations among the main study variables, age, and gender were analysed. LS and happiness show a high, positive correlation ($r = 0.74, p < 0.01$) and both are negatively correlated with loneliness ($r = -0.44, r = -0.49, p < 0.01$). Correlations between outcome variables and demographic variables (age and gender) are all very low (from $r = -0.003$ to $r = -0.08$). Age is positively correlated with LS ($r = 0.05, p < 0.01$), happiness ($r = 0.08, p < 0.01$), and negatively with loneliness ($r = -0.08, p < 0.01$). Female participants reported slightly higher levels of loneliness ($r = 0.01, p < 0.01$).

TABLE 2
Bivariate correlations for the main study variables on total sample

	1	2	3	4	5
1 LS	1	0.74**	-0.44**	0.05**	-0.005
2 Happiness	0.74**	1	-0.49**	0.07**	-0.003
3 Loneliness	-0.44**	-0.49**	1	-0.08**	0.014**
4 Age	0.05**	0.08**	-0.08**	1	-0.004
5 Gender	-0.01	-0.003	0.01**	-0.004	1

Note: LS – life satisfaction, gender coded as 0 = male, 1 = female, * $p < 0.05$, ** $p < 0.01$

Because group sizes differed across MB categories, additional analyses were conducted using randomly balanced sub-

samples in which the number of local participants within each country was reduced to match the mean size of the MB and mixed MB groups. These analyses yielded results that were highly consistent with those obtained using the full sample, including identical group rankings and nearly identical effect sizes. Given the negligible differences and the very small effect sizes observed overall, the results presented in this manuscript are based on the full sample.

Two-way MANOVA (country x MB x LS, happiness, loneliness)

To assess differences in LS, happiness, and loneliness across the seven countries in the context of migration groups, a two-way MANOVA with three dependent variables was performed. Country and MB were the independent variables.

Box's *M* test was significant (Box's $M = 10937.36$, $F = 91.02$, $p < 0.001$), suggesting a violation of the assumption of homogeneity of covariance matrices. However, Box's *M* test is considered overly sensitive, and MANOVA is generally robust to such violations when samples are large. Pillai's trace values are reported due to their robustness to violations of the homogeneity assumption and the equality of the groups in size (Finch, 2005). In the overall model, there was a significant effect of country (Pillai's trace = 0.040, $F_{(18, 162939)} = 121.84$, $p < 0.001$, $\eta^2 = 0.013$) and MB (Pillai's trace = 0.011, $F_{(6, 108624)} = 97.10$, $p < 0.001$, $\eta^2 = 0.005$) on LS, happiness, and loneliness. There was also a small but significant interaction effect between country and MB (Pillai's trace = 0.003, $F_{(36, 162939)} = 4.54$, $p < 0.001$, $\eta^2 = 0.001$), indicating that the effects of MB on the dependent variables varied depending on the country. Following the significant multivariate effects, three two-way analyses of variance (ANOVAs) were conducted to examine the effects of country, MB, and their interaction on each dependent variable separately.

Two-way ANOVAs for three dependent variables

Three two-way analyses of variance were conducted to examine the effects of country, MB, and their interaction with LS, happiness, and loneliness (see Table 3).

For LS, there was a significant main effect of country, $F_{(6, 58155)} = 157.44$, $p < 0.001$, $\eta^2 = 0.016$, and a significant main effect of MB, $F_{(2, 58155)} = 24.51$, $p < 0.001$, $\eta^2 = 0.001$. The country \times MB interaction was also significant, $F_{(12, 58155)} = 3.25$, $p < 0.001$, $\eta^2 = 0.001$.

For happiness, significant main effects were observed for country, $F_{(6, 58367)} = 123.51$, $p < 0.001$, $\eta^2 = 0.013$, and MB, $F_{(2, 58367)} = 38.73$, $p < 0.001$, $\eta^2 = 0.001$. The country \times MB interaction was significant, $F_{(12, 58367)} = 4.23$, $p < 0.001$, $\eta^2 = 0.001$.

For loneliness, there was a significant main effect of country, $F_{(6, 55097)} = 180.10$, $p < 0.001$, $\eta^2 = 0.019$, and MB, $F_{(2, 55097)} =$

153.91, $p < 0.001$, $\eta^2 = 0.006$. The country \times MB interaction was also significant, $F_{(12, 55097)} = 8.97$, $p < 0.001$, $\eta^2 = 0.002$. To sum up, levels of LS, happiness, and loneliness are affected by country, MB, but also their interaction.

DV	Effect	df_1	df_2	F	p	η^2
LS	Country	6	58155	157.435	< 0.001	0.016
	MB	2	58155	24.506	< 0.001	0.001
	Country x MB	12	58155	3.249	< 0.001	0.001
Happiness	Country	6	58367	123.505	< 0.001	0.013
	MB	2	58367	38.732	< 0.001	0.001
	Country x MB	12	58367	4.229	< 0.001	0.001
Loneliness	Country	6	55097	180.104	< 0.001	0.019
	MB	2	55097	153.913	< 0.001	0.006
	Country x MB	12	55097	8.965	< 0.001	0.002

Note: LS – life satisfaction, df – degrees of freedom, η^2 – partial eta square

TABLE 3
Main effects and the interactions for three two-way ANOVA analyses for each dependent variable

Based on the separate ANOVAs, estimated marginal means (EMMs) are reported in Table 4 for each of the dependent variables. For LS, Bonferroni pairwise comparisons of EMMs indicated that LS did not differ significantly between Germany and the UK, between the Netherlands and Denmark, or between Norway and Estonia; all other country comparisons were significant ($p < 0.05$). For happiness, pairwise comparisons of EMMs indicated that happiness did not differ significantly between Germany and Norway, between the Netherlands and Estonia, or between Norway and Denmark; all other country comparisons were significant ($p < 0.05$). Pairwise comparisons of EMMs indicated that loneliness did not differ significantly between Estonia and Denmark; all other country comparisons were significant ($p < 0.05$).

TABLE 4
Average levels of LS, happiness, and loneliness between countries based on three two-way ANOVA analyses

		LS EMM (SE)		Happiness EMM (SE)		Loneliness EMM (SE)
Country	Croatia	7.85 (0.04)	Croatia	8.11 (0.04)	Germany	3.14 (0.02)
	Denmark	7.68 (0.03)	Netherlands	7.68 (0.03)	UK	2.92 (0.03)
	Netherlands	7.66 (0.04)	Estonia	7.63 (0.03)	Norway	2.73 (0.05)
	Estonia	7.39 (0.03)	Denmark	7.45 (0.03)	Croatia	2.53 (0.04)
	Norway	7.30 (0.04)	Norway	7.36 (0.04)	Denmark	2.33 (0.04)
	Germany	6.96 (0.02)	Germany	7.32 (0.02)	Estonia	2.25 (0.04)
	UK	6.87 (0.03)	UK	6.97 (0.03)	Netherlands	1.96 (0.04)

Note: UK – United Kingdom, LS – life satisfaction, EMM – estimated marginal mean, SE – standard error

Hypothesis 1 was supported at the global level, as countries differed in their average SWB levels. The two-way MANOVA revealed a significant multivariate main effect of country on dependent variables. However, the expected tiered ordering of country groups was not confirmed. In particular, Croatia exhibited the highest levels of LS and happiness, contrary to the initial assumption that countries in the lower-SWB group would report the lowest levels. Thus, while overall country differences were observed, the specific pattern predicted by the hypothesis was only partially supported.

For loneliness, the expected inverse pattern was partially supported: Germany, the UK, and Norway showed higher loneliness compared to several other countries, while Denmark and Estonia did not differ significantly from each other. Pairwise comparisons further indicated that not all adjacent countries differed significantly, suggesting that national differences do not follow a simple welfare-based or WHR based gradient.

After the main effect of country on SWB, the main effect of MB was explored. Based on the separate ANOVAs, EMMs are reported in Table 5. According to the pairwise comparisons of EMMs, all three MB groups differ significantly in all three dependent variables ($p < 0.01$). MB group has the highest overall LS, followed by locals and mixed MB group. The full MB group has the highest happiness, followed by locals and mixed MB. The full MB group also has the highest level of loneliness, followed by the mixed MB group and locals.

TABLE 5
 Average levels of LS, happiness, and loneliness between MB groups based on three two-way ANOVA analyses

		LS EMM (SE)			Happiness EMM (SE)			Loneliness EMM (SE)
MB	MB	7.51 (0.03)	MB	7.67 (0.03)	MB	2.84 (0.03)		
	Locals	7.40 (0.01)	Locals	7.49 (0.01)	Mixed MB	2.52 (0.03)		
	Mixed MB	7.26 (0.02)	Mixed MB	7.35 (0.02)	Locals	2.30 (0.01)		

Note: EMM – estimated marginal mean, SE – standard error, MB – migration background

Hypothesis 2 was partially supported. The analysis revealed a significant main effect of MB on LS, happiness, and loneliness, indicating that levels of SWB vary systematically across MB groups in the overall sample. For LS and happiness, the mixed MB group reported the lowest levels, consistent with the hypothesis; however, individuals with a full MB reported higher LS and happiness than locals, contrary to expectations. For loneliness, the full MB group reported the highest loneliness, despite having highest LS and happiness. Locals reported the lowest levels of loneliness, as expected.

Given the significant country \times MB interactions observed for all three dependent variables, simple effects analyses were conducted to further examine how MB was associated with SWB within each country.

Differences in life satisfaction – simple effects

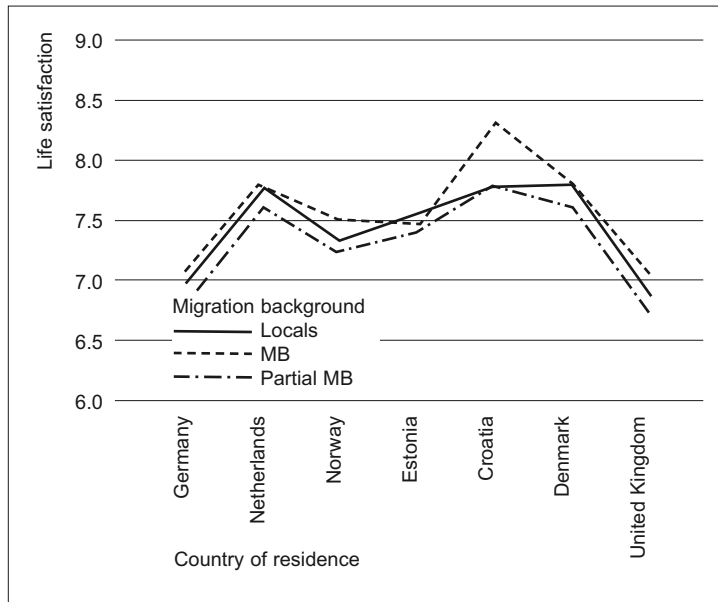
In Table 6, differences in LS based on MB are analysed in each country. The results indicate varying patterns of differences across countries.

Country	0 (locals) <i>EMMs</i>	1 (MB) <i>EMMs</i>	2 (mixed MB) <i>EMMs</i>	<i>F</i>	<i>df</i> ₁ , <i>df</i> ₂	<i>p</i>	Post-hoc
Croatia	7.67	8.17	7.71	12.20	2, 58155	< 0.001	1 > 0,2
Denmark	7.76	7.74	7.55	4.34	2, 58155	0.013	0 > 2
Estonia	7.49	7.38	7.31	7.10	2, 58155	0.001	0 > 2
Germany	6.99	7.08	6.81	12.01	2, 58155	< 0.001	0,1 > 2
Netherlands	7.73	7.71	7.53	3.81	2, 58155	0.022	0 > 2
Norway	7.27	7.45	7.19	2.69	2, 58155	0.068	-
UK	6.85	7.05	6.70	9.39	2, 58155	< 0.001	1 > 0,2

TABLE 6
Differences in LS
based on participants'
MB in seven countries

Note: MB – migration background, UK – United Kingdom, LS – life satisfaction, *EMM* – estimated marginal mean

FIGURE 1
Interaction of
country and MB
on life satisfaction



Partial eta squared values (η^2) are 0.000, which means that the effects are extremely small in this large sample and are therefore not reported in the table. In three countries (Denmark, Estonia, and the Netherlands), the only groups that differ are locals and the mixed MB group, with locals having higher LS.

In Germany, the case is similar with the exception that both locals and the full MB group have higher LS compared to the partial MB group. In Croatia and the UK the full MB group has higher LS compared to both locals and the mixed MB group, a pattern obtained on the full sample as well. In Norway, the groups do not differ significantly.

Because the interaction effects involve many countries and three migration groups, a visual representation is provided in Figure 1. As shown, the differences between groups are generally small, indicating that the interaction effects, while statistically significant, are not large in magnitude. LS is on the scale from 6 to 9 in order for differences to be visible. EMMs are reported in Figure 1.

Differences in happiness – simple effects

In Table 7, differences in happiness based on MB are analysed in each country. The results indicate varying patterns of differences across countries. Partial eta squared values (η^2) are again 0.000 (except Germany and Croatia which are $\eta^2 = 0.001$). For happiness, there is more variation in the patterns of pairwise comparisons across countries compared to LS.

Country	0 (locals) EMMs	1 (MB) EMMs	2 (mixed MB) EMMs	F	df ₁ , df ₂	p	Post-hoc
Croatia	7.91	8.49	7.93	18.34	2, 58367	< 0.001	1 > 0,2
Denmark	7.54	7.52	7.28	6.43	2, 58367	0.002	0,1 > 2
Estonia	7.62	7.73	7.54	2.47	2, 58367	0.084	-
Germany	7.34	7.51	7.10	27.80	2, 58367	< 0.001	1 > 0 > 2
Netherlands	7.77	7.73	7.55	5.03	2, 58367	0.007	0 > 2
Norway	7.32	7.53	7.24	3.66	2, 58367	0.026	1 > 0
UK	6.94	7.16	6.81	10.39	2, 58367	< 0.001	1 > 0,2

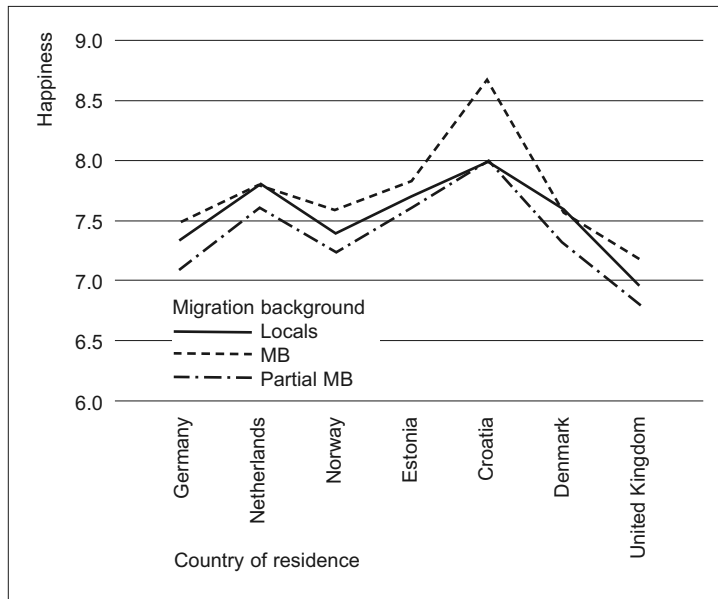
TABLE 7
Differences in
happiness based on
participants' MB in
seven countries

Note: MB – migration background, UK – United Kingdom, LS – life satisfaction, EMM – estimated marginal mean

Only Croatia and the UK have an identical pattern, the MB group reporting higher happiness compared to locals and the mixed MB group. In Denmark, locals and the MB group report higher happiness compared to the mixed MB group. In Germany, the MB group has the highest happiness, followed by locals, and lastly the mixed MB group. In the Netherlands, only locals differ from the mixed MB group, reporting higher happiness, while in Norway the MB group reports higher happiness compared to locals. In Estonia, no significant differences were found.

Differences in happiness between MB groups across the seven countries are shown in Figure 2.

FIGURE 2
Interaction of country
and MB on happiness



Differences in loneliness

In Table 8, differences in loneliness based on MB are analysed in each country. The results indicate varying patterns of differences across countries.

Denmark, Germany and the Netherlands have the same pattern of differences. In those countries, the full MB group has the highest loneliness, followed by the partial MB group, while locals report lowest loneliness. In Norway and the UK, the full MB group also reports highest loneliness, while locals and the partial MB group do not differ. In Estonia, the full and partial MB group have higher loneliness compared to locals. In Croatia, no significant differences were found.

TABLE 8
Differences in
loneliness based on
participants' MB in
seven countries

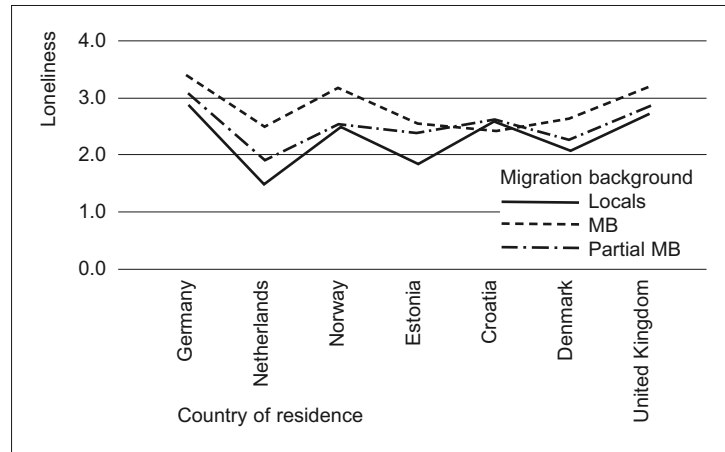
Country	0 (locals)	1 (MB)	2 (mixed MB)	F	df ₁ , df ₂	η ²	p	Post-hoc
	EMMs	EMMs	EMMs					
Croatia	2.57	2.42	2.60	1.18	2, 55097	0.000	0.308	-
Denmark	2.08	2.63	2.27	23.23	2, 55097	0.001	< 0.001	1 > 2 > 0
Estonia	1.85	2.53	2.35	59.63	2, 55097	0.002	< 0.001	1, 2 > 0
Germany	2.88	3.42	3.10	63.91	2, 55097	0.002	< 0.001	1 > 2 > 0
Netherlands	1.49	2.53	1.85	70.31	2, 55097	0.003	< 0.001	1 > 2 > 0
Norway	2.50	3.14	2.57	21.84	2, 55097	0.001	< 0.001	1 > 0, 2
UK	2.70	3.21	2.86	29.96	2, 55097	0.001	< 0.001	1 > 0, 2

Note: MB – migration background, UK – United Kingdom, LS – life satisfaction, η² – eta square, EMM – estimated marginal mean

By comparing Tables 6, 7, and 8 it is visible that higher happiness or LS does not necessarily reflect lower loneliness. Over-

➔ FIGURE 3
Interaction of country
and MB on loneliness

all, the MB group reported higher happiness and LS, but also highest loneliness. Differences in loneliness between MB groups across the seven countries are shown in Figure 3.



Hypothesis 3 was partially supported; significant interactions were observed for three dependent variables. However, the specific pattern predicted by H3 was not consistently confirmed. Differences between MB groups were generally small across all countries. In addition, the ordering of MB groups was not uniform across countries or outcomes: while locals often reported lower loneliness and mixed MB groups frequently reported lower LS, individuals with a full MB sometimes reported the highest levels of LS and happiness as well as the highest loneliness.

DISCUSSION

Although there were significant differences between countries in LS and happiness, it is important to note that the theoretical range (0–10) of both scales is quite wide, yet the mean scores across all countries were in the higher end of this range (M -LS = 7.28; M -happiness = 7.46). This suggests that, despite variations between countries, participants generally reported high levels of LS and happiness overall. The reported cross-country differences are very small, so one should interpret them with caution. The overall differences between countries reveal that Croatia has both the highest reported LS and happiness, while Germany and the UK have lowest LS, happiness, and also highest loneliness, which is different from the initial expectations. Discrepancy is found between these findings and those from WHR (2024) which highlights the complexity of measuring happiness across different contexts and methodologies. While the WHR ranks Denmark, the Netherlands, and Norway among the happiest countries, this study places Cro-

atia at the top. Croatia ranks lowest on happiness based on WHR (2024) among these seven countries. One possible explanation for Croatia's high ranking is the reported increase in happiness in Central and Eastern Europe, as noted in the WHR (2024). Moreover, Croatian data was collected last (in 2023), while data from Norway was collected in 2020 and from Denmark in 2021. This also represents a possible limitation of this study due to the COVID-19 pandemic and possible drops in SWB during 2020 and 2021.

Regarding the main effect of MB on the total sample, the mixed MB group has the lowest LS and happiness, while the full MB group has the highest. Maybe the most interesting finding in this study is the fact that the MB group reported highest LS and happiness, but also the highest loneliness. This finding implies that positive and negative aspects of SWB are not necessarily two sides of the same coin; meaning that individuals can simultaneously experience both LS/happiness and loneliness. This finding is partially congruent with Levecque and Van Rossem (2014), who also reported that first-generation migrants have the highest risk for depression. On the other hand, they reported that locals and second-generation migrants have more similar profiles compared to first-generation ones. In this study, locals and first-generation migrants have more similar profiles compared to second-generation migrants and those who have a mixed MB. Building on this, a significant contribution of this study is the finding that the locals and full MB groups exhibited more similar results across all three SWB measures, in contrast to the mixed MB group.

The interaction effects indicate that the association between MB and SWB is contingent on national context, although the differences were uniformly small. For LS, the pattern is relatively consistent across countries, with individuals with a mixed MB generally reporting lower scores than locals and, in several countries, than individuals with a full MB, suggesting that mixed MB may represent a particularly vulnerable position with respect to LS. In contrast, happiness shows greater cross-national heterogeneity, with no single ordering of MB groups emerging across countries, indicating that affective well-being may be more sensitive to country-specific factors. Loneliness exhibits the most consistent interaction pattern, as individuals with full MB report higher loneliness than locals in nearly all countries, with mixed MB individuals typically falling in between. Also, it is not the case that differences are very pronounced in one country, but non-existent in others. In all countries, the effect sizes were small. Importantly, the small effect sizes and visually modest group separations suggest that these interactions reflect systematic but subtle contextual modulation of MB differences and bare little practical significance.

It is reasonable to presume that participants with mixed MB and full MB will be more similar than locals. However, that is not the case in this study and there are several ways to explain this finding. One possible explanation is that individuals with mixed MB may experience a sense of being 'in-between' cultures, leading to identity confusion and social exclusion. Unlike those with a full MB, who may have stronger ties to both their heritage, individuals with mixed MB might struggle to establish a clear sense of belonging in either group. Additionally, they may face challenges in forming deep social connections, as they might not fully integrate into local networks while also feeling disconnected from their cultural background. That is congruent with the Social Identity Theory (Tajfel & Turner, 2004), which suggests that individuals derive their identity from the groups they belong to, and a strong sense of group membership can enhance self-esteem and well-being. For the mixed MB group, the complexity of their identity may hinder their identification with either a local or migrant group identity, which leads to a fragmented social identity. This can lower their sense of belonging, which is important for overall well-being. Finally, perceived discrimination or an internalised sense of being 'outsiders' in both cultural contexts could contribute to lower LS and happiness.

It is important to notice that despite reaching statistical significance in most cases, the small effect sizes highlight that MB is only a minor factor in explaining differences in SWB. This indicates that although differences exist, the magnitude of these effects is very modest, and much of the variation in LS, happiness, and loneliness remains unexplained by the factors examined. Given the large sample size, even very small effects can reach statistical significance; therefore, caution is warranted when interpreting these findings. Although the effect sizes are small, they are expected in this type of study. Larger or even drastic differences in levels of, for example, LS across Europe would be a surprising result in this context and would mean that LS is largely dependent on country of residence.

One strength of this research is that it is not solely focused on migrants and their paths. Many published studies reported interesting findings on determinants of SWB in migrant populations, but many of those studies did not simultaneously incorporate the local population (Hendriks, 2015). Also, the inclusion of participants from seven diverse European countries ensures broad geographic representation, allowing for a comprehensive analysis of migration and SWB across different national contexts. The use of data from the GGP, a large-scale, cross-national study, strengthens the generalisability of the findings. Additionally, the study's clear and consistent meth-

odology, including the use of well-established scales for measuring LS, happiness, and loneliness, enhances the reliability of the results.

An important limitation of this study concerns the categorisation of MB. While the distinction between locals and individuals with a full MB was relatively straightforward, the mixed MB group encompassed individuals with diverse migration trajectories and socio-cultural experiences, including those born in the country to one or both parents born abroad as well as those born abroad with at least one parent born locally. This heterogeneity may contribute to the variability in SWB outcomes, as MB alone does not fully capture differences in cultural, linguistic, or social integration, nor does it account for ethnicity. Collapsing this diverse group into a single category was a deliberate decision to maintain analytic clarity and feasibility when working with secondary data; however, disaggregating this group in future research could provide a more nuanced understanding of how different migration trajectories relate to well-being.

Additionally, since the study spans seven different countries, migration histories and policies vary significantly across countries, potentially affecting how MB is perceived and experienced. Countries like Germany and the UK have long been a destination country for migrants from across the world, while in some countries, individuals in MB groups are in large part from neighbouring countries (e.g., Serbs and Bosnians in Croatia or Lithuanians and Latvians in Estonia). They have much more in common with the local population in terms of culture, language, and shared history. Ethnic homogeneity should also be considered in future research. Again, the UK and Germany have long been established as major migration destinations, attracting individuals from diverse backgrounds and professions. However, according to MIPEx scores (MIPEx, 2024), Germany and the UK are described as countries where the approach to migration is temporary, which is not favourable. In contrast, Croatia is a homogeneous society, with the recent census indicating that approximately 91.63% of the population identifies as Croat (Državni zavod za statistiku, 2021). Only in recent years has Croatia begun to experience an influx of migrants, primarily foreign workers from countries such as Nepal, India, and the Philippines. This variation in historical migration patterns and current demographic trends further complicates the comparability of findings across countries. A limitation of this study is also the absence of data on the motivations behind migration, which can significantly influence the experiences of individuals. For instance, migrants seeking asylum often face distinct challenges compared to those who

migrate for professional opportunities. These differences in motivations can result in varied socio-economic outcomes, cultural integration experiences, and consequently, SWB.

CONCLUSION

Multivariate analyses indicated statistically significant effects of country, MB, and their interaction on LS, happiness, and loneliness; however, all effects were small in magnitude. Cross-national differences were evident, with Croatia reporting the highest LS and happiness, while Germany and the UK showed the lowest LS and happiness alongside higher loneliness. In the overall sample, individuals with a full MB reported marginally higher LS and happiness, as well as the highest loneliness. Across countries, participants with a mixed MB tended to report slightly lower LS than both locals and individuals with a full MB. Differences between MB groups were most consistent for loneliness, though still small, indicating that MB-related variation is more evident for social than for evaluative or affective components of SWB. Overall, these findings underscore that while country context plays a more substantial role in shaping SWB, MB-related differences are systematic but subtle, highlighting the nuanced and multidimensional nature of SWB in large population samples.

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Zadovoljstvo životom, sreća, usamljenost i migracijska pozadina u sedam europskih zemalja

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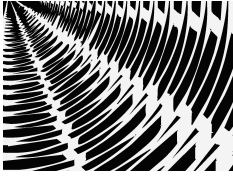
Istraživanje ispituje zadovoljstvo životom, sreću i usamljenost u sedam europskih zemalja (Hrvatska, Danska, Estonija, Njemačka, Nizozemska, Norveška i Ujedinjeno Kraljevstvo) te razlike u tim ishodima s obzirom na migracijsku pozadinu pojedinca. Uzorak obuhvaća 68 136 sudionika (57 % žena, dob od 18 do 60 godina). Podaci su prikupljeni između 2020. i 2023. godine u okviru međunarodnoga projekta Generations and Gender Programme (GGP). Migracijska pozadina kategorizirana je u tri skupine: lokalno stanovništvo, osobe rođene u inozemstvu s roditeljima rođenima u inozemstvu te osobe s mješovitom migracijskom

pozadinom. Pronađene su razlike u zadovoljstvu životom, sreći i usamljenosti između uključenih zemalja. Hrvatski uzorak bilježi najviše razine zadovoljstva životom i sreće. Njemačka i Ujedinjeno Kraljevstvo imaju najniže razine zadovoljstva životom i sreće, ali istodobno i najviše razine usamljenosti. Općenito, skupina s mješovitom migracijskom pozadinom bilježi najniže razine životnoga zadovoljstva i sreće, dok skupina prve generacije migranata izvještava o najvišim razinama životnoga zadovoljstva i sreće, ali i najvišoj razini usamljenosti. Obrasci se razlikuju među zemljama, no općenito lokalno stanovništvo i prva generacija migranata pokazuju sličnije profile u usporedbi sa skupinom s mješovitim migrantskim podrijetlom. Neke zemlje slijede obrasce dobivene na ukupnom uzorku, dok se u drugima uočavaju odstupanja.

Ključne riječi: subjektivna dobrobit, migracije, sreća, životno zadovoljstvo, usamljenost



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WORK, LIFE, AND WELL-BEING: A STUDY ON FOREIGN WORKERS IN CROATIA

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This exploratory study examines the subjective quality of life (SQoL) among foreign workers in Croatia amid increasing labour migration. Drawing on Cummins' Homeostatic Model of Subjective Well-Being, the research aimed to determine whether foreign workers' SQoL deviates from the normative benchmark and how it relates to socio-demographic, economic, and psycho-social variables. A survey involved 400 participants, mainly from the Philippines, Nepal, and India, using validated instruments, the Personal Wellbeing Index, Perceived Stress Scale, and Satisfaction with Migration Life Scale, translated into five languages. Statistical analysis showed that the average SQoL ($M = 61.56$) was significantly lower than the normative value (70), although the effect size was small, with stress emerging as a major negative correlate ($r = -0.18, p < 0.001$). While weak associations were observed for age, country of origin, and planned duration of stay, employment-related variables and language proficiency were not significantly associated with SQoL.

Keywords: subjective SQoL, foreign workers, psychological homeostasis, perceived stress, inclusive policies

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FRAMING THE STUDY: FUNDAMENTAL CONCEPTS AND MODEL

This paper examines the subjective quality of life (SQoL) among foreign workers in Croatia. The research provides an initial response to recent societal changes driven by a swift demographic and labour-market transformation resulting from a substan-

tial migrant labour influx. The impetus for this enquiry arises from the necessity to comprehend the intricate interplay between migration-related stressors, socio-economic integration, and individual well-being within this particular national context. Despite the increasing significance of foreign workers to Croatia's economic fabric, systematic research into their lived experiences and SQoL remains relatively scant. This introduction will initially establish the conceptual underpinnings of SQoL and stress before narrowing its focus to the distinctive circumstances and challenges encountered by foreign workers in Croatia. By synthesising pertinent concepts, models, and empirical evidence, this section aims to furnish a coherent framework for understanding the principal aspects (stress and migration satisfaction) that influence the SQoL of foreign workers, whilst also contextualising the subsequent enquiry delineated in this research.

The concept of quality of life (QoL) has evolved into two main approaches. The Scandinavian model prioritises objective societal indicators, such as resources (finance, education, social support, security) that influence living conditions (Erikson & Uusitalo, 1987; Drenowski, 1974, as cited in Rapley, 2003). However, research indicates that objective conditions are weakly and nonlinearly related to self-rated QoL (Cummins, 1998, 2000). Consequently, since the 1970s, research has shifted towards subjective indicators, leading to integrated models. The American approach focuses on individual, subjective elements like satisfaction and happiness (Lučev & Tadinac, 2008; Noll, 1996). Nonetheless, some scholars caution against ignoring objective measures, citing ethical concerns for vulnerable populations (Ilić et al., 2010). The World Health Organisation (2018) defines QoL as an individual's perception of their life within their cultural and value context, relative to their goals. While a universal definition is elusive, most scholars agree that QoL is fundamentally subjective, multidimensional, and encompasses both objective and subjective factors (Felce & Perry, 1993; Salvaris, 2000). This complexity has prompted the creation of various QoL models and measurement instruments. An example of these various models is Cummins' (1998) Homeostatic Model of Subjective Well-Being (Cummins, 1998). The model was chosen for this study because it provides a widely accepted instrument for measuring QoL as a multidimensional construct. Furthermore, the proposed average SQoL range has been repeatedly empirically confirmed. Finally, it allows comparisons between researched groups and the population average.

The Model (Cummins, 1998) exemplifies a sophisticated multidimensional framework proposing that QoL is influenced not solely by objective determinants, such as material and so-

cial circumstances, but also by individuals' personal perceptions of these parameters. In his comprehensive meta-analysis of SQoL research, Cummins (1996) delineated seven principal domains that constitute the fabric of subjective well-being: material well-being, health, productivity, intimacy, security, community, and emotional well-being. Subsequently, spirituality was incorporated as an additional domain. Cummins (1995) discerned that individuals predominantly articulate their SQoL using descriptors from the positive extremity of the satisfaction continuum. Typically, self-assessments are situated within the higher echelons of positivity, averaging approximately 75% of the maximum scale.

Research on well-being shows that most people, especially in Western societies, report high life satisfaction (70-80% of the scale maximum, and within the broader range of 60% to 80% when considering both Western and non-Western populations). This spectrum of SQoL ratings has been corroborated repeatedly (Capic et al., 2015). However, this is often less true for vulnerable groups like migrants and foreign workers, who face greater external pressures and typically report lower SQoL due to factors like acculturation stress, language barriers, precarious employment, and social isolation.

Cummins theorised that SQoL is maintained by homeostasis, an innate ability to return to a baseline, termed Homeostatically Protected Mood (HPMood) (Cummins et al., 2014). While defence mechanisms usually restore balance, severe adverse influences can destabilise this equilibrium. These severe adverse influences can include systemic discrimination, exploitation in the workplace, or fear of deportation affecting migrants and foreign workers. Although well-being often reasserts itself, extreme or chronic negative externalities, such as persistent stress, may cause a lasting decline in self-reported QoL (Cummins & Lau, 2013), a critical concern when examining the long-term well-being of foreign workers. In the context of migration, stress is defined as the cumulative impact of psycho-social and environmental factors requiring adaptation. For migrants and foreign workers, psycho-social factors such as cultural distance, perceived injustice, and lack of social support significantly contribute to chronic stress. Unmanageable stress manifests physiologically, psychologically, and behaviourally. Chronic stress is linked to numerous adverse health outcomes, including compromised immune function, cardiovascular issues, metabolic disturbances, mood disorders (depression and bipolar disorder), substance abuse, and psychosis. These health risks are often exacerbated in migrant populations due to reduced access to healthcare and chronic stres-

sors. Recent scholarly results also associate stress with social isolation, which elevates the risk of disease and mortality (O'Connor et al., 2021; Cole et al., 2007). For migrant cohorts, or in our context, foreign workers, the experience of stress is often amplified by acculturative pressures, discrimination, and integration challenges, making it a pivotal factor in understanding their SQoL and overall satisfaction challenges pertaining to integration and overall contentment with the migratory endeavour. Stressors may include navigating new cultural contexts, language barriers, and uncertainty about legal status (Berry et al., 2006; Buchick et al., 2021). We therefore included perceived stress as a key psycho-social variable alongside life satisfaction.

FOREIGN WORKERS IN CROATIA: CONTEXT, CHALLENGES, AND THE RESEARCH LANDSCAPE

Foreign workers in Croatia have gained increasing prominence as the nation grapples with significant demographic and labour market transformations. It is primarily characterised by a burgeoning influx of foreign workers, primarily from South and Southeast Asia. Following the cessation of work permit quotas for foreign workers in 2021 and the subsequent removal of recruitment restrictions, their numbers in Croatia have increased markedly. Data from the Ministry of the Interior highlights a significant increase in the number of residence and work permits granted to foreign nationals in Croatia. Specifically, 206,529 permits were issued in 2024, a sharp rise from 39,085 in 2020 (Republic of Croatia, Ministry of Interior, 2024). These foreign workers are primarily employed in key sectors such as construction, tourism, and manufacturing (Crnković-Požaić, 2021). Considering these societal shifts, it becomes incumbent upon us to scrutinise the SQoL experienced by foreign workers in Croatia. A metric is shaped by distinctive challenges, including integration barriers, heterogeneous working conditions, and limited social support systems. Although the extant research on this subject is limited in both quantity and methodological uniformity, it nonetheless offers valuable initial insights into the experiences of foreign workers in Croatia. For instance, Horvat (2020, 2021) examines the increasing presence of foreign labour in Varaždin County and the industries that sustain it. His findings underscore that, whilst foreign workers are indispensable for maintaining economic activity, legal restrictions and societal prejudices significantly hinder their integration into the local labour market.

These observations underscore the complex interplay between economic necessity and social barriers, which warrants further exploration.

Building on this foundation, subsequent studies enhance our understanding of the long-term effects of foreign labour in Croatia, provide a wider perspective, and function as an initial literature review on the subject within the national context, considering the limited empirical research available on foreign workers in the country. Horvat (2021) identifies several obstacles confronting these workers, such as difficulties with language and technology, as well as problems integrating into their local communities. Similarly, Crnković-Pozaić (2021) provides a comprehensive analysis of the foreign workforce in Croatia, accentuating notable policy deficiencies concerning worker protection, wage parity, and access to social services. These policy gaps exacerbate stressors impacting overall well-being and underscore the urgent need for systemic reform to foster a more inclusive environment for migrant workers. To gain a more nuanced understanding, recent qualitative research, such as Marinović-Golubić (2024), has explored the lived experiences of migrant workers from Nepal, Pakistan, India, and the Philippines. Her research, involving forty interviews, reveals a diverse spectrum of employment histories, ranging from relative stability in manufacturing or delivery roles to precarious, short-term employment conditions coupled with sub-standard living arrangements. These accounts illuminate the persistent financial strains faced by foreign workers, exacerbated by migration costs and modest earnings, which serve to intensify their ongoing stressors. Furthermore, research participants articulated challenges related to social integration and expressed a strong desire for stronger support networks, reaffirming the importance of social cohesion for migrant well-being. Complementing this perspective, Tadić (2024) applied the minority stress model to evaluate its relevance to foreign workers in Croatia. Her findings indicate that their overall SQoL falls markedly below normative benchmarks, with participants reporting the greatest satisfaction with their life achievements but considerable dissatisfaction with their sense of belonging in the community. Discrimination, aggression, insufficient social support, material dissatisfaction, and expectations of rejection emerged as principal sources of minority stress.

The occupational and social conditions of foreign workers undeniably exert a profound influence on their overall well-being. Factors such as workplace environment, healthcare access, social integration, and educational opportunity coalesce to shape their SQoL. Empirical evidence suggests that perceptions of job security, social support networks, and equitable treatment are critical for fostering adaptation and favourable mental health outcomes (Akay & Ahmadi, 2022). Con-

versely, experiences of discrimination and inadequate integration initiatives tend to diminish job satisfaction and exacerbate psychological distress. In this context, the theoretical framework proposed by Berry et al. (2006) on acculturation stress offers valuable insights, delineating four strategies, assimilation, separation, integration, and marginalisation, that significantly influence psychological outcomes. Of particular interest is the finding that migrants (or, in our case, foreign workers) employing an integration strategy, whereby they retain their cultural identity whilst constructively engaging with the host society, tend to report higher satisfaction and lower stress levels. Transitioning from individual experiences to systemic factors, healthcare accessibility emerges as a fundamental determinant of SQoL. Research by Buchcik et al. (2021) highlights that linguistic barriers and the scarcity of culturally attuned services impede access to healthcare, often resulting in untreated ailments and heightened physical and psychological distress. Additionally, social embeddedness plays a particularly important role among immigrants, as lower levels of social integration and support – especially among first-generation migrants – partially explain their lower life satisfaction compared to natives (Arpino & de Valk, 2018). Educational attainment also plays an important role in shaping migrant experiences. Higher education levels correlate with better employment prospects, higher incomes, and smoother integration processes (Dustmann & Fabbri, 2003). Conversely, foreign workers with lower educational attainment often face precarious employment conditions and exploitation (Chiswick & Miller, 2009). Educational mismatches frequently compel well-qualified migrants into roles beneath their capabilities, adversely affecting their psychological well-being (Schmidt & Cohen, 2013). Additionally, social networks and community affiliations are instrumental in fostering resilience and satisfaction, whereas social isolation correlates with heightened stress and diminished productivity (Valentín-Cortés et al., 2020; Portes & Rumbaut, 2014).

In conclusion, the extant literature underscores the multifarious challenges confronting foreign workers globally, whilst also highlighting the imperative for institutional interventions aimed at fostering inclusion and promoting SQoL amongst migrant labourers. This discourse has delineated the principal theoretical constructs of SQoL and stress, contextualised the plight of foreign workers in Croatia, and identified the key factors influencing their well-being and satisfaction. The ensuing sections will build upon this foundation to present a novel inquiry into the SQoL of foreign workers in Croatia, with a particular focus on the roles of stress and integration challenges.

AIM OF THE STUDY

Given the evolving situation in Croatia and limited prior research, we conducted this exploratory study to provide empirical insight into foreign workers' socio-demographic characteristics, quality of life, and related variables. Using Cummins' Homeostatic Model of Subjective Well-Being as a framework, this exploratory study investigated the SQoL among foreign workers in Croatia. Specifically, the goal was to examine whether the subjective SQoL of foreign workers, as measured by the PWI scale, differs from the theoretical population value, and whether it is associated with socio-demographic characteristics as well as factors contributing to their economic stability and psycho-social factors. Based on this aim, the study addressed the following research questions:

- RQ1 Does the SQoL of foreign workers in Croatia differ from the theoretical population average (70% of the scale maximum) defined within Cummins' Homeostatic Model of Subjective Well-Being?
- RQ2 Is SQoL associated with socio-demographic factors (age, gender, country of origin, religious affiliation and marital status)?
- RQ3 Are work-related factors contributing to the economic stability of foreign workers (education level, employment status, employment sector, length of stay, planned length of stay, proficiency in Croatian, and future migration plans) associated with SQoL?
- RQ4 Is SQoL associated with psycho-social variables (perceived stress, satisfaction with migration experiences, participants' retrospective perceptions of change in SQoL since migrating to Croatia and perception of having the right to the same SQoL as Croatian citizens)?

Given the exploratory nature of this study and a gap in prior data, we did not pre-specify directional hypotheses for research questions.

METHODS AND ANALYSIS

Participants

Participants in the study comprised 400 foreign workers in Croatia, including individuals from the Philippines (37.3%), Nepal (25.5%), India (20.3%), Egypt (6%), Bangladesh (5.3%), and other Asian (4.5%) and African (0.5%) countries. The age of participants ranged from 21 to 53 years ($M = 33.5$, $SD = 6.6$), with the largest number of participants in the 31 – 40 age group. Of the total sample, 83.5% were male, and 16.5% were female (Table 1).

☞ TABLE 1
Socio-demographic
characteristics of the
sample

		%
Gender	Male	83.5
	Female	16.5
Age group	< 30	42.1
	31-40	47.2
	41-50	10.2
	51-60	0.5
	> 61	/
Country of birth	Bangladesh	5.3
	Egypt	6.0
	India	20.3
	Nepal	25.5
	Philippines	37.3
	Other	5.8
Religious affiliation	Christianity	39.5
	Islam	16.3
	Buddhism	3.3
	Hinduism	32.0
	No religious affiliation	0.3
Education level	No formal education	0.3
	Primary school	5.8
	Secondary school	50.3
	Bachelor's degree	34.8
	Master's degree	4.3
	PhD	0.3
Marital status	Married union	43.3
	Consensual union or in relationship	6.5
	Single	46.8
	Divorced	2.8
	Widowed	0.8
Employment status	Full-time	78.5
	Part-time	9.3
	Occasionally	2.5
	Retired	0.5
	Unemployed	9.3
Employment sector	Hospitality	18.5
	Transport	21.5
	Construction	17.3
	Industry	13.3
	Small businesses	2.5
	Wholesale and retail trade	10.3
Proficiency in Croatian	Proficient	8.0
	Basic conversational	21.0
	Basic understanding	53.0
	No proficiency	17.8

Design and procedure

The study was conducted from November 2024 to January 2025. Data were collected using two approaches: an online survey ($N = 160$) and face-to-face field research ($N = 240$). The online survey was distributed via links posted in social media groups frequented by foreign workers in Croatia. The field research was conducted at various locations in the city of Zagreb and in Zagreb County, where foreign workers are employed, reside, and gather. The information on the mode of data collection (online vs face-to-face) was available during fieldwork coordination, as coordinators monitored the number of completed questionnaires obtained through each approach. However, in order to ensure a higher level of anonymity for this vulnerable population, individual responses in the final dataset were not linked to the specific mode of data collection or to individual interviewers. Consequently, it was not possible to analyse potential differences between online and face-to-face responses, which should be considered a methodological limitation of the study. The sample was obtained using purposive, non-probabilistic sampling. The study received prior approval from the authors' institutional ethics committee, ensuring compliance with established research ethics standards. Written informed consent was obtained from all participants, and they were assured of anonymity, confidentiality, and voluntary participation.

Measures

The questionnaire was initially developed in English and subsequently translated into Bengali, Nepali, Hindi, and Tagalog. Native speakers, researchers, and experts from Bangladesh, India, Nepal, and the Philippines, with whom we established collaborative partnerships, carried out these translations. This multilingual approach ensured that the questionnaire was linguistically accessible, maintained translation accuracy, and eliminated potential language barriers that could have hindered participation in the research.

Socio-demographic data were collected using a brief questionnaire developed for this study. The questionnaire included items on sex, year of birth, country of birth, native language, proficiency in Croatian, marital status, number of children, education level, religious affiliation, citizenship, length of stay in Croatia, planned duration of stay, employment status, employment sector, whether the participant provides financial support to their family back home, and whether they plan to bring their family to Croatia.

The Personal Wellbeing Index (IWI; Cummins, 2002) was used to measure SQoL, consisting of eight items that assess satisfaction across various domains: material well-being, health,

achievement, intimacy (relationships with others, friends, and family), security (sense of safety), community (sense of belonging), future security, and spirituality (optional). For example, a PWI item is: "How satisfied are you with your personal health?" Each domain is rated on an 11-point scale from 0 ('not at all satisfied') to 10 ('completely satisfied'), with domain scores averaged to produce a comprehensive subjective SQoL score. Since non-standardised versions of the scale in Tagalog, Bangla, and Nepali were used, their reliability was evaluated. Cronbach's alpha for the full sample was 0.98 overall, with the Bangla, Tagalog, and Nepali versions scoring 0.97, 0.99, and 0.98, respectively. The PWI demonstrated high reliability across all language versions, including Bangla ($\alpha = 0.97$), English ($\alpha = 0.98$), Tagalog ($\alpha = 0.99$), Hindi ($\alpha = 0.98$), and Nepali ($\alpha = 0.97$). An exploratory factor analysis (EFA) was conducted to examine construct validity. The data were highly suitable for factor analysis (KMO = 0.95; Bartlett's test: $\chi^2 = 4372.30$, $p < 0.001$), revealing a clear one-factor solution. This factor explained 87% of the variance, with all items loading strongly (0.92–0.95), confirming the scale's unidimensionality. Together, the high reliability and confirmed unidimensional structure provide strong evidence of the PWI's construct validity in this multilingual sample.

The Perceived Stress Scale (PSS; Cohen et al., 1983) was used to measure subjective stress by assessing perceived lack of control, overload, and unpredictability in one's life. Sample item: "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?" An adapted 4-item version was employed, with responses on a five-point Likert scale from 'never' to 'very often'. The scale's overall Cronbach's alpha was 0.73, indicating acceptable internal consistency. It demonstrated acceptable reliability across languages: Bangla ($\alpha = 0.63$), English ($\alpha = 0.76$), Tagalog ($\alpha = 0.73$), Hindi ($\alpha = 0.81$), and Nepali ($\alpha = 0.79$).

The Satisfaction with Migration Life Scale (SWMLS; Neto & Fonseca, 2016) was used to measure overall satisfaction with migration experiences. It contains five items. Example item: "I feel satisfied with my life as an immigrant." Items are rated on a 7-point Likert scale from 1 ('strongly disagree') to 7 ('strongly agree'). Its Cronbach's alpha was 0.94 overall, with high reliability across languages: Bangla ($\alpha = 0.92$), English ($\alpha = 0.94$), Tagalog ($\alpha = 0.92$), Hindi ($\alpha = 0.96$), and Nepali ($\alpha = 0.96$). The α values (≥ 0.97) across all versions suggest high scale coherence, supporting its construct validity, though possibly indicating some item redundancy.

Additional questions assessed health and SQoL, including ratings of physical, psychological, and bodily health, pain levels, and perceived changes in SQoL since migrating to Cro-

atia. Participants also indicated whether they believe they deserve the same SQoL as Croatians.

Statistical analyses were conducted in line with the study's research questions. To address RQ1, a one-sample *t*-test was used to examine whether the average SQoL differed from the theoretical normative value (70% of the scale maximum) proposed within Cummins' Homeostatic Model of Subjective Well-Being. To address RQ2, associations between SQoL and socio-demographic characteristics were examined using Pearson correlation coefficients for continuous variables (age) and one-way analysis of variance (ANOVA) for categorical variables (gender, country of origin, religious affiliation, and marital status). To address RQ3, differences in SQoL across work-related and migration-related characteristics (education level, employment status, employment sector, Croatian language proficiency, current length of stay, planned length of stay, and future plans) were examined using one-way ANOVA. When the assumption of homogeneity of variances was violated (Levene's test $p < 0.05$), Welch's ANOVA was applied. To address RQ4, associations between SQoL and psycho-social variables were examined using Pearson correlation analysis for perceived stress and satisfaction with migrant's life and one-way ANOVA for retrospective self-assessments of quality of life since migrating to Croatia and perception of having the right to the same SQoL as Croatian citizens. Post-hoc comparisons were conducted using Tukey's HSD test where applicable. All analyses were performed using SPSS version 29.

RESULTS

The socio-demographic characteristics of the sample are shown in Table 1, which reveals a predominantly male, working-age group from the Philippines, Nepal, and India.

SQoL was measured using the Personal Wellbeing Index. According to Cummins, the average level of life satisfaction across Western and non-Western countries is roughly $70 \pm 2.5\%$ of the scale maximum; this value was used to evaluate the significance of differences between our sample and the theoretical value.

Inspection of response patterns revealed that a substantial number of participants selected the lowest or the highest response option across all items in this scale, which contributed to the significantly low overall PWI, indicating possible inattentive responding. Therefore, these cases were excluded from further analyses, resulting in a final sample of 373 participants.

Following this adjustment, PWI mean was 61.56 ($SD = 36.2$). One-sample *t*-tests indicated that this value remained significantly lower than the normative reference value of 70 ($t = -2.83$;

$p = 0.005$, $d = -0.23$), typically observed across both Western and non-Western countries (see Table 2). Although the difference reached statistical significance, the corresponding effect size was small ($d = -0.23$), indicating limited practical significance. Therefore, these findings should be interpreted with caution. Participants reported the highest satisfaction in the health domain ($M = 63.7$, $SD = 34.9$) and the lowest in the standard of living domain ($M = 59.1$, $SD = 34.3$).

TABLE 2
Descriptive statistics
for the domains of
SQoL and the Overall
SQoL Index

Domain of SQoL	M	SD	Theoretical scale range
General life satisfaction	59.7	35.3	0-100
Standard of living	59.1	34.3	0-100
Health	63.7	34.9	0-100
Life achievement	60.6	34.9	0-100
Personal relationships	61.4	36.0	0-100
Safety	63.0	35.6	0-100
Community connectedness	61.4	35.1	0-100
Future security	61.3	35.5	0-100
Spirituality	62.0	35.7	0-100
Personal Wellbeing Index	61.56	36.2	0-100

Note. Normative reference value for SQoL is 70 (70% of the scale maximum) (Cummins, 1998).

To address the second research question, the relationship between SQoL and selected socio-demographic variables was examined. The association between SQoL and several socio-demographic variables (gender, age) was examined. An independent samples *t*-test showed no significant difference in SQoL between male ($M = 6.14$, $SD = 3.37$) and female participants ($M = 6.55$, $SD = 2.92$), $t(100.26) = -1.01$, $p = 0.314$. The *Personal Wellbeing Index* showed a small but statistically significant correlation with age ($r = 0.12$, $p = 0.02$). The correlation matrix for key variables is presented in Table 5. In addition, ANOVA indicated significant group differences in SQoL by country of origin, $F(5, 367) = 5.66$, $p < 0.001$, $\eta^2 = 0.072$. Games-Howell post-hoc comparisons with adjusted *p*-values showed that participants from the Philippines reported significantly higher SQoL than those from Egypt ($p = 0.022$) and the 'Other' country group ($p < 0.001$), while participants from Nepal reported higher SQoL than those in the 'Other' group ($p = 0.021$). Due to the extremely small number of participants reporting 'no religious affiliation' ($n = 1$), this category was excluded from inferential analyses involving religious affiliation and retained only for descriptive purposes. One-way ANOVA indicated significant group differences in SQoL by religious affiliation, $F(4, 367) = 6.23$, $p < 0.001$, $\eta^2 = 0.064$. Given unequal group

TABLE 3
ANOVA results for
socio-demographic
variables (RQ2)

sizes and the violation of the homogeneity of variance assumption, Games–Howell post-hoc comparisons with adjusted p -values were conducted. The results showed that Christian participants reported significantly higher SQoL than Muslim participants ($p < 0.001$) and Hindu participants ($p = 0.036$). No other pairwise differences were statistically significant. Regarding religious affiliation, Christians reported significantly higher SQoL than Muslims ($p < 0.001$) and Hindus ($p = 0.036$), whereas no other pairwise differences were statistically significant. The effect sizes suggest small to moderate effects, indicating that these socio-demographic variables account for a modest proportion of variance in the outcome. No significant differences were found with respect to marital status ($F(4, 368) = 1.02$, $p = 0.390$, $\eta^2 = 0.011$). These results are presented in Table 3.

Variable	F	$df1$	$df2$	p	η^2
Country of origin	5.66	5	367	< 0.001	0.072
Religious affiliation	6.23	4	367	< 0.001	0.064
Marital status	1.02	4	368	0.390	0.011

Note. Effect sizes are reported as eta squared (η^2).

Furthermore, the differences between SQoL and work-related factors were analysed. No meaningful group differences were observed for current employment status ($F(4, 368) = 1.94$, $p = 0.103$, $\eta^2 = 0.018$), employment sector ($F(6, 366) = 1.30$, $p = 0.256$, $\eta^2 = 0.020$), education level ($F(6, 366) = 1.04$, $p = 0.400$, $\eta^2 = 0.016$), Croatian proficiency ($F(3, 369) = 0.27$, $p = 0.848$, $\eta^2 = 0.002$), current length of stay ($F(3, 369) = 0.32$, $p = 0.811$, $\eta^2 = 0.004$), or relocation plans ($F(4, 368) = 0.80$, $p = 0.528$, $\eta^2 = 0.008$). Because these variables showed highly unequal group sizes and failed to meet the assumption of homogeneity of variances (Levene's test $p < 0.05$), and because several categories contained extremely small cell sizes ($n < 3$) or zero within-group variance, Welch's ANOVA was not applied, and these results were interpreted descriptively rather than inferentially. For planned length of stay the assumption of homogeneity of variances was violated, but group sizes were sufficient for analysis; therefore, Welch's ANOVA was conducted and indicated a significant effect ($F(4, 86.21) = 4.25$, $p = 0.004$, $\eta^2 = 0.038$). The effect size indicates a small effect, suggesting that planned duration of stay accounts for a modest proportion of variance in SQoL. Importantly, these differences in planned length of stay were not accompanied by differences between countries of origin, as post-hoc tests did not identify any significant pairwise differences among national groups. These results are shown in Table 4.

Variable	Test	F	df1	df2	p	η^2
Employment status	ANOVA	1.94	4	368	0.103	0.018
Employment sector	ANOVA	1.30	6	366	0.256	0.020
Education level	ANOVA	1.04	6	366	0.400	0.016
Croatian proficiency	ANOVA	0.27	3	369	0.848	0.002
Length of stay	ANOVA	0.32	3	369	0.811	0.004
Planned length of stay	Welch	4.25	4	86.21	0.004*	0.038
Relocation plans	ANOVA	0.80	4	368	0.528	0.008

TABLE 4
ANOVA and Welch tests for work-related and migration variables (RQ3)

Note. Welch's test was used when the assumption of homogeneity of variances was violated.

Finally, the association between SQoL and variables reflecting different psycho-social aspects of life were examined. Correlation analysis (Table 5) revealed a small but statistically significant negative association between SQoL and perceived stress ($r = -0.18, p < 0.001$). A Pearson correlation analysis revealed no significant association between SQoL and satisfaction with migration life ($r = 0.006, p = 0.90$).

TABLE 5
Correlations between SQoL and key study variables

Variable	1	2	3	4
1 SQoL (PWI)	–			
2 Perceived stress	-0.18**	–		
3 Satisfaction with migration life	0.006	-0.24**	–	
4 Age	0.12*	0.04	0.06	–

Note. * $p < 0.05$, ** $p < 0.001$.

No significant group differences were found for perceived changes in SQoL since migrating to Croatia ($F(4, 368) = 0.91, p = 0.457, \eta^2 = 0.009$). Similarly, no significant differences were observed for the perception of having the right to the same SQoL as Croatian citizens, as indicated by Welch's test ($F(1, 69.29) = 0.70, p = 0.406, \eta^2 = 0.001$). The effect sizes were negligible, suggesting that these psycho-social variables account for minimal variance in SQoL. These results are presented in Table 6.

TABLE 6
ANOVA and Welch tests for psycho-social variables (RQ4)

Variable	Test	F	df1	df2	p	η^2
Perceived change in QoL	ANOVA	0.91	4	368	0.457	0.009
Right to same QoL	Welch	0.70	1	69.29	0.406	0.001

Note. Effect sizes are reported as eta squared (η^2).

DISCUSSION

The topic of SQoL among foreign workers in Croatia is both timely and significant, given the profound demographic and labour market shifts the country has experienced in recent years. With the removal of work permit quotas in 2021 and the subsequent surge in the foreign workforce, Croatia has seen a dramatic increase in the number of foreign nationals contributing to its economy, particularly in sectors facing labour shortages. Despite their growing presence, the SQoL of these workers remains underexplored, leaving a gap in both academic research and public policy. This study provided one of the first quantitative accounts of foreign workers' SQoL in Croatia. Foreign workers often face unique challenges that differentiate their experiences from those of the local population. These challenges include language barriers, cultural differences, limited social support networks, and challenging working conditions, all of which can significantly impact their SQoL. While economic factors are often emphasised in discussions regarding labour migration, the subjective dimensions of well-being are rarely mentioned, even though they are equally important. This study was conducted with the awareness that understanding the subjective experiences of foreign workers is essential for fostering equitable treatment, satisfactory SQoL, and integration, and for providing a foundation for policies that promote not only economic productivity but also human dignity.

The results showed that the overall SQoL among foreign workers in Croatia was slightly below (61.56) the normative set-point range proposed by Robert A. Cummins (1998). Although this difference is statistically significant, the observed effect sizes were small, suggesting that the practical significance of this difference is limited and should be interpreted with caution. If we interpret this finding through the framework of Cummins' Homeostatic Model of Subjective Well-Being, which states that individuals maintain a stable level of happiness through psychological homeostasis unless exposed to chronic or extreme stressors that overwhelm this system, we can conclude that foreign workers in our study possibly face such stressors, which disrupt their psychological homeostasis and result in slightly diminished well-being. Interestingly, participants reported the highest satisfaction in the health domain and the lowest satisfaction in the standard of living domain. The relatively higher satisfaction with health may reflect a sense of physical resilience among a predominantly young and working-age population, as well as the "healthy immigrant effect" (McDonald & Kennedy, 2004), which posits that immigrant workers generally enter host countries in good health due to

strict health screening requirements. However, this satisfaction does not necessarily imply the absence of health-related challenges, as other studies have highlighted barriers such as language difficulties and limited cultural competence in health-care provision (Buchcik et al., 2021). In contrast, dissatisfaction with the standard of living highlights the financial pressures foreign workers face, including high living costs, low wages relative to expenses, and the burden of supporting their families in their home countries. These economic stressors are consistent with findings from Marinović-Golubić (2024), who documented the precarious living conditions and financial struggles experienced by migrant workers in Croatia.

When examining the associations between SQoL and socio-demographic variables, we found a significant but weak positive correlation with age, as well as significant overall differences based on country of origin and religious affiliation.

Older participants tended to report slightly higher life satisfaction, possibly reflecting greater life experience, stronger coping skills, or different expectations than younger workers. In this context, it might be interesting to add similar results found by Hu et al. (2024), which emphasised that positive emotions, influenced by perceptions of fairness and justice in the workplace, significantly enhance overall life satisfaction among older workers.

The influence of the country of origin may relate to cultural differences, adaptation strategies, and community support networks. A systematic review on migrant workers' health-related SQoL in Korea identified social factors, such as social support and acculturation stress as critical determinants of well-being (Cho et al., 2023), which may underlie the country differences we observed.

Conversely, variables such as gender and marital status were not associated with significant differences in SQoL, indicating that the challenges foreign workers face may be pervasive across different personal characteristics.

Surprisingly, employment-related factors such as employment status, sector, education level, and proficiency in Croatian did not show significant differences in SQoL. This finding is in contrast with the existing literature, which often highlights the positive effects of stable employment, higher education, and language proficiency on migrant well-being (Dustmann & Fabbri, 2003; Chiswick & Miller, 2009). One possible explanation for this discrepancy is that well-educated, linguistically proficient workers may struggle to achieve higher life satisfaction if they face obstacles that limit their economic and social opportunities. Furthermore, participants in our study often hold jobs below their education level due to systemic

barriers. For instance, highly educated migrants might still face credential recognition issues or discrimination, negating the expected benefits of education (Schmidt & Cohen, 2013). Similarly, language skills may open opportunities only if accompanied by an inclusive environment.

An important finding was the presence of significant differences in SQoL across groups defined by planned length of stay in Croatia. Specifically, individuals who planned to remain in the country longer reported slightly higher SQoL. However, the direction of causality remains unclear, as greater SQoL may also contribute to the intention to prolong one's stay. This aligns with Berry et al.'s (2006) acculturation framework, which identifies long-term integration strategies as protective factors for mental health. The absence of significant differences in SQoL across groups defined by current length of stay may indicate that the mere passage of time does not automatically lead to better adaptation or higher subjective SQoL.

One of the noteworthy findings of this study is the statistically significant but weak negative correlation between perceived stress and SQoL. Higher stress levels, measured by the Perceived Stress Scale, were associated with slightly lower life satisfaction, highlighting the potential impact of stress on SQoL. However, while this relationship is statistically significant, the small effect size suggests that other factors also play a substantial role in shaping SQoL. This finding underscores that stress could be a risk factor: even small increases in chronic stress can erode satisfaction (Esch & Stefano, 2010; Shields & Slavich, 2017). Importantly, the homeostatic model predicts that if stressors persist, the equilibrium breaks down, and our data partially support this: foreign workers appear to be caught below the set-point, although it is important to note that effect size is small, limiting the practical implications of this finding. This result is in accordance with a large body of research demonstrating the adverse effects of chronic stress on mental health, physical health, and overall SQoL (Esch & Stefano, 2010; Shields & Slavich, 2017). In the context of foreign workers in Croatia, sources of stress likely include various internal and external stressors, as findings from previous research indicate (Tadić, 2025), emphasising how minority stress factors, such as perceived discrimination, lack of social support, and internalised feelings of marginalisation can potentially negatively affect SQoL.

No statistically significant correlation was found between SQoL and satisfaction with migration life. This finding is surprising, given that both constructs fall within the broader domain of subjective well-being. One possible explanation is that different constructs are measured: SQoL reflects overall

satisfaction across eight life domains, while satisfaction with migration life is focused on an individual's experience of just their migration experience. Although conceptually related, these constructs are not equivalent, which may be the explanation for their weak association. This may also be explained by the fact that PWI does not include a domain specific to migration, whereas SWMLS directly captures this aspect. This finding may also reflect homeostatic processes – lower satisfaction in the migration domain is compensated by higher satisfaction in other life domains, resulting in a higher overall PWI. Additionally, unstandardized translation of the instruments were used and that may have influenced participants' understanding and responses.

One of the key strengths of this study is that, to the best of our knowledge, it is the first study in Croatia to investigate the experience of foreign workers on such a large sample and using quantitative methodology. This dataset provides preliminary insights into the characteristics of this population, but it should be interpreted as an initial exploratory contribution given the methodological limitations of the study. Additionally, another advantage of the study is the removal of language barriers, as the survey battery was translated from English into four additional languages – Bengali, Nepali, Hindi, and Tagalog by native speakers and researchers of SQoL. This ensured greater accessibility and accuracy in participants' responses, reducing the risk of misinterpretation due to language difficulties. Furthermore, the use of standardised psychological scales, such as the Personal Wellbeing Index (PWI) and the Perceived Stress Scale (PSS), adds to the methodological validity of the study, allowing for reliable measurement and comparability with other international research. Most importantly, the findings of this study have potentially important practical implications. The data provide evidence-based insights that can help the development of targeted person-centred and holistic policies aimed at promoting social inclusion, ensuring fair labour practices, enhancing access to healthcare services and improving overall SQoL for foreign workers in Croatia, who are important economic contributors but also individuals with complex needs and rights.

This study has several limitations that should be acknowledged. The survey was translated into multiple languages to enhance accessibility; however, some of the scales used were not standardised versions. Although the study employed face-to-face data collection for a substantial proportion of participants, the survey did not include formal attention-check items. This should be considered a limitation, particularly given the multilingual nature of the sample and the inclusion of online responses. It should be emphasised that, even in comparable

research designs with brief, carefully translated questionnaires and assisted or monitored administration, data-quality issues may still occur, particularly in linguistically and culturally diverse samples, due to variations in comprehension, attentional engagement, or response styles. While careful translation procedures and researcher presence during fieldwork aimed to enhance comprehension and engagement, future studies should consider implementing culturally adapted attention-check strategies suitable for migrant populations. While we assessed internal consistency and examined correlations between our scale and a validated measure, the question of validity remains open for languages in which the scale has not been previously validated. This may have influenced the consistency and reliability of the measurements across different language groups, necessitating further validation efforts in future research. Additionally, using a non-probabilistic, purposive sampling method limits the generalisability of the findings, as the sample may not fully represent the diverse population of foreign workers in Croatia. Differences between online and face-to-face respondents were not separately analysed, which represents an additional methodological limitation.

Future studies should explicitly examine potential mode effects when combining data collected through different administration formats. Our analyses were basic; future works should use more complex modelling to establish causality. Participants may have underreported negative experiences due to cultural differences. In many cultures, discussing psychological health and related constructs remains a taboo topic. This concern was highlighted by our research collaborators from these countries, who emphasised that mental health issues are often stigmatised, and individuals may be reluctant to openly acknowledge stress, emotional difficulties, or dissatisfaction with their SQoL. This cultural barrier could have influenced participants' willingness to respond honestly to their dissatisfaction, particularly their SQoL, stress, and psychological health. Moreover, during the fieldwork phase of the study, we observed a considerable level of distrust towards institutions and formal research processes among foreign workers. Many individuals we approached declined to participate in the study because they feared their responses could negatively affect their employment status or residency in Croatia. Despite assurances of anonymity and confidentiality, this scepticism limited our ability to reach a broader population segment and may have introduced a selection bias, as those who agreed to participate might differ systematically from those who refused, which restricts the generalisability of our findings. In addition, given the vulnerable status of foreign workers, responses may have been influenced by social

desirability bias, with participants potentially underreporting stress or dissatisfaction.

It is important to situate this study within the specific context in which it was conducted. Research involving foreign workers presents significant methodological and practical challenges. In this light, the present study should be viewed as exploratory in nature, aiming to provide an initial empirical insight into the well-being of a growing but understudied population in Croatia. Rather than offering definitive conclusions, our findings are intended to highlight emerging patterns and inform future research.

Future research should include larger, more representative samples. Translating survey instruments into additional languages will enhance accessibility and data accuracy. Furthermore, incorporating qualitative methods, such as interviews and focus groups, as well as direct observations, can provide deeper insights into the lived experiences of this population and explain the quantitative data. It is also recommended that future studies explore a wider range of variables, including socio-demographic characteristics, risk and protective factors, and working conditions. Finally, a longitudinal approach would enable tracking changes in well-being over time and identifying causal relationships.

From a public health and labour policy perspective, these findings highlight urgent needs. Employers and policymakers should address the economic stressors – fair wages, secure contracts, and appropriate housing to improve living standards. Integration programmes and accessible mental health services could mitigate stress and improve subjective quality of life.

CONCLUSION

This study analyses the SQoL among foreign workers in Croatia within the framework of Cummins' Homeostatic Model of Subjective Well-Being. The findings reveal that foreign workers experience slightly lower SQoL compared to normative values; however, the effect size is small, suggesting that chronic stressors associated with migration, integration, and economic instability may play a role in disrupting psychological homeostasis, but further research is needed. The domains of life satisfaction varied, with the highest scores reported in the health domain and the lowest in the standard of living domain, underscoring the economic challenges faced by this population.

Socio-demographic factors (age, country of origin, religious affiliation) showed statistically significant but small effects on SQoL. Employment-related factors were not associated with significant differences in SQoL, with the exception of planned length of stay, which showed a statistically signifi-

cant but small effect. Perceived stress showed a statistically significant but small negative association with SQoL, indicating that higher stress levels are linked to slightly lower subjective well-being. Although the effect size was modest, this finding suggests that stress may play a role in shaping SQoL, alongside other contributing factors. In contrast, satisfaction with migration life was not significantly associated with SQoL, suggesting that the two measures assess related but distinct constructs. While the PWI reflects overall life satisfaction across multiple life domains, the SWMLS focuses specifically on satisfaction with migration-related experiences. This difference may partly result from the absence of a migration-specific domain within the PWI, as well as from the possibility that satisfaction in other life areas compensates for migration-related difficulties.

These results underscore the importance of addressing chronic stressors, financial, social, and legal, to raise foreign workers' SQoL. Short-term policy changes and long-term support are recommended to ensure successful integration and satisfactory SQoL.

Ultimately, this exploratory study contributes to the growing body of literature on migration and SQoL, highlighting the complex interplay of economic, social, and psychological factors that shape the SQoL of foreign workers. The findings should be viewed as an initial insight into emerging patterns, indicating the need for future research to obtain more robust evidence and draw more reliable conclusions.

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Rad, život i dobrobit: studija o stranim radnicima u Hrvatskoj

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Rad predstavlja rezultate eksploratornog istraživanja o subjektivnoj kvaliteti života među stranim radnicima u Hrvatskoj usred sve veće radne migracije. Oslanjajući se na Cumminsov homeostatski model subjektivne dobrobiti, istraživanje je željelo utvrditi odstupa li subjektivna kvaliteta života stranih radnika od normativnih mjerila i u kakvom je odnosu sa sociodemografskim, ekonomskim i psihosocijalnim varijablama. Istraživanje je uključivalo 400 sudionika, uglavnom iz Nepala, Filipina i Indije, koristeći se baterijom koja se sastojala od raznih validiranih instrumenata –

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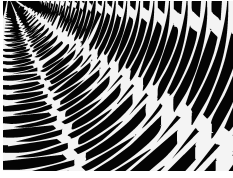
TADIĆ, I. ET AL.:
WORK, LIFE AND...

Indeksa osobne dobrobiti, Skale percepcije stresa i Skale zadovoljstva migrantskim životom, a bila je prevedena na pet jezika. Statistička analiza pokazala je da je prosječni SQoL ($M = 61,56$) bio značajno niži od normativne vrijednosti od 70, iako je veličina učinka bila mala. Stres se pokazao kao značajan negativni korelat ($r = -0,18, p < 0,001$). Iako su uočeni slabi učinci za dob, zemlju podrijetla i planirano trajanje boravka, varijable povezane sa zaposlenjem i jezična kompetencija nisu pokazale značajne povezanosti.

Ključne riječi: subjektivna kvaliteta života, strani radnici, psihološka homeostaza, percepcija stresa, inkluzivne politike



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LONGITUDINAL RELATIONSHIP BETWEEN FAMILY RESILIENCE AND PARENTS' SUBJECTIVE WELL-BEING

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The aim of the present study was to examine the relationship between different family resilience dimensions (i.e., family problem solving, utilising social and economic resources, and family spirituality) and subjective well-being (SWB) of mothers and fathers. The data was collected from 848 pairs of mothers and fathers of elementary school-aged children, as a part of the three-year longitudinal project. Using paper-pencil questionnaires, mothers and fathers assessed family resilience, their life satisfaction and happiness in two study waves. The results of structural equation modelling showed that, among family resilience dimensions, only family problem solving was reliably longitudinally associated with greater SWB in both parents two years later. Other family resilience dimensions did not contribute significantly to either parent's SWB, after controlling for their SWB measured in the first wave of the study. Family resilience explained only a small portion of the variance in both mothers' and fathers' SWB, indicating that although family resilience does play a role in the parents' SWB, there are other individual and family factors that should be considered.

Keywords: family resilience, subjective well-being, mother, father, longitudinal study



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INTRODUCTION

Subjective well-being (SWB) is defined as a person's cognitive and affective evaluation of his or her life (Diener et al., 2002) and is often represented by life satisfaction and an experience of pleasant or unpleasant emotions, such as happiness (Diener, 2013; Diener et al., 2002). Achieving high well-being is regarded as a fundamental human goal and a universal desire. However, for parents of early adolescents, it can be a difficult goal to attain, particularly when trying to balance their own needs with the demands of their family. According to Newland's (2015) theory of change model, individual parent's SWB is a component of a broader family well-being. This broader construct not only includes parental mental health and well-being, but also encompasses family-level characteristics such as family resilience and family self-sufficiency. The aim of this paper is to examine the interconnections between key components of family well-being, specifically parents' subjective well-being and family resilience. The primary focus is to explore whether family-level characteristics – such as family resilience – serve as predictors of parent-level outcomes, particularly parents' subjective well-being over time.

Family well-being

The definition of family well-being differs across the literature. McKeown and Sweeney (2001) state that family well-being has both a "relational" and an "economic" aspect, meaning it is formed by the quality of family relationships (especially the parent-child, but also the parent-parent relationship) and by the family's economic resources (financial, physical, human, and social). Newland (2014, 2015) introduced a model of family well-being as a complex, multi-dimensional construct that encompasses various individual and family-related factors. Though there are different definitions of family well-being, it generally includes the mental and physical health of parents (individual factors), the self-sufficiency of the family, and family resilience (family-level factors), as its essential components. These components of family well-being are often inter-related, i.e., families that are healthy in physical, emotional, and social aspects tend to be more resilient and self-sufficient, and vice versa (McKeown et al., 2003; Newland, 2014). Therefore, studying the relationships between different aspects of family well-being allows us to explore potential ways of improving the well-being of both individual family members and the family unit as a whole.

Family resilience

Family resilience, a vital component of family well-being, is defined as the ability of a family, as a functional system, to endure and recover from life's stressful challenges, emerging

stronger and more resourceful (Walsh, 1996, 2016). It is the ability of a family to strengthen its relationships and foster personal growth by effectively managing conflictual and stressful situations (Newland, 2015).

Drawing from a meta-analysis of research on resilience and family functioning, Walsh (2016) proposed a conceptual model of family resilience as a framework for family resilience research. She organised key transactional processes that facilitate family resilience in three domains or dimensions of family functioning. The first dimension is belief systems. These include making meaning of adversity (e.g., normalising distress, viewing crises as meaningful, manageable challenge, redefining adversity through positive attributions), a positive outlook (marked by hope, optimism, and confidence, focusing on strengths, and a "can-do" attitude, accepting what cannot be changed and tolerating uncertainty), and transcendence and spirituality (offering deeper meaning during hardship, through faith, a connection with nature, and social actions, learning from adversity and leading to growth and positive change). The second dimension includes organisational processes characterised by flexibility (adapting to new challenges, maintaining continuity, and providing strong leadership to nurture and protect others, in varied family forms), connectedness (with mutual support, and respect for individual needs), and mobilising social and economic resources (e.g., recruiting extended kin, and other social networks, building financial security, and using transactions with larger systems). The third dimension refers to communication/problem-solving processes which include clarity (delivering clear, consistent messages and clarifying ambiguous situations), open emotional sharing (allowing for expression of both painful feelings and positive emotions), and collaborative problem-solving (through shared decision-making, conflict resolutions, setting concrete goals, learning from setbacks, etc.). Walsh's model has been tested using several questionnaires developed based on the model. One of the most widely used is the Family Resilience Assessment Scale (FRAS), constructed by Sixbey (2005). However, Walsh's model has received only limited empirical support. Sixbey (2005) was unable to replicate the theorised structure comprising nine subscales grouped into three overarching domains. Instead, a six-factor structure was proposed with the following factors – family communication and problem solving, utilising social and economic resources, maintaining a positive outlook, family connectedness, family spirituality and making meaning of adversity as subscales. The FRAS is often used as a measure of family resilience (Chiu et al., 2020) and it has been translated into many languages (Chew & Haase, 2016; Ferić et al., 2016; Li et al., 2016; Nadrowska et al., 2017).

Relationship between family resilience and parents' well-being

Different characteristics of families (and parents) have been studied in relation to child well-being, and to a lesser extent in relation to the well-being of parents. Also, studies focusing specifically on the relationship between family resilience and parents' well-being are especially scarce.

Research by Everri et al. (2022) indicated that family resilience was a key protective factor in supporting parents' well-being during the COVID-19 restrictions and home confinement. Parents who felt they could work together as a family to tackle the challenges of the pandemic – through hope, positive beliefs, effective communication, and utilising both internal and external resources – experienced less impact on their well-being. When families are resilient, it protects parents' well-being and, in turn, supports positive parent-child relationships and children's well-being. Aivalioti and Pezirkianidis (2020) conducted a study with parents in Greece to examine the relationship of family resilience with parental well-being and parental resilience. In their study, the only family resilience dimension that significantly predicted parental well-being was the family's coping strategies, while problem-solving communication and beliefs system were not significant predictors of parental well-being. Walsh's (1996, 2016) belief systems as a dimension of family resilience incorporates, among others, hope and spirituality. In his review of the relationship between hope and well-being, Murphy (2023) states that the current research continues to support positive effects of hope on happiness and overall well-being, explaining its effect within the hope theory. The theory suggests that an individual's well-being can be influenced by their ability to identify ways to achieve a goal (pathways) and their belief in their own ability to do so (agency), because this way of thinking increases the capacity of individuals to achieve their goals. During adversity, spiritual beliefs and practices offer meaning, support, and comfort, particularly in situations beyond control. The study by Greenfield et al. (2009) showed that increased spirituality was related to enhanced well-being, including positive affect, purpose in life, positive relations with others, personal growth, self-acceptance, environmental mastery, and autonomy. Similarly, Ellison (1991) found that strong religious faith was associated with higher life satisfaction, increased happiness, and reduced negative psychological consequences from traumatic life events. The importance of other family resilience characteristics, connectedness and problem-solving processes, was emphasised by McKeown et al. (2003) in their study with Irish families. Their results showed that the key family processes affecting the well-being of men and women in two-parent families are

the quality of the couple relationship and the ability to satisfactorily resolve conflicts and arguments. This includes a problem-solving style which typically involves discussing problems and finding solutions which are acceptable to both. Thomas et al.'s (2017) review of the research on the role family relationships in adulthood (i.e., marital, parent-child, grandparent, and sibling relationships) play in an individual's well-being across the life course also stressed the importance of connectedness, and social resources. The quality of family relationships, including support (love, advice, care) and strain (arguments, criticism, excessive demands), affects well-being in various ways. Positive family dynamics help individuals cope with stress, adopt healthier behaviours, and boost self-esteem, leading to higher well-being. However, poor relationship quality, intense caregiving for family members, and marital issues can harm well-being, with these negative relationship aspects having a greater impact than the positive ones.

The present study

In the present study we wanted to fill several gaps in literature regarding the relationship between family resilience and individual parent's well-being. First, by using longitudinal design we focus on changes in parents' SWB and whether components of family resilience predict rank-order changes in parents' SWB over two years. We posit family resilience as a predictor because we assume that family resilience represents a more stable, contextual variable which may be less malleable to changes. Second, we employ a type of hybrid design with dyadic and individual-level components in our design. Dyadic level refers to our treatment of family resilience. We use a dyadic model called common fate model (Kenny et al., 2020) to model family resilience. The common fate model is a dyadic model which assumes that covariation between dyad members comes from some common unmeasured factor that affects both dyads (Kenny et al., 2020; Ledermann & Kenny, 2012). In such models, dyad members do not influence each other, instead, the same external force influences both members (Kenny et al., 2020). This type of model is appropriate when both members of the dyad assess the same variable, such as their own family's resilience. If they reported on their own resilience, the actor-partner model might be more appropriate, but instead they assess their whole family's resilience. In the common-fate model, the latent variable, such as family resilience in our case, represents the shared variance in both parents' perceptions of their own family. Third, we test our models separately for mothers and fathers because we are interested in changes in individual parents' SWB.

Our main goal was to examine whether components of family resilience predict rank-order changes in subjective well-being over two years for parents of underage children. We expected that higher components of family resilience – family spirituality, problem solving and utilisation of resources – would predict increases in subjective well-being for both mothers and fathers during two years.

METHODS

Participants

This study was based on data collected as part of the three-year longitudinal project. In the present study, participants were parents of children who, in the first wave of the study, attended third, fourth, fifth and sixth grade (age range 9-12 years) of elementary schools in Croatia. In the first wave of the study there were 1423 mothers and 1196 fathers. The specific sample for the present study was selected based on the following criteria: mothers and fathers participated in the first wave of the study, there were no duplicate entries for parents who gave their data for more than one child, parents reported living in the same household with their children, parents are married or cohabitating. Based on these criteria, a sample of 848 pairs of mothers ($M_{age} = 41.40$, $SD = 4.60$) and fathers ($M_{age} = 43.85$, $SD = 5.26$) who had data in the first wave were included in the study. Both parents mostly had high school (45% of mothers and 59.4% of fathers) or college education (33.3% of mothers and 23.3% of fathers). In the second wave, 645 mothers and 613 fathers remained in the study, leading to the attrition rate of 23.9% for mothers and 27.7% for fathers. Mothers who participated in both waves and those who left the study did not differ in their life satisfaction ($t(836) = 1.40$, $p > 0.05$), happiness ($t(846) = -0.69$, $p > 0.05$), problem solving ($t(810) = 1.04$, $p > 0.05$), utilisation of resources ($t(809) = 0.43$, $p > 0.05$), spirituality ($t(837) = 0.15$, $p > 0.05$), their health ($t(840) = 0.25$, $p > 0.05$), perceived COVID-19 impact ($t(836) = 0.06$, $p > 0.05$), age ($t(840) = -1.58$, $p > 0.05$), or income ($t(821) = 0.16$, $p > 0.05$). Mothers who did not participate in the second wave had more children ($M = 2.29$, $SD = 0.91$) compared to the mothers who participated in both waves ($M = 2.14$, $SD = 0.80$), ($t(839) = 2.22$, $p < 0.05$). For fathers, no differences were observed for life satisfaction ($t(835) = 1.50$, $p > 0.05$), happiness ($t(841) = 0.10$, $p > 0.05$), problem solving ($t(806) = 1.03$, $p > 0.05$), utilisation of resources ($t(817) = -1.51$, $p > 0.05$), spirituality ($t(824) = -1.49$, $p > 0.05$), their health ($t(838) = 1.65$, $p > 0.05$), perceived COVID-19 impact ($t(836) = -1.14$, $p > 0.05$), income ($t(807) = 0.24$, $p > 0.05$), age ($t(839) = -1.35$, $p > 0.05$), or number of children ($t(829) = 1.00$, $p > 0.05$).

Instruments

Family Resilience Assessment Scale (FRAS; Sixbey, 2005) is a 54-item scale used to measure six dimensions of family resilience. In this study, parents (both mothers and fathers) completed a shortened version of the FRAS (36 items) assessing family communication and problem solving (9 items, e.g., "We discuss things until we reach a resolution"), utilising social and economic resources (8 items, e.g., "We can depend upon people in this community"), maintaining a positive outlook (6 items, e.g., "We have the strength to solve our problems"), family connectedness (6 items, e.g., "We show love and affection for family members"), ability to make meaning of adversity (3 items, e.g., "We accept stressful events as a part of life"), and family spirituality (4 items, e.g., "We have faith in a supreme being"). The participants' task is to indicate their agreement with each item on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The total score can be formed for the entire scale or for each subscale (i.e., family resilience dimension), as the average of responses on the corresponding items. In the present study, family communication and problem solving, maintaining a positive outlook, and the ability to make meaning of adversity were highly intercorrelated (correlations between 0.56 and 0.78 for both mothers and fathers). High intercorrelations between these subscales are reported in other studies as well. For instance, the family communication and problem-solving subscale and maintaining a positive outlook correlated 0.86 (Li et al., 2016) and 0.94 (Kaya & Arici, 2012). The ability to make meaning of adversity correlated around 0.60 with both subscales (Kaya & Arici, 2012). In a validation study for the Croatian translation of the FRAS, Ferić et al. (2016) found that all items but one for maintaining a positive outlook subscale loaded on the family communication and problem-solving factor. The correlation of that factor with the ability to make meaning of adversity was 0.70. High correlations between these factors may show that these subscales tackle the problem-solving construct which includes effective communication, good problem-solving skills, optimism in dealing with family problems, and the ability to deal with unsolvable problems. Due to these considerations and potential multicollinearity problems, we decided to combine these subscales. Therefore, the results on these subscales were standardised and averaged to make one general family problem-solving indicator. In the present study, the reliability of the FRAS subscales was high (i.e., for family problem solving $\alpha = 0.93$ for mothers and $\alpha = 0.94$ for fathers; for utilisation of resources $\alpha = 0.87$ for mothers and $\alpha = 0.86$ for fathers; for spirituality $\alpha = 0.84$ for both mothers and fathers), except for

the family connectedness subscale ($\alpha = 0.57$ for mothers and $\alpha = 0.59$ fathers), which was therefore excluded from further analyses. Our FRAS model consisted of a family problem-solving factor (based on the three combined subscales as indicators), family spirituality (4 items) and utilisation of resources (8 items). This three-factor structure was compared between mothers and fathers, and dyadic invariance was tested by conducting confirmatory factor analysis with maximum likelihood robust estimator. In the configural model, correlated residuals were allowed for two items from the utilisation of resources subscale for both mothers and fathers. This model had adequate fit statistics ($\chi^2(373) = 1158.63, p < 0.001, CFI = 0.936, RMSEA = 0.05, SRMR = 0.06$). The model with equal loadings also had a good fit ($\chi^2(383) = 1172.791, p < 0.001, CFI = 0.935, RMSEA = 0.049, SRMR = 0.061$), and metric invariance was overall supported (Scaled Chi-Squared Test $\Delta\chi^2 = 14.87, \Delta df = 10, p = 0.137$).

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a 5-item scale used to measure participants' subjective estimation of their general life satisfaction. The participants' task is to indicate the agreement with each item (e.g. "In most ways my life is close to my ideal") on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The total score is calculated by summing up the responses to all five items, with higher results indicating greater satisfaction. Cronbach's alpha in the present study was 0.89 or higher for both mothers and fathers, in both waves of the study.

Happiness was measured with one item, asking participants to indicate how happy they feel on a scale from 0 (*not at all happy*) to 10 (*extremely happy*).

Control variables

Parents' age, and other data from the second wave such as education, income per capita, employment status (binary employed vs unemployed), subjective health, and number of children were used as control variables. Additionally, the COVID-19 impact, which was only measured in the first wave, was also included. The COVID-19 impact was assessed with the following question: "When you take everything into account, how much has the situation caused by the COVID-19 pandemic worsened your daily life?" The rating scale range was from 0 (*not worse at all*) to 10 (*it worsened significantly*).

Procedure

The data was collected as part of the "Child well-being in family context (CHILD-WELL)" project, funded by the Croatian Science Foundation (HRZZ-IP-2019-04-6198). Prior to data collection, all necessary approvals were obtained, including from

the Ethics Committee, the Croatian Ministry of Science and Education, and the school principals. The research involved 15 elementary schools across two Croatian counties. The first wave of the study took place in spring 2021, and the second wave occurred two years later, in spring 2023. Parents/caregivers received envelopes containing consent forms and questionnaires, which they completed at home and returned in a sealed envelope via their child's teacher. Participation was voluntary, with assurances of data confidentiality and use solely for research purposes. Variables included in this study (except for the COVID-19 impact) were measured in both waves.

Data analysis

In this study, data analyses were run in SPSS and R. First, we examined descriptive statistics and intercorrelations among FRAS subscales between parents. Second, we ran a series of CFA models with maximum likelihood robust estimator and FIML to test the common fate model, its stability and hybrid model for our main research problem. We modelled the common fate model of family resilience based on the instructions by Ledermann and Kenny (2012). Mothers and fathers assessed their family problem solving, utilisation of resources and spirituality; therefore, three family-level factors were modelled, one for each component of family resilience. Ledermann and Kenny (2012) recommend for correlations between both partners' assessment of higher-level constructs to be at least 0.30. All family-level factors had two indicators – mothers' and fathers' assessment of the corresponding family resilience subscale – and they both had loadings constrained to be equal across parents for the same indicator. Family-level factors reflected the shared variance between mothers' and fathers' perceptions of different family resilience components. After that, we examined the longitudinal stability of that model by modelling family resilience with three family-level factors both in the first and the second wave. After demonstrating longitudinal stability, we proceeded to test our main research problem. To do that, we specified two hybrid models – one for mothers and one for fathers. The hybrid model consisted of family-level factors for family resilience as predictors of changes in rank-order in parents' SWB in the second wave. To predict changes in parents' SWB in the second wave, we included an autoregressive path from parents' SWB in the first wave to the second wave SWB. Control variables were included in these models by estimating their own variances and covariances in the model.

In the end, as part of the sensitivity test, we combined mothers' and fathers' hybrid models into one, where each parent's SWB from the first wave predicts their SWB in the second wave. To simplify that model, control variables were excluded.

In all models, the parameter estimates were obtained using the full information maximum likelihood robust method. Because the Chi-square test is sensitive to sample size, the model fit was evaluated based on several other fit indices, following Hu and Bentler's (1999) cutoff criteria: Root Mean Square Error of Approximation (RMSEA) < 0.06, Comparative Fit Index (CFI) > 0.95, Tucker Lewis Index (TLI) > 0.95, and Standardised Root Mean Square Residual (SRMR) < 0.05.

RESULTS

To examine the relationships between the studied variables, descriptive statistics and correlations among all measured variables were calculated as an initial step.

☞ TABLE 1
Descriptive statistics for family resilience dimensions assessed by mothers and fathers

Family resilience	Min	Max	M	SD
M_family problem solving	1.70	4.00	3.49	0.37
M_utilising resources	1.00	4.00	2.88	0.57
M_family spirituality	1.00	4.00	2.42	0.79
F_family problem solving	1.44	4.00	3.48	0.39
F_utilising resources	1.00	4.00	2.85	0.54
F_family spirituality	1.00	4.00	2.34	0.79

Note. M – mothers' estimations, F – fathers' estimations

The results showed that mothers and fathers rated different family resilience dimensions similarly (Table 1). They both rated family problem solving (which in this study consisted of the three subscales – communication and problem solving, maintaining a positive outlook, and the ability to make meaning of adversity) the highest; average results on utilising social and economic resources were slightly above the middle of the theoretical range of the scale, while average results on family spirituality were slightly below the theoretical average. Regarding subjective well-being indicators, both mothers and fathers on average reported moderate life satisfaction and relatively high happiness in both waves of the study (Table 2).

☞ TABLE 2
Descriptive statistics for mothers' and fathers' subjective well-being indicators in the first (W1) and in the second (W2) wave of the study

Subjective well-being	W1				W2			
	Min	Max	M	SD	Min	Max	M	SD
M_SWLS	1.00	35.00	26.37	5.31	5.00	35.00	25.82	4.87
M_Happiness	0.00	10.00	8.16	1.52	1.00	10.00	7.96	1.54
F_SWLS	6.00	35.00	25.91	5.21	5.00	35.00	26.02	4.94
F_Happiness	2.00	10.00	8.08	1.64	2.00	10.00	8.01	1.48

Note. M – mothers' estimations, F – fathers' estimations; SWLS – Satisfaction with Life Scale

Correlation analyses showed high positive correlations between life satisfaction and happiness within both waves of

the study, for mothers and for fathers, while correlations between the same SWB indicators between two waves were moderately high. All correlations among family resilience dimensions were statistically significant, both within and between parents, with the highest correlation between mothers' and fathers' estimation of family spirituality ($r = 0.73, p < 0.01$). Regarding correlations between family resilience dimensions and parents' SWB indicators, almost all were statistically significant, and somewhat higher within than between parents' estimations, as expected. The lowest correlations were between family spirituality and SWB indicators, and highest (although also low in size) between family problem solving and SWB.

TABLE 3
Correlations between
all study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 M_SWLS (W1)	1												
2 M_Happy (W1)	0.69**	1											
3 F_SWLS (W1)	0.44**	0.38**	1										
4 F_Happy (W1)	0.40**	0.43**	0.71**	1									
5 M_SWLS (W2)	0.56**	0.50**	0.33**	0.31**	1								
6 M_Happy (W2)	0.44**	0.56**	0.28**	0.32**	0.74**	1							
7 F_SWLS (W2)	0.29**	0.27**	0.49**	0.42**	0.49**	0.43**	1						
8 F_Happy (W2)	0.20**	0.25**	0.38**	0.46**	0.42**	0.49**	0.74**	1					
9 M_FPS	0.37**	0.42**	0.25**	0.29**	0.32**	0.32**	0.21**	0.24**	1				
10 M_UR	0.25**	0.25**	0.16**	0.17**	0.23**	0.22**	0.14**	0.11**	0.35**	1			
11 M_SP	0.12**	0.12**	0.08*	0.09**	0.13**	0.13**	0.09*	0.13**	0.20**	0.26**	1		
12 F_FPS	0.22**	0.23**	0.40**	0.43**	0.23**	0.22**	0.32**	0.36**	0.46**	0.13**	0.09*	1	
13 F_UR	0.19**	0.18**	0.24**	0.29**	0.19**	0.15**	0.22**	0.24**	0.19**	0.53**	0.19**	0.36**	1
14 F_SP	0.06	0.07	0.11**	0.14**	0.09*	0.08*	0.13**	0.16**	0.16**	0.19**	0.73**	0.15**	0.29**

Note. M – mothers' estimations, F – fathers' estimations, W1 – first wave of the study, W2 – second wave of the study, M/F_FPS – family problem solving, M/F_UR – utilising social and economic resources, M/F_SP – family spirituality, ** $p < 0.01$, * $p < 0.05$

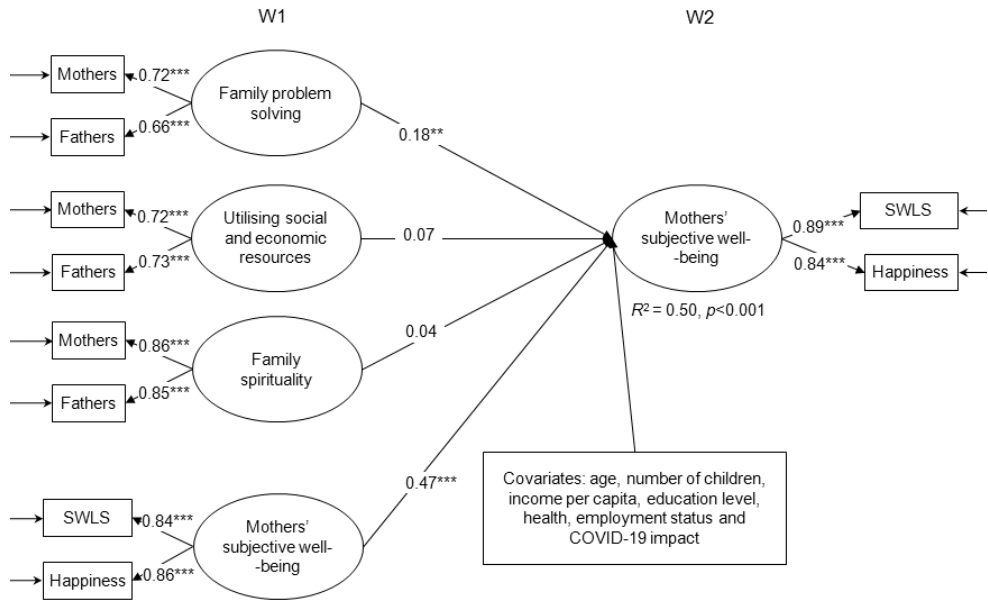
The longitudinal common fate model was set up next to explore its longitudinal invariance and stability. The model consisted of three family-level factors per wave with mothers' and fathers' perceptions of different family resilience subscales as indicators. First, we examined a configural model with free loadings for all indicators across time and raters (mothers and fathers). This model had a good fit statistics ($\chi^2(21) = 58.649, p < 0.001, CFI = 0.989, TLI = 0.967, RMSEA = 0.046, SRMR = 0.023$). Next, we tested a metric invariance model with equal loadings for the same indicators across time and raters. This model also had good fit statistics ($\chi^2(27) = 63.078, p < 0.001, CFI = 0.990, TLI = 0.975, RMSEA = 0.040, SRMR = 0.025$). The metric invariance model did not differ from the configural model (Scaled Chi-Squared Difference Test $\Delta\chi^2 = 6.2244, \Delta df = 6, p = 0.399$). In the last model, correlations between

two waves were 0.75 for family problem solving, 0.82 for utilising resources and 0.95 for family spirituality. Based on fit statistics and high correlations during time, it seems that family resilience maintains high rank-order stability over time.

To determine the longitudinal relationship between different family resilience dimensions and parents' SWB, structural equation modelling was used, with separate models for mothers (Figure 1) and fathers (Figure 2).

SWB was operationalised as a latent variable with measures of life satisfaction and happiness as indicators. Family resilience, modelled with common fate model, was used as a predictor of changes in SWB (SWB from the first wave of the study was included as a predictor as well, while SWB from the second wave of the study was a criterion). Parents' age, education level, employment status, income, number of children, health and COVID-19 impact were included as control variables.

FIGURE 1
Model of the relationship between family resilience dimensions and mothers' subjective well-being



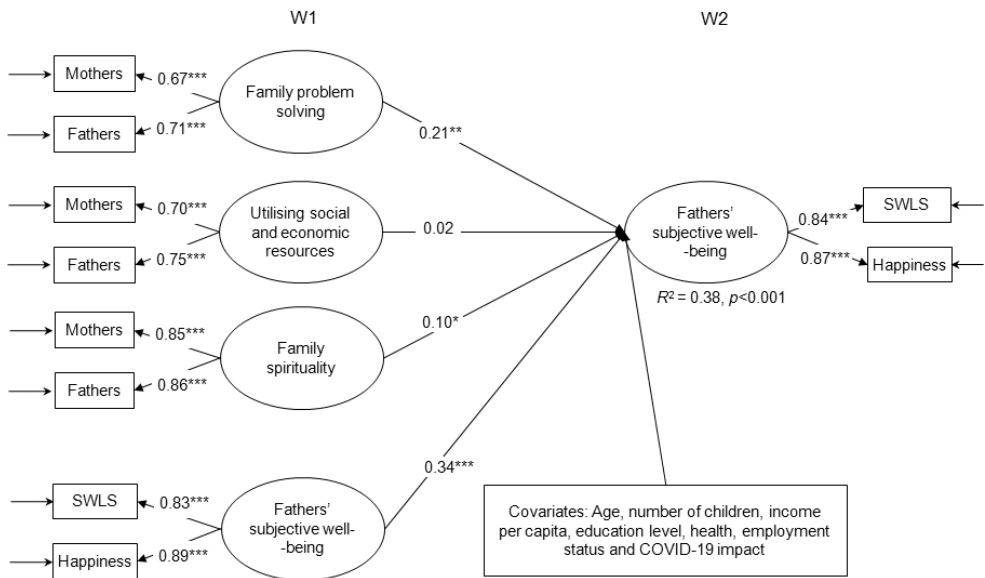
Note. Intercorrelations among predictors are not shown. The parameter estimates shown are standardised. W1 – first wave of the study, W2 – second wave of the study; ** $p < 0.01$, *** $p < 0.001$; significant covariate paths were the ones for higher education level ($\beta = 0.09, p = 0.013$) and for higher subjective health ($\beta = 0.28, p < 0.001$).

The model of the longitudinal relationship between family resilience dimensions and mothers' subjective well-being showed good fit to the data ($\chi^2(84) = 237.350, p < 0.001, RMSEA = 0.046, CFI = 0.951, TLI = 0.932, SRMR = 0.052$). After controlling for the mothers' SWB in the first wave of the study, and other con-

control variables, family-level problem solving positively predicted mothers' SWB two years later. Other family resilience dimensions were not significant predictors of mothers' SWB change. The predictors together explained 50% of the variance in mothers' SWB.

Regarding the longitudinal relationship between family resilience dimensions and fathers' subjective well-being, the model also showed good fit to the data ($\chi^2(84) = 229.562, p < 0.001, RMSEA = 0.045, CFI = 0.949, TLI = 0.931, SRMR = 0.063$), with the same pattern of relationships obtained for mothers – after controlling for the SWB in the first wave of the study, family level problem solving and family spirituality positively predicted fathers' SWB measured two years later. The predictors together explained 38% of the variance in fathers' SWB.

FIGURE 2
Model of the relationship between family resilience dimensions and fathers' subjective well-being

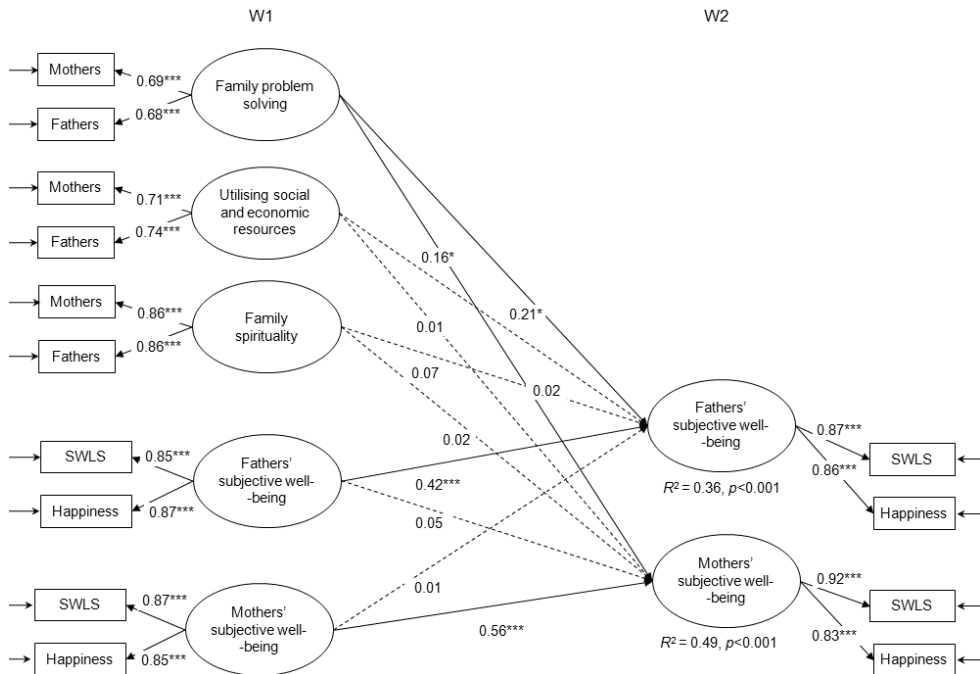


Note. Intercorrelations among predictors are not shown. The parameter estimates shown are standardised. W1 – first wave of the study, W2 – second wave of the study; ** $p < 0.01$, *** $p < 0.001$; the only significant covariate path was the one for higher subjective health ($\beta = 0.28, p < 0.001$).

As a sensitivity test, we tested a variation of the autoregressive cross-lagged model between parents' SWB during time with family resilience still modelled as a common fate factor. The only difference in that model compared to the previous models is the inclusion of cross-lagged paths from each parent's first wave SWB to their SWB two years later (Figure 3). That model fit the data well ($\chi^2(47) = 162.824, p < 0.001, RMSEA = 0.054, CFI = 0.973, TLI = 0.947, SRMR = 0.034$). In that model the only significant paths were autoregressive paths from each parent's SWB, and family problem solving which predicted

increases in both mothers' ($\beta = 0.16, p < 0.05$) and fathers' ($\beta = 0.21, p < 0.05$) SWB two years later. Lastly, because all variables were measured in both research waves, we specified an autoregressive cross-lagged model between each parent's SWB and family resilience. In these models, we explored whether parents' SWB from the first wave predicts changes in family resilience operationalised via family-level factors in the second wave, i.e., the existence of bidirectional links. The model for mothers ($\chi^2(63) = 137.872, p < 0.001, RMSEA = 0.037, CFI = 0.986, TLI = 0.972, SRMR = 0.039$) and fathers ($\chi^2(63) = 126.454, p < 0.001, RMSEA = 0.034, CFI = 0.987, TLI = 0.976, SRMR = 0.033$) fit the data well. Mothers' or fathers' SWB from the first wave did not predict any of the family resilience factors in the second wave. Regression paths for mothers' SWB predicting changes in family problem solving, family spirituality and utilising resources in the second wave were 0.11 ($p = 0.162$), -0.01 ($p = 0.851$), and 0.01 ($p = 0.895$), respectively. Standardised regression paths for fathers' SWB predicting changes in family problem solving, family spirituality and utilising resources in the second wave were 0.12 ($p = 0.162$), -0.03 ($p = 0.516$), and -0.08 ($p = 0.232$), respectively. Family problem solving predicted SWB two years later in both mothers' ($\beta = 0.19, p = 0.003$) and fathers' ($\beta = 0.25, p = 0.001$) model, therefore confirming the results from the prior analyses.

FIGURE 3
 Model of the relationship between family resilience dimensions and mothers' and fathers' subjective well-being



DISCUSSION

The aim of the present study was to examine the longitudinal relationship between different family resilience dimensions (i.e., family problem solving, utilising social and economic resources, and family spirituality) and parents' subjective well-being. More specifically, we wanted to examine whether components of family resilience predict rank-order changes in subjective well-being over two years for parents of underage children. We expected that higher components of family resilience – family problem solving, utilisation of resources and spirituality – would predict increases in subjective well-being for both mothers' and fathers' during two years. The results showed that, among family resilience dimensions, only family problem solving, assessed by both mothers and fathers, was longitudinally associated with greater SWB in both parents two years later. The other two family resilience dimensions, utilisation of social and economic resources, and family spirituality, did not have a significant contribution to either parent's SWB, after controlling for their SWB measured in the first wave of the study, and other control variables (parents' age, education level, employment status, income, number of children, health and COVID-19 impact). The dimensions of family resilience explained only a small portion of the variance in both mothers' and fathers' SWB.

Family resilience, as suggested by Newland's theory of change model (2015), is a vital component of family well-being – a complex, multi-dimensional construct that encompasses, besides family resilience, the mental and physical health of parents and the self-sufficiency of the family. Within this model, components of family well-being are considered inter-related, although empirical research specifically on the relationship between family resilience and parents' well-being is scarce.

Aivalioti and Pezirkianidis (2020) examined the relationship of family resilience with parental well-being (and parental resilience) in Greek parents and found that the only dimension of family resilience that significantly predicted parental well-being were the coping strategies that family uses (e.g., "We take an active attitude and persevere in our efforts to face and resolve problems"), while structural models, social support networks, financial support sources, problem-solving communication and belief system were not significant predictors. Although their results seem not to be in line with the results of the present study, the differences, at least in part, arise from different measures being used for assessing both constructs (e.g., the modified Greek version of Walsh's Family resilience question-

naire vs Sixbey's FRAS used in the present study). Research by Everri et al. (2022) with both Italian and Irish parents used only a total score on the Family resilience questionnaire to examine its role in parental well-being during the COVID-19 restrictions and home confinement. Their results showed family resilience to be a strong positive predictor of parents' well-being, together with low parental conflict. The authors concluded that parents who felt they could work together as a family to tackle the challenges of the pandemic (through hope, positive beliefs, effective communication, and utilising both internal and external resources) experienced less impact on their well-being.

McKeown et al.'s (2003) study with Irish families found that the key family processes affecting the well-being of men and women in two-parent families are the quality of the couple's relationship and the ability to satisfactorily resolve conflicts and arguments (with a problem-solving style which typically involves discussing problems and finding solutions which are acceptable to both). Taken together, these results point to the importance of some family conflict or problem solving processes for the well-being of parents, which is consistent with the determined significance of family problem solving for the well-being of both mothers and fathers in the present study.

This latent variable in the present study included three subdomains of family resilience (communication and problem solving, maintaining a positive outlook, and the ability to make meaning of adversity) corresponding to two different dimensions of family functioning Walsh (1996, 2016) identified as key processes in family resilience – belief systems and communication processes. This broader coverage of relevant family processes has probably contributed to the significance of this dimension of resilience to the well-being of both parents even longitudinally.

The association between resource utilisation and family spirituality with parental well-being was expected based on previous studies on the relationship between SWB and social support (e.g., Brajša-Žganec et al., 2018), income (e.g., Diener, 2013), feeling of financial security (e.g., McKeown et al., 2003), spirituality (e.g., Greenfield et al., 2009) and religious faith (Ellison, 1991). However, these associations were significant only at the level of bivariate correlations, and small in size, which is why they were not significant predictors of parental SWB when all family resilience dimensions were considered simultaneously in a model, especially with SWB from the first study wave included as control.

Implications, limitations and suggestions for future studies

Newland (2014) suggests that viewing the family through a "well-being lens" helps practitioners guide families in utilising protective factors to their advantage. This includes leveraging supportive relationships with extended family or friends, accessing community resources, and identifying and strengthening individual characteristics in both parents and children that are linked to resilience, such as effective coping strategies. Based on the results of the present study, parental well-being could be fostered by enhancing family communication and problem-solving abilities, and a positive outlook on life.

When interpreting the results of the present study, several limitations should be considered. For example, it relies entirely on self-report data. However, data were collected from both mothers and fathers, whose answers were taken together to form a family-level latent variable in the present study, allowing for a family perspective, which is not considered enough in studies. Nevertheless, families involved in the study are intact, functional families; parents rated their subjective well-being highly and assessed their family resilience as being relatively high. Therefore, the participants' representativeness and generalisability of the results is limited.

Walsh (2016) highlights that no universal model of healthy functioning applies to all families or their unique situations, and therefore family functioning should be evaluated within its specific context. Certain aspects of family resilience may be more important to a family than others during difficult times. Additionally, the processes that promote optimal functioning and well-being for family members may shift over time as new challenges arise and families change. During the transition from middle childhood to adolescence, which is the characteristic of the participants' children in the present study, families face challenges in adapting to different roles and family dynamics in response to the changing needs of adolescents. Therefore, it would be beneficial to consider family resilience at different time points in this period of the family life-cycle, alongside the SWB of family members at those various stages.

Finally, within Newland's model (2014, 2015), components of family well-being are inter-related, and therefore the bidirectionality of their relationships should be considered. For example, Soundararajan et al. (2023), utilising data from a nationally representative survey in the US involving parents/guardians of children aged 0-17, assessed the relationship between overall maternal health and family resilience. Their results indicate that both mental and physical health of mothers can influence how families cope with challenges, emphasising the need for interventions that address both aspects of maternal well-being in order to improve family resilience.

CONCLUSION

The findings of the present study revealed that higher family problem solving, assessed by both mothers and fathers, was longitudinally associated with greater SWB in both parents two years later. However, parental assessments of two other family resilience dimensions, utilisation of social and economic resources, and family spirituality, did not show a significant contribution to either parent's SWB, after controlling for their SWB measured in the first wave of the study, and other control variables. The dimensions of family resilience explained only a small portion of the variance in both mothers' and fathers' SWB indicating that although family resilience does play a role in the parents' SWB, there are other individual and family factors that should be considered when exploring the SWB of mothers and fathers.

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Longitudinalni odnos između obiteljske otpornosti i subjektivne dobrobiti roditelja

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Cilj je ovog istraživanja bio ispitati odnos između raznih dimenzija obiteljske otpornosti (obiteljskog rješavanja problema, upotrebe socijalnih i ekonomskih resursa i obiteljske duhovnosti) te subjektivne dobrobiti majki i očeva. Podaci su prikupljeni od 848 parova majki i očeva djece osnovnoškolske dobi u okviru trogodišnjega longitudinalnog projekta. Upotrebom upitnika u obliku papir-olovka majke i očevi procijenili su otpornost svoje obitelji te vlastito zadovoljstvo životom i sreću u dva vala istraživanja. Rezultati strukturalnoga modeliranja pokazali su da je među dimenzijama obiteljske otpornosti samo obiteljsko rješavanje problema longitudinalno povezano s većom subjektivnom dobrobiti obaju roditelja dvije godine kasnije. Druge dimenzije obiteljske otpornosti nisu značajno pridonijele dobrobiti roditelja nakon kontrole roditeljske dobrobiti iz prvoga vala istraživanja. Obiteljska otpornost objasnila je samo malen dio varijance dobrobiti majki i očeva, što

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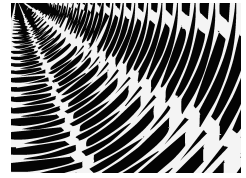
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pokazuje da, iako obiteljska otpornost ima ulogu u subjektivnoj dobrobiti roditelja, postoje i drugi individualni i obiteljski faktori koje treba uzeti u obzir.

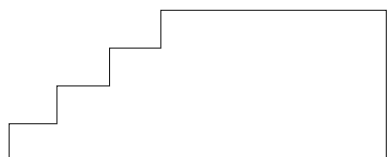
Ključne riječi: obiteljska otpornost, subjektivna dobrobit, majka, otac, longitudinalno istraživanje

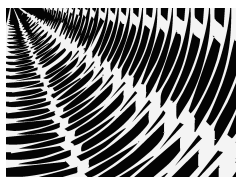


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STUDIJE





<https://doi.org/10.5559/di.35.1.06>

SKRBNIŠTVO KROZ MODEL PROCESA STRESA: STRESORI, PROMJENE I SOCIJALNA PODRŠKA

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U Hrvatskoj gotovo polovica osoba lišenih poslovne sposobnosti živi unutar vlastite obitelji i većini je skrbnik netko od članova obitelji. Teret skrbi utječe na psihofizičko zdravlje skrbnika, a njihova međusobna povezanost moderirana je socijalnom podrškom. Stoga se, polazeći od Modela procesa stresa te rabeći sekundarnu, teorijski vođenu tematsku analizu, ovim radom želi istražiti koje stresore i koje promjene skrbnici odraslih osoba pod mjerom skrbništva doživljavaju te kakvu socijalnu podršku percipiraju. U analizu su uključeni podaci dobiveni intervjuiranjem 11 skrbnika (roditelja ili partnera) osoba lišenih poslovne sposobnosti uslijed mentalnoga poremećaja (shizofrenije). Rezultati pokazuju kako skrbnici kao primarne stresore navode promjene u ponašanju šticećenika te odbijanje liječenja i suradnje. Primarni stresori dovode do sekundarnih (opterećenja uloga skrbnika i izazova vođenja kućanstva) te kontekstualnih (stigmatizacije okoline i izostanka formalne podrške). Navedeni stresori zajednički čine teret skrbi. Kao promjene koje doživljavaju uslijed skrbi, skrbnici navode poteškoće psihikoga i fizičkoga zdravlja, promjene svakodnevnice i smanjenje društvenoga života, a pritom percipiraju podršku obitelji, dok je formalna podrška fragmentirana i često izostaje. Zaključno, skrbništvo sudionicima olakšava zastupanje šticećenika i zaštitu imovine, ali ne smanjuje svakodnevne zahtjeve skrbi – za to su potrebne fleksibilne usluge i razvoj modela formalne podrške.

Ključne riječi: institut skrbništva, shizofrenija, teret skrbi, model procesa stresa, socijalna podrška



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Poslovna sposobnost stječe se punoljetnošću, a iznimno i ranije (Zakon o obveznim odnosima, NN 35/05, 41/08, 125/11, 78/15, 29/18, 126/21, 114/22, 156/22, 155/23) te omogućuje osobama da samostalno donose pravno valjane odluke, sklapaju pravne poslove, preuzimaju obveze i odgovornosti. Kada se osoba zbog mentalnih poremećaja ili drugih razloga ne može brinuti o sebi i/ili svojim pravima i interesima ili ugrožava druge, sud je može djelomično (atkada i potpuno) lišiti poslovne sposobnosti (Obiteljski zakon, NN 103/15, 98/19, 47/20, 49/23, 156/23). Tada joj se imenuje skrbnik, pri čemu prednost imaju članovi obitelji ako pristanu biti skrbnici te zadovoljavaju pravne pretpostavke (Obiteljski zakon, NN 103/15, 98/19, 47/20, 49/23, 156/23).

U Republici Hrvatskoj 2024. godine je bilo 17 950 odraslih osoba lišenih poslovne sposobnosti (Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, 2025). Iako za 2024. godinu nisu javno dostupni podaci o smještaju osoba pod mjeru skrbništva, podaci iz 2022. godine pokazuju da je od 17 969 odraslih osoba pod skrbništvom njih 8320 živjelo u vlastitim obiteljima, a 1156 u srodničkim (Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, 2022). Navedeno pokazuje kako većina osoba pod mjerom skrbništva živi u svojim obiteljima, a skrbnici su najčešće članovi obitelji (Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, 2022). U tom kontekstu institut skrbništva ne djeluje samo kao formalni mehanizam zaštite prava i interesa šticećenika nego zadire u svako-dnevni život cijele obitelji te znatno redefinira i oblikuje uloge, obveze i odgovornosti njezinih članova.

Dosadašnja istraživanja o utjecaju mentalnih poremećaja na obitelj upućuju na visoku razinu stresa, emocionalnu iscrpljenost, narušene odnose i potrebu za stručnom podrškom članovima obitelji (Babić i sur., 2021; Tilinger i Štambuk, 2018; Mishra i sur., 2016). Pritom su socijalna podrška i kvaliteta odnosa "njegovatelj – osoba o kojoj se brine" prepoznati kao čimbenici koji smanjuju negativne učinke subjektivnog opterećenja na mentalno i fizičko zdravlje njegovatelja (Tough i sur., 2022; Erhg i sur., 2002; Gellert i sur., 2018). Ipak, uloga skrbnika u specifičnom kontekstu skrbništva, s dodatnom, zakonom propisanom odgovornošću i obveznom interakcijom s institucijama, ostaje neistražena.

Polazeći od navedenoga i vodeći se teorijskim Modelom procesa stresa, u nastavku se razmatraju stresori povezani sa skrbi za odrasle osobe sa shizofrenijom, promjene koje skrbnici doživljavaju uslijed skrbi, kao i percipirana socijalna podrška. Time se nastoji pridonijeti popunjavanju znanstvene praznine na ovom području, boljem razumijevanju potreba skrb-

nika i potencijalnim smjernicama za unaprjeđenje sustava podrške.

Pravni okvir skrbništva odraslih osoba u Hrvatskoj

Institut skrbništva dio je obiteljskoga prava (Maršavelski, 2006), a njegova je svrha osigurati zaštitu prava i interesa fizičkih osoba koje zbog svoje dobi, zdravstvenoga stanja ili drugih razloga to ne mogu same (Obiteljski zakon, NN 103/15, 98/19, 47/20, 49/23, 156/23). U kontekstu ovog rada naglasak će biti na skrbništvu nad punoljetnim osobama.

Usprkos tome što se odlučivanjem o lišenju poslovne sposobnosti zadire u jedno od osnovnih ljudskih prava, ne postoji specijalizacija sudaca za ovo područje, na problematičnost čega je još 2011. godine upozoravala pučka pravobraniteljica za osobe s invaliditetom (Milas Klarić, 2011). U širem normativnom smislu, dodatno je važno i pitanje usklađenosti supstitucijskog odlučivanja s načelima Konvencije o pravima osoba s invaliditetom, koja naglasak stavlja na podržano donošenje odluka i očuvanje autonomije osobe (Milas Klarić, 2011; Zakon o potvrđivanju Konvencije o pravima osoba s invaliditetom i Fakultativnoga protokola uz Konvenciju o pravima osoba s invaliditetom, 2008).

Nakon što je osoba lišena poslovne sposobnosti, Hrvatski zavod za socijalni rad donosi rješenje o stavljanju osobe pod skrbništvo te joj imenuje skrbnika (Obiteljski zakon, NN 103/15, 98/19, 47/20, 49/23, 156/23). Obiteljski zakon (NN 103/15, 98/19, 47/20, 49/23, 156/23) propisuje prava i obveze skrbnika, no ne uređuje pravo skrbnika na sustavnu i stalnu podršku, što ostavlja prazninu između zakonom određene uloge skrbnika kojom mu se pripisuje odgovornost i konkretnih mehanizama koji bi tu ulogu poduprli u praksi.

Teret skrbi i Model procesa stresa

Pojam teret skrbi (eng. *Care burden*) počeo se pojavljivati u literaturi usporedno s procesom deinstitucionalizacije. Danas je usuglašena podjela na "objektivni teret", koji podrazumijeva vidne promjene u funkcioniranju obitelji i kućanstva (povećane obveze, promjene u svakodnevnim aktivnostima), dok "subjektivni teret" obuhvaća doživljaj opterećenosti skrbnika (osjećaj napetosti, razočaranja, ljutnje, gubitka) (Fusińska-Korpik, 2020). Objektivni teret skrbi tako predstavlja "fizički teret" koji nastaje kao posljedica promjena u ponašanju osobe s mentalnim poremećajem koje se prelijevaju na svakodnevni život obitelji (najviše njegovatelja), dok subjektivni teret proizlazi iz doživljaja objektivnoga tereta – kako se skrbnik osjeća zbog brige o štićeniku.

U objašnjenju učinka tereta skrbi na skrbnika, ali i cjelokupnu obitelj, rabe se razni teorijski okviri, poput Teorije uloga (Biddle, 1986; prema Bastawrous, 2013) i Teorije obiteljskoga stresa (Wilmoth i Smyser, 2009). Ipak, u ovom radu kao teorijsko polazište za analizu dobivenih podataka uzet je Pearlinov Model procesa stresa (Stress Process Model – SPM) (Pearlin, 1999). Prema navedenom modelu, stres se razvija i održava u svakodnevnim ulogama (kroz faktore koji uzrokuju stres ili napetost), a ishod stresa na zdravlje osobe (manifestacija/ rezultat stresa) ovisi o resursima koji moderiraju odnos između izvora stresa i njegova rezultata. Promatrajući ulogu skrbnika kroz navedeni model, primarni stresori bili bi zahtjevi koji proizlaze iz same uloge skrbnika (potreba skrbi, nepredvidljivost simptoma, odnos sa šticećenikom), rezultat stresa predstavlja posljedice proširenja primarnih stresora u druge domene života (sukob uloga, promjene u odnosima među članovima obitelji, narušeno mentalno zdravlje), dok su moderatori resursi koji mogu promijeniti učinak primarnih stresora na ishod. Pritom su najčešće prepoznati moderatori socijalna podrška i strategije suočavanja sa stresom (Huang i sur., 2025; Tough i sur., 2022; Philips i sur., 2021; Turner, 2010).

Model procesa stresa empirijski je provjeravan na različitim populacijama njegovatelja te istraživanja idu u prilog općenitoj potvrdi modela, pri čemu istraživači dodaju i provjeravaju različite varijable. Tako istraživanje Yu i suradnika (2020) pokazuje kako percipirani teret skrbi i obiteljsko funkcioniranje posreduju odnos između funkcioniranja osobe sa shizofrenijom i depresivnih simptoma skrbnika, podupirući time pretpostavku o međudjelovanju stresora, resursa i ishoda, dok Stanley i Balekrishnan (2023) dodatno upozoravaju na važnost otpornosti, koja se pokazala kao medijator između obilježja i opterećenja skrbnika.

Prethodna istraživanja pokazuju kako je Model procesa stresa prikladan teorijski okvir za istraživanje iskustva skrbnika osoba sa shizofrenijom, koja su od velike važnosti ne samo zbog učinaka koje subjektivni doživljaj opterećenja može imati na zdravlje skrbnika nego i zbog širih društvenih koristi koje proizlaze iz te skrbi (smanjenje opterećenja zdravstvenoga sustava i sustava socijalne skrbi).

Skrb o odraslim osobama sa shizofrenijom

Prema podacima Hrvatskog zavoda za javno zdravstvo, mentalni poremećaji zadnjih godina sudjeluju otprilike sa 6 % u ukupnom bolničkom pobolu u Hrvatskoj, pri čemu je druga vodeća dijagnostička kategorija u ukupnom broju hospitalizacija zbog mentalnih poremećaja shizofrenija (HZJZ, 2025).

Shizofrenija zahvaća oko 0,29 % svjetske populacije i najčešće započinje u kasnoj adolescenciji (World Health Organization, 2025), a u kliničkoj slici razlikuju se pozitivni simptomi, poput halucinacija i deluzija, te negativni, poput socijalnoga povlačenja, smanjenja emocionalnoga pobuđenja, avolucije, anhedonije i alogije (Szecówka i sur., 2022). Uz to, kod dijela osoba prisutne su i trajne poteškoće u pažnji, pamćenju i mišljenju, što dodatno otežava njihovo svakodnevno funkcioniranje (World Health Organization, 2025).

Istraživanja dosljedno bilježe kako obiteljska skrb o osobama s mentalnim poremećajem nosi visoke rizike za fizičko, psihičko i socijalno zdravlje skrbnika (Sharma i sur., 2016; Akbari i sur., 2018; Norris i sur., 2018; Özgönül i Bademli, 2022). Skrb je povezana sa socijalnom izolacijom, financijskim pritiscima, radnim ograničenjima i negativnim emocionalnim stanjima, uključujući ljutnju, frustraciju, nisko samopoštovanje, trajnu zabrinutost i bespomoćnost (Yin i sur., 2014; Lamont i Dickens, 2021), kao i s kraćim očekivanim životnim vijekom, slabijom dobrobiti, manjim osjećajem ovladavanja životom te manje vremena za odmor (Hsiao i sur., 2020; McKee, 2020; Daldato i Cavalcante, 2021). Dodatno, specifičnosti mentalnih poremećaja donose znatan broj izazova za skrbnike, kao što su promjene u obiteljskom funkcioniranju, nasilničko ponašanje štićenika, poteškoće u liječenju štićenika i odbijanje suradnje štićenika u provođenju skrbi (Kozjak, 2023).

Teret skrbi kod obiteljskih skrbnika osoba sa shizofrenijom osjetno je viši nego kod njegovatelja koji se brinu o osobama s općim medicinskim stanjem (Stanley i sur., 2017). U istom smjeru idu i rezultati istraživanja Chama i suradnika (2022), koji zaključuju kako je prevalencija tereta skrbi veća u istraživanjima koja su uključivala osobe sa shizofrenijom ili psihozama (35,88 %) nego u istraživanjima koja nisu uključivala psihoze (26,82 %). Ovakvi rezultati upućuju na to da skrb o osobi sa shizofrenijom može osjetno zahvatiti psihičko funkcioniranje i dobrobit skrbnika, odnosno mentalno zdravlje skrbnika.

Dok uloga neformalnih njegovatelja primarno uključuje pružanje svakodnevne skrbi, skrbnici preuzimaju i zakonom propisane ovlasti i obveze: zastupanje štićenika u osobnim i imovinskim pitanjima, vođenje i zaštitu imovine te redovitu suradnju s institucijama. Polazeći od toga da je njihov status pravno reguliran, opravdano je pitati imaju li skrbnici sustavno osigurane oblike podrške za koje se pokazalo da mogu moderirati učinak stresora skrbi na ishode.

Socijalna podrška

Ono što je prepoznato kao jedan od ključnih čimbenika koji štite skrbnike od negativnih učinaka tereta skrbi na fizičko i mentalno zdravlje jest socijalna podrška. Ona se pokazala kao mo-

derator štetnog učinka psihološkoga distresa na funkcioniranje obitelji (Ergh, 2002), kao moderator odnosa skrbničkoga distresa i otpornosti (Wilks i Croom, 2008) te kao moderator odnosa tereta skrbi i mentalnoga zdravlja skrbnika (Tough i sur., 2022).

Socijalna podrška općenito uključuje međuljudske razmjene koje pružaju pozitivan utjecaj, potvrdu i poštivanje osobnih uvjerenja i vrijednosti kroz različite oblike pomoći (Özkahraman i sur., 2011). Ona se može promatrati i kao mreža odnosa koja osigurava psihološke i materijalne resurse za očuvanje dobrobiti pojedinca (Tajalli i Ganbaripannah, 2010).

Koncept socijalne podrške jest višedimenzionalan, pa je prema vrsti možemo podijeliti na: emocionalnu, instrumentalnu (praktičnu), informacijsku i evaluacijsku (Wang i sur., 2018; Tracy i Whittaker, 2015; Berkman i sur., 2014). Emocionalna podrška uključuje povjerenje, bliskost i razumijevanje kroz razgovor i slušanje; instrumentalna / praktična podrška odnosi se na konkretnu pomoć i materijalne resurse (npr. financijske potpore, hrana, odjeća); informacijska podrška obuhvaća korisne informacije za definiranje problema i suočavanje, a evaluacijska / podrška u procjeni odnosi se na konstruktivne povratne informacije i afirmacije koje podupiru samoprocjenu (Wilcox i sur., 2005; Raboteg Šarić i Pećnik, 2005).

Kada govorimo o izvorima socijalne podrške, razlikujemo formalnu (pružaju je stručnjaci, udruge, institucije) i neformalnu (pružaju je obitelj, prijatelji, susjedi) socijalnu podršku (Pećnik, 2013; Milić Babić, 2010). Treba istaknuti kako se udruge u literaturi najčešće povezuju s formalnom podrškom, no pojedini oblici podrške koje one pružaju (kao što je vršnjačka podrška) mogu imati obilježja neformalne podrške (Čolić i Buljevac, 2023).

Prema načinu mjerenja možemo razlikovati primljenu (procjenjuje se objektivno opažanjem) i percipiranu socijalnu podršku (koliko osoba subjektivno osjeća da je dobila podrške) (Melrose i sur., 2015). Ono što istraživanja dosljedno pokazuju jest da percipirana socijalna podrška jače utječe na dobrobit osobe od stvarno primljene podrške (Acoba, 2024) te da formalna podrška može značajno smanjiti opterećenje njegovatelja i obitelji (Lauzier-Jobin i Houle, 2022; Drageset, 2021).

METODA

Polazeći od svega prethodno navedenog, cilj je ovog rada, vodeći se Modelom procesa stresa, istražiti stresore, percipirane promjene i socijalnu podršku koje navode obiteljski skrbnici osoba sa shizofrenijom. Pritom su postavljena sljedeća istraživačka pitanja: 1) koje stresore skrbnici doživljavaju u svako-

dnevnoj skrbi za članove obitelji pod mjerom skrbništva, 2) koje promjene pritom opisuju te 3) koju vrstu socijalne podrške percipiraju i iz kojih izvora.

Istraživanje je obuhvatilo 11 skrbnika članova obitelji osoba lišenih poslovne sposobnosti zbog shizofrenije. Uzorak je namjeran, a kriteriji odabira jesu: odnos sa štićenikom (roditelj ili partner/ica) te shizofrenija kao primarna dijagnoza. Sudionici su identificirani uz pomoć stručnih radnika iz četiri Područna ureda Hrvatskoga zavoda za socijalni rad na području Krapinsko-zagorske županije koji su bili upoznati s ciljem i svrhom istraživanja. Oni su od potencijalnih sudionika prikupili suglasnost za prosljeđivanje kontakt-podataka istraživačici koja je potom s njima telefonskim putem dogovorila vrijeme i mjesto provođenja intervjua.

U uzorku je bilo 7 muškaraca i 4 žene, prosječne dobi od 64,2 godine (raspon od 56 do 83 godine). Prema obrazovanju, 1 sudionik nije završio OŠ, 3 su završila OŠ, 4 trogodišnju srednju, 2 četverogodišnju srednju školu, a 1 sudionik je završio fakultet, 7 sudionika bilo je u mirovini, 1 zaposlen, a 3 nezaposlena. U pogledu bračnoga statusa, 8 ih je bilo u braku, dok je 1 bio rastavljen, 1 udovac, a 1 je živio u izvanbračnoj zajednici. Većinu uzorka činili su roditelji osoba lišenih poslovne sposobnosti (8 sudionika), dok su preostala 3 sudionika bila partneri; 9 skrbnika brinulo se o osobama sa shizofrenijom, a 2 o osobama koje uz shizofreniju kao primarnu dijagnozu imaju i poremećaje povezane s alkoholom.

Podaci su prikupljeni polustrukturiranim intervjuima za potrebe izradbe specijalističkog rada, uz prethodno odobrenje Etičkoga povjerenstva Pravnoga fakulteta u Zagrebu za provođenje istraživanja, tijekom srpnja i kolovoza 2022. godine, u domovima sudionika, s prosječnim trajanjem od 40 minuta. Poštovana su etička načela dobrovoljnosti, anonimizacije i zaštite privatnosti sudionika, a svi podaci analizirani su na grupnoj razini.

Za analizu podataka upotrijebljena je sekundarna tematska analiza (Braun i Clarke, 2006). Analitički postupak kombinirao je deduktivno kodiranje (teorijsku tematsku analizu) vođeno ključnim domenama Modela procesa stresa (stresori, promjene, resursi), s induktivnim generiranjem podtema iz podataka (Braun i Clarke, 2006).

REZULTATI

Polazeći od Modela procesa stresa (Pearlin, 1999), rezultati su strukturirani oko triju glavnih tema: stresora, promjena za skrbnike i percipirane socijalne podrške. Stresori koje većina sudionika dosljedno navodi mogu se podijeliti na primarne, odnosno one koji su vezani uz obilježja bolesti štićenika i tijek liječenja (*promjene u ponašanju štićenika, odbijanje liječenja i nesurad-*

U TABLICA 1
Primarni i sekundarni
stresori

nja) i čine objektivni teret skrbi, sekundarne stresore *opterećenje uloga i izazova vođenja kućanstva* te sekundarne kontekstualne stresore *stigmatizacije okoline i institucionalne prepreke*.

Teme	Kodovi	Primjeri izjava
Promjene u ponašanju štićenika	Povlačenje štićenika	S3: ... jednostavno se zatvoril u sebe... S4: ... a sad se je čisto ono povljekel... niti one oće s menom verle komunicirati... tak da se povukel i tak... S11: ... prije si je znal i vani sest, del sam garnituru van na terasu... sad jednostavno se zaper... reko, X., daj se obredi pa nekam prejdi, u društvo nekam... ništa...
	Agresivnost štićenika	S2: ... kad je bio agresivan... jer on je u početku bio jako agresivan... mi smo imali s njim vrlo teških momenata... bojali smo se... S6: ... on je poslje postal agresivan... meni je teško kad ja moram njega terati doktoru... i onda dođe do svađe i to sve to... agresivnosti... S11: ... inal je i toshibu110, njega je isto bubnul... bubnul je i laptop...
	Fizičko nasilje štićenika prema skrbniku	S4: ... bil je agresivan prema njemu i prema meni je bil par put... ke me lupil... skoro sam ostala bez oka...
	Psihičko nasilje štićenika prema skrbniku	S8: ... dok ju pukne onda skune i prejde van i tak...
Odbijanje liječenja i nesuradnja	Neprihvatanje bolesti	S6: ... ja stalno lažem... svi lažu za njega, i doktor, i psihijatar... sve on to odbacuje... to nije to... on smatra da on je zdrava osoba... a mislim, problem je... bolest je prisutna samo on ne prizna... i to je glavni problem... S2: ... jer sve što vi hoćete dobro, on to smatra za zlo... da nije on bolestan...
	Otpor prema liječenju	S4: Meni bi samo to olakšalo ove... da se on... da on oće slušati mene i da bi on išel se liječit... ali on neće... on odbija... S2: ... ni u ambulantu neće... neće ići doktoru, neće ovdje, neće ondje...
	Nemogućnost postizanja dogovora sa štićenikom	S4: ... nije se moći dogovoriti... da se moremo mi dogovoriti, onda bi to bilo drukčije... S6: ... ali poslje kad je to otišel u tu Bolest... to više nije da bu on prihvatil kaj mu ja kažem...
Odbijanje održavanja osobne higijene	Odbijanje održavanja osobne higijene	S2: ... to je bio jedan problem kad je došlo do kulminacije kad je on bil sav zarasao, nit se mjesecima okupal, niti se dal ošišati... S4: Tjerati ga moram o higijeni... terati ga moram, terati... veli budem za jedan sat... a prejde i cijeli dan i opet niš...
	Nemogućnost ostavljanja osobe same	S3: A gledajte... jednostavno morate biti prisutni 24 sata na dan... cijelo vrijeme se brinuti o njemu jer... nemrete ga ostaviti samoga... S4: ... ali nemrem iti... nemrem iti... ja sebi nemrem niš... ja sam sad mislila da budem s unukom išla u Krapinu... bar s vlakom... ali nemrem nikam... tak da sam ja stalno vezana... S9: ... ostaviti ju nesmete samu... nikad nije sama...
Opterećenje uloge skrbnika	Prilagodba vlastitog ponašanja	S1: Pa čujte... ona, ja i žena smo... moraš sve prilagoditi... kak bi se reklo... potrebe... S2: ... mi smo ograničeni... mi se moramo prilagoditi njemu... S6: ... ja se moram i njemu prilagodavati na neki način... nije ni meni baš jednostavno... kolko put ja moram iti po volji njegovoj... teško je to...
	Obveze koje proizlaze iz instituta skrbništva	S2: ... ja sam dobil katastrofalne obaveze... to... to... ja sam... moj život se izmijenil... ne sto posto nek hiljadu posto... ja sam ograničen čovjek... 35 godina ne živim svoj život... od kad sam njegov skrbnik ja ne živim svoj život... Ja živim njegov život i za njega.

(Nastavak)

Teme	Kodovi	Primjeri izjava
Izazovi vođenja kućanstva	Neprijmjereno trošenje novca od strane štićenika	S8: <i>Stalno doktoru, stalno doktoru... peljaj ju ženskom doktoru, peljaj tomu, peljaj opće prakse, peljaj psihijatru i tak... više obaveza je nek... sve moram s njom zbog potpisa...</i> S6: <i>... počel je trošiti novce, mislim bezveze... plaćati tam... stvarno, tolko nas je duga jedamput stavil...</i> S7: <i>Čujte, počel je zaboravljati... sve je potrošil novce bez veze...</i>
	Povećani financijski izdaci	S2: <i>... kad je takva situacija vi morate više brinuti o njemu nego o sebi... to su dodatni financijski izdaci...</i> S3: <i>... pa bolest uvijek iziskuje... liječi ga... normalno, treba ga... voziti, liječiti... oblačiti... sve to košta... njemu je liječenje došlo skupo... ima injekciju mjesečno koja dođe 3.000,00 kuna i plus ostali lijekovi... i to je... nemremo mi to iz mirovine platiti...</i> S1: <i>... nisam mel od čega bum ju uzdržaval znate... onda sam ja išel socijalnoj radnici...</i>
	Uništavanje obiteljske imovine	S11: <i>... pa je tu potrgal... recimo lani je dva televizora.. jedan je 2 godine bil star... bubnul je h njega... imal je i toshibu110, njega je isto bubnul... bubnul je i laptop...</i> S6: <i>... bilo je tu par slučajeva tak... kaj stvarno je zdrobil sve stolce...</i>
	Stigmatizacija okoline	Negativne reakcije susjeda S11: <i>... znate kak je tu... ono kad sam znal policiju ili hitnu, onda iza čošak svi, koda smo pobili nekoga... i to mi ide na jetra...</i> Negativne reakcije šire okoline S11: <i>... okolina je takva... odma si stigmatiziran... luđak, luđak... ono...</i> S4: <i>... te stariji je uvijek bil i školi i sve, njega su svi odbacivali, a toga mlađega su svi voljeli...</i>
Nedostaci formalne podrške	Izostanak suradnje nekih institucija	S2: <i>... obraćate se institucijama koje bi trebale reagirati pa ne dobite odgovora... kad je bio agresivan... i kad smo tražili pomoć policije, onda sam ja dobio odgovor, odnosno pitanje, da li on stvara probleme na javnom mjestu... liječnik bi po zakonu jedan put mjesečno trebao posjetiti pacijenta... to liječnik nije napravio nikada...</i> S4: <i>... teško... ja sam morala puno vrata otvoriti da bi nešto bili poduzeli... i sad sam se bila razljutila nad tom njegovom socijalnom radnicom...</i>
	Nedostatak socijalnih usluga	S2: <i>... i onda je on ostal po strani i nije dobil adekvatnu pomoć. Međutim, poslije kad smo sve skupa tražili dalje, onda se samo nudilo... svi su samo nudili dom... i još dan danas dom...</i> S3: <i>Pa... nekad možda da može on ići u drugu udomiteljsku obitelj... da može promijeniti sredinu ili okolinu... da imamo mi koji dan slobodan...</i>

Prethodno navedeni stresori predstavljaju rizike za psihofizičko funkcioniranje skrbnika, ali i cjelokupne obitelji. Iako u kontekstu kvalitativnog istraživanja ne možemo govoriti o ishodima, ono što su skrbnici prepoznali kao promjene na individualnoj razini jesu *poteškoće psihičkoga i fizičkoga zdravlja*, a na razini obitelji *promjenu uloga i obaveza te smanjenje obiteljskih društvenih odnosa*.

Socijalna podrška u narativima sudionika pojavljuje se kao resurs koji ublažava dio zahtjeva skrbi te je sudionici percipiraju iz formalnog i neformalnog izvora. Kao izvor neformalne podrške ističu užu obitelj, a kao izvor formalne podrške struč-

● TABLICA 2
Promjene koje skrbnici
percipiraju

njake iz Zavoda za socijalni rad. Dodatno, i sam institut skrbi-
ništva doživljavaju kao administrativno olakšanje koje olak-
šava zastupanje štićenika i zaštitu imovine.

Teme	Kodovi	Primjeri izjava
Poteškoće psihičkog i fizičkog zdravlja	Emocionalna iscrpljenost	S10: ... <i>dugo smo mi pokušavali nju iščupati iz tog njezinog svijeta... a sad već polako zapravo gubim snagu...</i> S1: <i>A čujte... mi smo svi bili... kak bi rekel... potreseni... i kak smo i danas... iscrpljeni...</i>
	Emocionalna napetost	S7: <i>Hhhh... pa znate... nervozna sam, živčana sam... ali ke bum, nemrem van s te kože...</i> S8: ... <i>malo su mi žiroci napeti kad mi ona digne tlak...</i> S3: ... <i>žiroci delaju... pod stresom si... to vam stvara nemir...</i>
	Zabrinutost za budućnost štićenika	S6: ... <i>a ne znam za budućnost kak bude... već sam i ja 7 banki tu... kad ide čovjek sve stariji, sve se kaže, sve kaj je daleko, sve bliže... i to ti je to... ne možeš... svi starimo nažalost... a obaveza je, ah... ah...</i> S1: ... <i>nek radi nje samo, da si nebi danas sutra... nebum ja zanavek tak i tak... pitaj boga kak i ona bude dalje funkcionirala...</i>
	Problemi sa spavanjem	S9: ... <i>a sad kaj je različito... lično meni da nemam više mirne noći... ti moraš s jednim okom bit uvijek spreman...</i> S11: ... <i>ja baš nemrem spati... ja film onda premotavam...</i>
Promjena obitelj- ske svakodnevnice	Prilagođavanje obveza članova obitelji potrebama štićenika	S7: ... <i>ja velim kćeri i onda si ona riješi na poslu kaj me more otpeljati... nema me tko drugi nego deca...</i> S9: <i>A i njihove obaveze... jesu, promjenile su se... jer su se prilagođavali... sve jen drugomu... znači ak nismo mi spremni... da mi smo spriječeni da budeme s njom, onda ju ostavimo ili pri jednoj kćeri ili pri drugoj...</i>
	Smanjenje obi- teljskih druženja	S2: <i>Smanjil nam se broj ljudi... a ko će vas posjećivati ako ne može normalno komunicirati, ako vi ne možete razgovarati, ponuditi... i onda on dojde i maltretira vas oko stola... Ne družim se izvan kuće... prije sam znao...</i> S3: ... <i>samo baš... nemreš ti otići kad očeš familiji... tu je manje... manji posjeti su... manje... manje...</i>

● TABLICA 3
Percipirana socijalna
podrška

Teme	Kodovi	Primjeri izjava
Emocionalna podrška obitelji	Podrška supružnika	S1: ... <i>i tak... nekad suprugom razgovaram... ali na kraju zanemarimo kak nam je...</i> S10: ... <i>a muž mi je podrška u svemu... evo...</i>
	Podrška djece	S10: <i>Em... pa s obzirom da je ona u Zagrebu onda ju ovaj... sestre običu...</i> S2: ... <i>mi imamo još jednog sina... on živi tu dolje u drugoj kući... i oni nas uvažavaju i podržavaju...</i>
Instrumentalna podrška obitelji	Pomoć u skrbi	S2: <i>Ne, ne... pa mi moramo surađivati... mi moramo... mi moramo dogovarati se i djelovati jedinstveno jer jedino tako možemo to i podnesti... ja odlazim od kuće, ja moram znati da ostaje on s majkom...</i> S6: ... <i>ja imam tu snahu, ona je isto medicinska sestra... i sin je tu... pomognu mi...</i> S10: ... <i>ili kad ja više nemam snage slušati njezine gluposti onda ju one običu (sestre)...</i>

(Nastavak)

Temе	Kodovi	Primjeri izjava
	Prijevoz/pratnja	S7: ... ja velim kćeri i onda si ona riješi na poslu kaj me more otpeljati... S6: ... i sin je tu... pomognu mi... i čak ide s menom u Zagreb makar ja vozim... i pomognu mi... neko uvijek ide samnom... S10: ... i ona je bila u bolnici 3 mjeseca... svaki dan su me vozili k njoj... dogovarali su se kak su se mogli (djeca)...
Formalna informaciona podrška	Informacije stručnjaka iz HZSR-a	S9: ... sve je išlo prek socijalne skrbi... onda su me oni usmjeravali... S2: ... nismo imali nikakvih saznanja... pravonica i socijalna su nam objasnile...
Skrbnništvo kao administrativno olakšanje i zaštita	Zaštita imovine/novca	S3: ... i prije lišenja je napravil dugove, a sad to više nemre... to je još pozitivno... S6: ... sad ne može sklapati ugovore, logično... zato se to i išlo da on ne može raditi što hoće...
	Lakše zastupanje pred institucijama	S7: ... Prije sam znala dojt, pa nemrete ovo, pa nemrete ono... a sad imam rješenje i sigde ga pokažem i onda morem obaviti... S9: ... o liječenju odlučujem, smještaju... sad je lakše...

RASPRAVA

Rezultati istraživanja u skladu su s literaturom koja bilježi promjene obiteljske dinamike u obiteljima u kojima osoba ima shizofreniju, pri čemu dolazi do sve češćih neslaganja, konflikata, pa čak i nasilja između njegovatelja i štíćenika, uz gubitak komunikacije i emocionalne povezanosti (Kozjak, 2023; Fušinska-Korpik, 2020; Caqueo-Urizar i sur., 2009). U ovom istraživanju ovakvi obrasci pojavljuju se kroz promjene u ponašanju štíćenika (povlačenje, agresivnost, fizičko i psihičko nasilje). Istodobno, sudionici dosljedno opisuju odbijanje liječenja i nesuradnju štíćenika, što je u skladu s rezultatima istraživanja koja neadherenciju u teškim mentalnim poremećajima bilježe kao čestu i klinički relevantnu zapreku kontinuitetu skrbi (Bakija, 2023).

Polazeći od Modela procesa stresa (Pearlin, 1999), primarni stresori (simptomi/ponašanja vezana uz bolest i tijekom liječenja) "prelijevaju" se u sekundarne i kontekstualne stresore. Sudionici ovog istraživanja ne opisuju samo poteškoće u odnosu sa štíćenikom nego i izazove opterećenja uloge i vođenja kućanstva (sekundarni stresori), što sugerira da teret nije reduciran samo na simptomatologiju, potvrđujući time Pearlinovu pretpostavku da se zahtjevi skrbi šire u druge životne uloge. Ti su stresori u literaturi prepoznati kao snažni prediktori psihičkog iscrpljenja, osjećaja bespomoćnosti, konflikata u obitelji i narušavanja vlastitih ciljeva i identiteta skrbnika (Sharma i sur., 2016; Akbari i sur., 2018; Norris i sur., 2018; Özgönül i Bademli, 2022). U dobivenim rezultatima dodatno se ističe financijski element skrbi, pokazujući da skrb nije samo emocionalni i vremenski, nego i ekonomski angažman, što je u skladu

s rezultatima istraživanja da financijsko opterećenje i neizvjesnost oko budućih troškova čine ključnu komponentu tereta skrbi (Yin i sur., 2014; Lamont i Dickens, 2021). Na razini okoline, sudionici opisuju stigmatizirajuće reakcije susjeda i šire okoline, kao i nedostatak formalne podrške, što je u skladu s opisima javne stigme mentalnih poremećaja, posebice shizofrenije, koja ne pogađa samo pojedinca, nego i njegovu obitelj i time pojačava socijalnu izolaciju skrbničke mreže (Pescosolido, 2013; Livingston i Boyd, 2010). Stigma je u literaturi stabilno povezana sa slabijim traženjem pomoći, odgodom uključivanja u tretman i osjećajem da "institucije ne slušaju" (Clement i sur., 2015). Upravo to vidimo i ovdje: sudionici opisuju poteškoće u suradnji s institucijama, nejasnoću oko odgovornosti pojedinih službi i vrlo ograničen spektar formalnih usluga, koji se često svodi na institucionalizaciju ("dom"), umjesto na fleksibilniju podršku u zajednici. Ta kombinacija stigme i slabe mreže dostupnih usluga predstavlja tipičan kontekstualni (sekundarni) stresor koji dodatno pojačava doživljaj da je obitelj "prepuštena sama sebi".

Na strani doživljenih promjena – nesanica, emocionalna iscrpljenost i napetost te trajna zabrinutost za budućnost štíćenika – podudaraju se s opisima "subjektivnoga tereta", odnosno opterećenja njegovatelja (Fusińska-Korpik, 2020; Golics i sur., 2013). Važno je pritom da sudionici rijetko navode traženje stručne podrške za sebe, što upućuje na "nevidljive potrebe" skrbnika koje u sustavu nisu prepoznate. Na obiteljskoj razini opisana je promjena obiteljske svakodnevice, što je vrlo važno jer upućuje na to da skrb nije "privatna stvar jednoga skrbnika", nego da djeluje na cijelu obitelj, a što su pokazala i dosadašnja istraživanja (Mishra, 2016; Tilinger i Štambuk, 2018).

Model procesa stresa pretpostavlja da određeni čimbenici mogu ublažiti učinak stresora na ishode, a dosadašnja istraživanja kao važan zaštitni čimbenik prepoznaju upravo socijalnu podršku (Ribé, 2018; Kate i sur., 2013; Tan i sur., 2012). Sudionici ovog istraživanja također percipiraju emocionalnu i instrumentalnu podršku obitelji te informacijsku podršku institucija kao nešto što im pomaže u skrbi za osobe sa shizofrenijom.

Dobiveni rezultati mogu se dodatno interpretirati kroz ulogu skrbništva kao formalnoga mehanizma koji u svakodnevici sudionika funkcionira dvojako: s jedne strane kao zaštitni okvir (administrativno olakšanje zastupanja, zaštita imovine i novčanih sredstava), a s druge kao novi izvor opterećenja uloge skrbnika (odgovornost za odluke, vođenje dokumentacije i izvještavanje, upravljanje financijama i imovinom). Iz dobivenih rezultata moglo bi se zaključiti kako skrbništvo umanjuje jedan segment sekundarnih stresora (financijsko-imovinske rizike i zastupanje štíćenika), no ne mijenja primar-

ne obrasce (promjene u ponašanju štíćenika, odbijanje liječenja i nesuradnju) niti uklanja kontekstualne barijere (stigmatizaciju i nedostatak formalne podrške).

Ove rezultate treba tumačiti u svjetlu više metodoloških ograničenja. Riječ je o malom, lokalno specifičnom i namjerno odabranom uzorku, regrutiranom uz pomoć sustava socijalne skrbi, što otvara mogućnost pristranosti posrednika te ograničava prenosivost na druge kontekste. Neuravnotežen sastav uzorka te geografska uvjetovanost dostupnosti socijalnih usluga dodatno su mogli oblikovati dobivene rezultate. Istraživanje se oslanja na retrospektivne, polustrukturirane intervjuje skrbnika, bez triangulacije s dokumentacijom ili perspektivama štíćenika i stručnjaka, pa su pojedini uvidi podložni pristranosti. Također, analiza je teorijski vođena Modelom procesa stresa (Pearlin, 1999) i presječna po dizajnu, zbog čega ne možemo donositi zaključke o uzročnosti ni o promjenama kroz vrijeme. Dodatno, provedena je sekundarna analiza podataka koji su prvotno prikupljeni za specijalistički rad i nisu bili dizajnirani prema sadašnjim istraživačkim pitanjima, pa je dubina uvida ograničena izostankom ciljnih potpitanja i nemogućnošću naknadnih razjašnjenja s ispitanicima. S obzirom na maleni i heterogen uzorak, teorijsko zasićenje nije postignuto, odnosno analiza nije dosegla saturaciju u smislu potpunog iscrpljivanja svih relevantnih tema i varijacija iskustava.

Buduća istraživanja trebala bi uključiti veće uzorke s neovisnim kanalima dolaska do sudionika, triangulaciju izvora i perspektiva (štíćenici, stručnjaci; skrbnička izvješća, medicinska dokumentacija) te mješovite, po mogućnosti longitudinalne nacрте sa standardiziranim mjerama. Radi razgraničenja učinka samog instituta skrbništva, trebalo bi uvesti kontrolnu skupinu njegovatelja bez skrbništva te usporediti urbane i ruralne kontekste. Provođenje kvantitativnog istraživanja dalo bi jasniju sliku o odnosima između stresora, ishoda i podrške koje Model procesa stresa pretpostavlja.

ZAKLJUČAK

Polazeći od Modela procesa stresa (Pearlin, 1999), dobiveni rezultati upućuju na primarne stresore koji su vezani uz obilježja bolesti, sekundarne stresore opterećenja uloge skrbnika i izazove vođenja kućanstva te kontekstualne stresore stigmatizaciju okoline i nedostatak formalne podrške. Promjene koje sudionici opisuju jesu poteškoće u psihofizičkom zdravlju skrbnika i promjene obiteljske svakodnevnice. Ono što im olakšava nošenje s prethodno navedenim stresorima jest u prvom redu podrška uže obitelji, dok od formalne podrške percipiraju samo informacijsku podršku stručnjaka iz HZSR-a.

Unatoč metodološkim ograničenjima, rezultati nude nekoliko operativnih smjernica – pristup mobilnim i kriznim intervencijama, uvođenje kontinuirane obiteljske psihoedukacije uz zajedničko donošenje odluka, koje uključuje stručnjaka kad skrbnik i štićenik ne mogu uspostaviti suradnju, te izradu plana adherencije i obiteljskoga sigurnosnog plana, što bi moglo ublažiti primarne stresore. Sekundarne stresore mogla bi ublažiti usluga odmora od skrbi te osiguravanje podrške skrbnicima. Ujedno, treba ojačati čimbenike koji su prepoznati kao moderatori: oformiti grupe skrbnika pri savjetovalištu, poboljšati logistiku prijevoza te uvesti hibridne modele podrške (terenske posjete/online sastanke), osobito u ruralnim sredinama. S obzirom na pravni okvir koji je na snazi, uz mjeru skrbništva u praksi bi trebalo provoditi podržano donošenje odluka i razvijati fleksibilne usluge u zajednici, kako se skrb ne bi svela samo na administrativne i financijske postupke, nego obuhvatila i svakodnevnu, operativnu podršku obiteljima. Dodatno, budući da rezultati upozoravaju na izostanak formalne podrške, trebalo bi unaprijediti međusektorsku suradnju (zdravstvo – socijalna skrb – organizacije civilnoga društva – policija) kroz jasne protokole postupanja i obveze uključenih.

U konačnici, ovi rezultati pokazuju da sama pravna mjera skrbništva ne adresira glavne izvore opterećenja; razliku čine operativni resursi koji doista dopiru do obitelji u pravo vrijeme. Razvoj podržanoga donošenja odluka, dostupnih usluga odmora od skrbi i mobilnih kriznih timova, uz jasne protokole suradnje zdravstva, socijalne skrbi, policije i udruga, predstavlja najizgledniji put za smanjenje kumulativnoga stresa koji je prepoznat u istraživanjima. Buduća komparativna i longitudinalna istraživanja trebala bi pratiti učinke takvih rješenja na odnos stresori – podrška – ishodi, osobito u različitim (urbanim i ruralnim) kontekstima.

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Guardianship through the Stress Process Model: Stressors, Changes and Social Support

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In Croatia, almost half of adults under guardianship live with their families, and for most of them, their guardian is a family member. The burden of care affects caregivers' mental and physical health and this relationship is moderated by social support. Therefore, drawing on the Stress Process Model and using a secondary, theory-driven thematic analysis, this paper explores which stressors and which changes guardians of adults under guardianship experience in caring for their wards, as well as what kind of social support they perceive. The analysis includes data from interviews with 11 caregivers (parents or partners) of persons deprived of legal capacity due to mental disorder (schizophrenia). The results indicate that caregivers as primary stressors identify changes in the ward's behavior as

well as refusal of treatment and non-cooperation. These primary stressors lead to secondary stressors – role strain of guardians and challenges in household maintenance, and contextual stressors – stigma from the environment and lack of formal support. These stressors accumulate into a care burden. The changes perceived by caregivers include difficulties in mental and physical health, disruptions in everyday life, and reduced social life. Caregivers perceive support from the family, while formal support is fragmented and often absent. In conclusion, guardianship facilitates the representation of wards and property protection, but it doesn't reduce the everyday demands of care – this requires flexible services and the development of formal support models.

Keywords: guardianship, schizophrenia, care burden, stress process model, social support



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Neobjavljena doktorska disertacija:

Prezime, X. (Godina). *Naslov disertacije*. (Neobjavljena doktorska disertacija). Naziv institucije.

Objavljeno izlaganje sa skupa:

Šundalić, A. i Pavić, Ž. (2011). Obrazovanje i karijera: nastajanje novog identiteta Slavonije i Baranje. U A. Šundalić, K. Zmaić i T. Sudarić (Ur.), *Gospodarske i kulturne odrednice regionalnog identiteta*. Izlaganje sa skupa Globalizacija i regionalni identitet 2011, Osijek, 16.–17. rujna 2011. (str. 99–113). Osijek: Ekonomski i Poljoprivredni fakultet.

Zakoni:

Zakon o lokalnoj i područnoj samoupravi. *Narodne novine*, 33/2001, 129/2005.

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Naslov članka. (Datum izdavanja). *Naziv novina*, str. xx.

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