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The Subjective Dimension of Quality of Life of People Aged 65+ in Poland – the Selected Aspects

Summary

Old age is increasingly recognised in the related literature as a development phase where all areas evolve and transform: from medical and biological, through social and economic, to family-related and personal, individual areas. Late adulthood is a phase of life faced with developmental tasks no less significant than in previous periods, meaning that old age must be treated on a par with other development stages. A similar view is held by D.J. Levinson. That author highlights that even late old age may be a period of further creativity provided that good health is maintained.

This article aims to provide insight into life satisfaction of elderly people, relationships between health and overall life satisfaction and satisfaction of seniors with the selected areas of life. In the further part, a synthetic discussion of the research conceptualisation and the sample selection and characteristics is followed by outlining the relationship between the age of 65+ seniors and their sense of coherence, which is the core of salutogenesis. Finally, major conclusions end this study.

Key words: the elderly, quality of life, the concept of salutogenesis, sense of coherence.

JEL codes: D19, I19

Introduction

The issues of quality of life of the elderly, active and successful ageing addressed within a variety of scientific disciplines are highly fragmented, with no common discourse about the welfare and well-being of individuals and groups, including the rules defining the scope of these categories, thus significantly limiting the possibilities of knowledge accumulation.

B. Christoph and H.H. Noll argue that life satisfaction is the most common indicator to measure overall subjective well-being. It corresponds to individual cognitive assessments of the overall life situation in the context of one's aspirations, expectations and values (Christoph, Noll 2003, p. 523). It thus may be concluded that life satisfaction is an element of well-being as a broader concept embedded in the context of one's functioning. Life satisfaction can, therefore, be understood as a reflective assessment of one's own life as a whole or its individual domains (or a sum of assessments of individual domains).

Examination of subjective quality covers a relatively wide range of indicators describing the multidimensionality of well-being including: individual satisfaction with different domains of life, the desire, or will, to live and overall assessment of life. In the case of objective quality of life, the methodology used refers to indicators taking into account material conditions of life, namely disposable income, size of dwelling, real property and durable goods owned. A complete picture of the quality of life is, on the other hand, obtained when both its subjective and objective dimensions are studied.

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Definitions and ways of understanding the quality of life – synthesis

Quality of life is associated with a positive and successful life. The terms related to quality of life are: happiness, life satisfaction, standard of living, well-being. In the relevant literature, the concept of quality of life has many meanings, multiple dimensions and a subjective aspect in addition to the objective one. The multiplicity of definitions of quality of life probably stems from the fact that quality of life is an interdisciplinary notion studied by researchers active in medicine, psychology, sociology, philosophy and social economics.

One of the first definitions formulated in 1972 by N.C. Dalkey and D.L. Rourke states that the quality of life consists of life satisfaction and happiness (Dalkey, Rourke 1972). A. Campbell, in turn, claimed that the quality of life covers the degree of satisfaction in predetermined domains of life: marriage, family life, health, neighbours, friends, household chores, professional work, living in a given country, place of residence, leisure, housing, education and standard of living (Campbell, Converse, Rogers 1976). According G.W. Torrance, quality of life as a broad concept should recognise all aspects of individual existence (Torrance 1987, pp. 6-11). As claimed by A. Bańka, quality of life is the result of individual development, i.a. the offspring of the process of constructing standards to compare information available in time on the one hand and the product of the process (spread in time) of constructing judgements about life, judgements that are mental representations of life and regulators of the process of incoming information. Furthermore, that author strongly emphasises that a person assessing the quality of life uses four basic sources: past experience, present experience, expectations about the future and public opinion (Bańka 2005).

The sense of quality of life varies with the stage of human development throughout life. In old age, an individual has some goals to achieve, some life roles to fulfil, some dreams, but also lives in a community, here and now, while having a unique, specific body of experience (Baumann 2006, p. 166). This means that quality of life will be understood in various terms by people at various stages of psychosocial development.

The concept of salutogenesis and the sense of coherence – theoretical background

Salutogenesis is a model approach proposed in the 1970s by Aaron Antonovsky, with an emphasis on individual health maintenance rather than on the treatment of a disease as such. This concept is founded on the assumption that there is a “chain” of states and feelings between health and disease, and these states and feelings should be understood as a dynamic process of balancing requirements and resources when confronting stress.

The central element of the salutogenesis theory is the sense of coherence construed as one’s global orientation that expresses the extent to which one has a pervasive though dynamic feeling of confidence that the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; the resources are available to one to meet the demands posed by these stimuli; these demands are challenges, worthy of investment and engagement (Antonovsky 2005).

The sense of coherence consists of comprehensibility, manageability and meaningfulness. Comprehensibility is the way in which we perceive stimuli coming from the environment. It is better when they are clear, consistent and orderly rather than chaotic, random and inexplicable. A person with a high sense of comprehensibility will rather perceive them in two categories: predictable and surprising but explicable. Whether a stimulus is seen as desirable does not affect the assignment to one of the above two categories whatsoever. Manageability, in turn, provides information on the extent to which the resources we have are perceived as sufficient to face the stimuli from the environment. Resources comprise: health, immunity, tangible objects, knowledge, intellect, personality, relationships and contacts with other people, including relatives and friends, membership of social groups (Terelak 1999). A person with a high sense of manageability is aware of the resources owned and can use them to tackle the problem in a critical situation. Such an individual does not feel that life is unfair either. Meaningfulness makes us perceive the challenges posed by life as worthy of investment and engagement and meaningful. We do not avoid them and try to regard even the most difficult ones as desirable. What is equally important is that people with a high sense of meaningfulness have spheres of activity that are significant and valuable to them and in which they engage and invest their time and skills. These can be related to work, family or hobbies. A. Antonovsky specifically highlights this element of the sense of coherence, stressing that without it the other components would not be permanent (Antonovsky 2005).

These components are mutually consistent and influence each other. A strong sense of coherence is not necessarily accompanied by the belief that the whole life – all stimuli around us – is highly understandable, manageable and meaningful.

Research conceptualisation

The empirical material contained in this article comes from direct research conducted in the form of a questionnaire interview on a sample of 2537 households in 2014–2015

in ten Polish cities of various populations and sizes. In accordance with the research assumptions, the sample included persons over 65 years of age who took independent purchasing decisions on the market. In order to select the sample, the selective quota sampling procedure was used. The characteristics (quotas) covered by the research were: sex and age.

The survey was conducted among participants of the University of the Third Age at state universities in: Warsaw, Kraków, Łódź, Poznań, Gdańsk, Katowice, Lublin, Białystok, Toruń and Wrocław, as well as among members of parochial clubs in parishes located in the Archdioceses of Warsaw, Kraków, Łódź, Białystok, Gdańsk, Katowice, Lublin, Poznań, Wrocław and the Dioceses of Warsaw-Praga and Toruń.

Selection and characteristics of the research sample

The survey covered 71% of women, with only every third respondent being male. There were definitely more women than men, and people aged 65–74 formed the largest age group in the sample¹. Place of residence was also an important variable in the research. In line with the research assumptions, the sample comprised respondents who lived in the largest Polish cities.

Respondents were also asked about their level of education. The questionnaire included four categories of education: primary, basic vocational, secondary and higher education. Respondents with secondary education formed the largest group. Nearly 2/5 of those surveyed declared this level. Every fourth respondent was a university graduate, and those with basic vocational education represented a similar percentage. In the sample surveyed, people with primary education were the smallest group (11.4%).

Nearly half of those surveyed were members of households consisting of two persons, while fewer than 2/5 represented three-person households. Every sixth respondent was a member of a single-person household.

The largest group of respondents included people whose monthly income per capita did not exceed PLN 2000.00. For every third respondent, monthly income per household member ranged from PLN 2001.00 to 3000.00. In turn, every fourth person interviewed had monthly disposable income per capita of between PLN 3001.00 and 4000.00. The smallest group of respondents included households where income was above PLN 4000.00 per capita a month.

Present life as assessed by people aged 65+

In order to investigate the determinants of satisfaction with the overall level of living among elderly people, independent variables such as age, sex, education and disposable in-

¹ The age classification in the study is similar to that proposed by the WHO. The author divided seniors into: 1) young old – people aged 65–74, 2) old old – people aged 75–84, and 3) the oldest old – people aged 85 and more.

come were analysed. Following this examination, the results discussed below were obtained. Firstly, based on the chi-squared test it was deemed reasonable to reject the null hypothesis and adopt an alternative hypothesis on the existence of a relationship between life satisfaction and age (Table 1).

Table 1

Overall life satisfaction as assessed by people aged 65+ (in %)

Age	Life satisfaction		
	Positive	Ambivalent	Negative
65–74	69.3	27.2	3.5
75–84	63.4	33.0	3.6
85+	58.9	36.8	4.3
Total	63.8	32.4	3.8

Source: calculated by the author.

Age was a factor significantly affecting the quality of life of seniors (Cramér's V 0.381, $p \leq 0.01$). The analyses carried out suggest that life is assessed as positive mainly by those aged 65–74. Fewer than 70% of young old people rated their current lives positively, while these proportions stood at 3/5 among old old ones and almost 3/5 of the oldest old. It may be concluded that the older the seniors surveyed, the slightly lower their life satisfaction and the more common the ambivalent or negative opinion. In the case of young old seniors (65-74 years), almost every third of them expressed an ambivalent opinion and every twenty-eighth a negative one. The survey also shows that the level of life satisfaction decreases slightly with age, with assessments being somewhat more critical. Among the old old (75-84), ambivalent assessments were voiced by over 1/3 of respondents, and one in twenty-seventh had negative feelings. As regards the oldest old (85+), fewer than 2/5 assessed their life so far as ambivalent, and every twenty-third senior had negative feelings.

Life satisfaction assessments also depend on the level of education of the elderly. This is confirmed by the significant result of the chi-squared test. The strength of association between the analysed variables, measured by Cramér's V statistic, indicates the existence of a relatively strong relationship between the generally understood life satisfaction and education (0.477, $p \leq 0.01$), where the higher the education, the higher the level of satisfaction. Senior university graduates (81.3%) assessed their current lives much better than those with secondary (74.9%), basic vocational (71.3%) and primary (68.2%) education. It can, therefore, be concluded that higher education translates directly into life satisfaction, and low education entails more ambivalent and negative assessments, hence has a rather negative effect on happiness in this regard.

The level of income is another variable that very significantly determines self-assessed overall life satisfaction. The results of the chi-squared test clearly support the hypothesis

on a strong correlation between income and overall assessment of life satisfaction among people aged 65+. As expected, statistically significant relationships were noted between the level of income and overall life satisfaction ($0.739, p \leq 0.01$). The analyses performed demonstrate that seniors with monthly incomes of above PLN 4000 per capita are the most satisfied, while respondents with per capita incomes of up to PLN 2000 are the least satisfied. Similar conclusions can also be drawn from the survey conducted by CBOS in 2009. This relationship was also confirmed by foreign studies. The research carried out in 2002 by John F. Helliwell clearly shows that the relationship between income and overall life satisfaction is positive: the higher the income, the higher the level of satisfaction with standard of living (Helliwell, 2002). However, it should be explicitly stated here that high incomes do not guarantee a sense of life satisfaction. Rich people are also affected by apathy, depression and alienation since quality of life is not limited solely to income earned and wealth owned and cannot be identified merely with the standard of living.

How people aged 65+ assess their life so far largely depends on their health (Cramér's V 0.814, $p \leq 0.01$). The thesis about a close link between health and overall life satisfaction is widely confirmed in the related literature (Deck, Kohlmann, Jordan 2002, pp. 87-97; Gopalakrishnan, Blane 2008, pp. 113-126; Porensky, Dew, Karp, Skidmore, Rolman 2009, pp. 473-482). As regards health of the oldest generation, the value of this parameter is highlighted as predictive for overall life satisfaction and quality of life.

With age, seniors' psychophysical condition deteriorates, leading to certain health consequences for the individual autonomy, including its reduction or even loss and the need for long-term institutional care. E.W. Champion claims that the elderly may see the ability to perform personal daily activities as the most important element of overall life satisfaction and quality of their lives (Champion 1988, pp. 1064-1066).

On the basis of the survey, a regularity can be spotted showing that with the improvement of seniors' health, the frequency of positive assessments of their lives increases, while the percentage of negative ratings declines (Table 2).

Table 2
Health and overall life satisfaction of people aged 65+ (in %)

Health	Life satisfaction		
	Positive	Ambivalent	Negative
Very good	87.9	12.1	-
Good	76.8	21.1	2.1
Satisfactory	65.9	29.4	4.7
Bad	58.3	33.4	8.3
Very bad	42.6	41.8	15.6

Source: like in Table 1.

Among 1/6 of respondents who assessed their health as very bad, a negative assessment of their lives dominates, whereas almost 90% of the healthiest seniors aged 65+ gave a positive assessment.

Self-assessed health understood as a subjective assessment of one's own health affects activity, maintaining social contacts, self-acceptance, the way of coping with stress. Lower activity of and isolation from the environment is the result of worse self-assessed health. Higher self-assessment means intensive activity and high satisfaction with life situation. The feeling of good health has a positive impact on future plans and overall assessment of one's situation. The survey suggests that the young old are the most satisfied with their health (Table 3).

Table 3
Seniors' age and self-assessed health (in %)

Age	Health of people aged 65+				
	Very good	Good	Satisfactory	Bad	Very bad
65–74	6.9	54.9	31.2	4.9	2.1
75–84	2.8	41.3	42.0	9.2	4.7
85+	1.4	32.1	46.6	12.4	7.5
Total	3.7	42.8	39.9	8.9	4.7

Source: like in Table 1.

Health was assessed positively by more than 3/5 of respondents aged 65-74. A clear drop in positive ratings can be noticed in older age groups. Among the old old, more than 2/5 assessed their health positively, while every seventh respondent was not satisfied with their health and rated it as bad or very bad. As regards the oldest old, only 1/3 of those surveyed assessed their health as good or very good, and every fifth gave a negative response. It should be noted, however, that the very bad health assessment was the least common among all age groups.

The survey also reveals that more than half of people aged 65+ reported chronic diseases. Such diseases are more frequent in women (almost 4/5 of female seniors) than men (70%), in persons with primary education (67.8%) and basic vocational education (62.5%), in those aged 85+ (71.7%) and in seniors living in Łódź (74.6%), Kraków (71.3%) and Katowice (69.9%).

The most common health problems among people aged 65+ include visual impairment – 83.7% of responses, hearing impairment – 71.3% of responses, walking difficulties – 63.1% of responses, hypertension – 57.3% of responses, diabetes – 37.2% of responses, and cancer – 36.9% of responses.

An important determinant of quality of life that is used in many studies is the issue of respondents' satisfaction with the various domains and aspects of life. For the first time, this index was used by Angus Campbell (Campbell, Converse, Rodgers, 1976) in the 1970s. Those studies had a vital impact on the development of methodology for researching quality of life and referred primarily to satisfaction with major domains of life of the US population.

It should be noted, however, that A. Campbell was interested in the community rather than the individual. He wanted to replace economic concepts (national income, rate of profit, gross domestic product) with psychological notions (satisfaction with different domains of life, happiness). Consequently, the following domains of life were assessed: health, marriage, family life, government, friendship, housing, work, place of residence, religion, non-remunerated work, organisations (Derbis 2007, p. 13). The methodology applied undoubtedly became an inspiration to undertake such research in other countries and research centres diagnosing the quality of life.

Seniors' satisfaction with the various domains and aspects of life

When diagnosing domain- and aspect-specific satisfaction among people aged 65+, fifteen domains and aspects of life were analysed (Table 4).

Table 4
Satisfaction with the various domains of life among persons aged 65+ (in %)

Satisfaction with	Satisfaction with selected domains of life			
	Satisfied	Moderately satisfied	Dissatisfied	Very dissatisfied
Family	79.5	13.8	4.8	1.9
Relations with immediate family	92.3	3.6	3.1	1.0
Marriage	74.2	18.2	8.9	1.7
Family's financial situation	53.2	25.2	15.4	6.2
Ability to meet food needs	79.3	13.0	6.7	1.0
Housing conditions	63.5	23.6	12.1	0.8
Sexual life	62.1	26.4	8.3	3.2
Health	59.8	18.2	20.4	1.6
One's own achievements in life	61.3	24.8	12.2	1.7
Available goods and services	78.9	12.0	5.9	1.9
Ways of spending free time	76.4	12.3	9.9	1.4
Relations with friends	87.0	8.5	3.2	1.3
Healthcare	27.3	31.7	37.6	3.4
Participation in cultural life	36.8	38.3	22.4	2.5

Source: like in Table 1.

The presented data reveal that people aged 65+ are most satisfied with the relations with their immediate family and friends. Their satisfaction with the ability to meet food needs, available goods and services and marriage also ranks high. In contrast, what is assessed as very low is healthcare, participation in cultural life and health.

There is a statistically significant relationship among the vast majority of the analysed domains of life. It is worth discussing some of them, particularly those with which people aged 65+ are most satisfied.

Spearman's rank correlation coefficient indicates that the variable of satisfaction with relations with immediate family is most strongly correlated with variables forming part of the basic human needs and economic needs. These are: food needs (Pearson's correlation coefficient $r = 0.382$, $p \leq 0.01$), housing conditions (Pearson's $r = 0.342$, $p \leq 0.01$), available goods and services (Pearson's $r = 0.294$, $p \leq 0.01$), and family's financial situation (Pearson's $r = 0.331$, $p \leq 0.01$). These results obviously come as no surprise and largely depend on seniors' economic situation.

Another highly assessed domain of life is the ability to meet food needs. It primarily depends on family's financial situation (Pearson's correlation coefficient $r = 0.487$, $p \leq 0.01$) and available goods and services (Pearson's $r = 0.483$, $p \leq 0.01$).

The third highly rated domain of life, i.e. satisfaction with family, is conditional chiefly upon current income of the family (Pearson's $r = 0.339$, $p \leq 0.01$), relations with immediate family (Pearson's $r = 0.302$, $p \leq 0.01$) and the ability to meet food needs (Pearson's $r = 0.287$, $p \leq 0.01$).

In summary, it can be stated that the domains of life that are satisfactory to people aged 65+ depend mainly on their economic situation. All the calculated Spearman's rank correlation coefficients for the variable of family's financial situation and for other domains demonstrate a significant correlation between the analysed variables. A positive correlation indicates that high values of one variable correspond to high values of the other variable. This may be interpreted as meaning that an improvement in seniors' financial situation will be accompanied by increased satisfaction with the domains covered by the survey.

The level of satisfaction of people aged 65+ with various aspects of life is partial. This is confirmed by the average level of the obtained overarching indicator of 8.97 (0-15 scale). It turns out that satisfaction with all aspects of life is felt by almost 6% of those surveyed. Most respondents aged 65+ stated that they were satisfied with seven spheres of life. Some seniors, however, are satisfied with no analysed domain, representing nearly 1.6%.

The calculated Spearman's rank correlation coefficient indicates that the following domains of life are the most significant: family's financial situation, ability to meet food needs and overall assessment of life. It is worth noting that these results slightly differ from the nationwide sample data (*Social Diagnosis 2015*), where material conditions and disposable income have a far weaker bearing on life satisfaction.

In the case of persons aged 65+, material and financial conditions are crucial determinants of mental well-being. This means that an adequate level of family's income allows them to meet basic needs that are the starting point for focusing on higher-order needs. It may, therefore, be concluded that once the basic needs have been satisfied, subjective well-being increases. On the other hand, J. Czaplinski argues that achieving the income that allows meeting most basic (lower-order) needs makes it possible to unlock the inherent potential of happiness (Czaplinski 2004). Nevertheless, longitudinal research shows that

higher disposable income does not lead to increased individual happiness in the long term (Graczyk 2007, p. 114). For this reason, we can talk about the so-called welfare paradox, also known as the Easterlin paradox, namely that increased disposable income is not equivalent to increased life satisfaction (Easterlin 1974, pp. 89-125; Eastearlin 2001, pp. 465-484; Stevenson, Wolfers 2008, pp. 13-15).

Sense of coherence among the elderly

The salutogenic view on where health is derived from appears to be an important starting point for a discourse on human health in old age when we refer to the concept of multifactorial determinants of health as announced in the early 1980s. Taking into account the principle of health demedicalisation applied in social sciences, it is worth highlighting here those health determinants that significantly affect the level of physical and psychosocial well-being of an ageing individual and simultaneously fall within the range of possible non-medical support for seniors to help them cope with the problems of old age. These are lifestyle expressed as one's specific health-related behaviours and living environment. Yet environmental health determinants should be considered very broadly, given that an individual's physical and psychosocial well-being is affected both by natural environment and physical factors and by social climate prevailing in the place of everyday life and socio-cultural, material and economic conditions of living (Gawel, Urlińska 2016, p. 108).

The central element of salutogenesis is the sense of coherence, which has a vital impact not only on health but also on one's well-being. Generally, it may be said that the higher the level of coherence, the greater the chances of recovery and maintaining health (Zalega 2016). The research took into account three categories of sense of coherence: comprehensibility, manageability and meaningfulness (Table 5).

A weak, although statistically important, relationship has been demonstrated between the sense of comprehensibility and the sense of manageability and seniors' age. Only among the oldest old, a weak negative correlation has been detected between the sense of comprehensibility and age. Senior respondents in the 65–74 age group and the old old had higher results than those aged 85+. The survey shows that the highest sense of coherence was observed among young old males and participants of Universities of the Third Age. It merely confirms international studies suggesting that women are more active at the young old age, while it is old old men who show greater activity and mental resilience (Antonovsky 1995; Antonovsky, Sagy 2000).

People aged 65+ are characterised by the optimal sense of comprehensibility, which can be explained by satisfactory cognitive abilities of the seniors interviewed. The survey reveals that respondents can select and objectively interpret obtained information, meaning that they have control over their lives. This also holds true for the second category of coherence, namely the sense of manageability. Senior respondents (with the exception of the oldest old) demonstrate active attitudes towards old age and ageing. This means that they are not passive and try to cope with all adversities. They think that by exploiting their own capa-

bilities and benefiting from help of immediate family members, friends or neighbours they are able to overcome emerging difficulties. As regards the third dimension of the sense of coherence – meaningfulness – elderly people also achieved a satisfactory result. It can thus be concluded that senior respondents treat emerging life problems as challenges rather than adversities and can ask others for help when physical problems occur or a temporary mental crisis arises. In other situations, they themselves offer help and emotional support. Such attitudes are most common among students of Universities of the Third Age (UTA) (49.8%), and are true only for every third senior participating in parish communities.

Table 5
Correlation coefficients between seniors' age and sense of coherence

Age	Categories of sense of coherence	Coherence coefficient
65–74	sense of comprehensibility	0.182
	sense of manageability	0.156
	sense of meaningfulness	0.089
75–84	sense of comprehensibility	0.152
	sense of manageability	0.128
	sense of meaningfulness	0.038
85+	sense of comprehensibility	0.136
	sense of manageability	-0.123
	sense of meaningfulness	0.025

Note: The correlation level of $p \leq 0.01$.

Source: like in Table 1.

A positive result for the sense of coherence among people aged 65+ in fact determines how seniors cope with all kinds of difficult life situations, which in turn correlates positively with both quality of life and well-being.

Conclusions

- Concluding the issues of the subjective dimension of quality of life, it may be stated that:
- Assessment of seniors' life to date is determined to a large extent by their age, education, income, and health.
 - With the improvement of senior respondents' health, the frequency of positive assessments of their lives increases, while the percentage of negative ratings declines.
 - Self-assessed health is closely correlated with seniors' age.
 - People aged 65+ are most satisfied with the relations with their immediate family and friends, ability to meet food needs, available goods and services, and marriage.
 - Material and financial conditions are crucial determinants of mental well-being of people aged 65+.

- The sense of coherence has a significant impact on human health and functioning in the biological, physical, mental, social and spiritual spheres. The positive result for the sense of coherence obtained by the seniors surveyed means their efficiency in dealing with various difficult situations, which in turn positively correlates with health, well-being and life satisfaction.

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Subiektywny wymiar jakości życia osób w wieku 65+ w Polsce – wybrane aspekty

Streszczenie

Starość jest coraz częściej ujmowana w literaturze przedmiotu jako faza rozwojowa, podlegająca ewolucji i przeobrażeniom we wszystkich obszarach – począwszy od medycznego, biologicznego, przez społeczny, gospodarczy, po rodzinny i osobisty, indywidualny. Późna dorosłość jest fazą życia, przed którą stoją zadania rozwojowe nie mniej istotne, niż w poprzednich okresach, co nakazuje traktowanie starości na równi z innymi okresami rozwojowymi. Podobnego zdania jest D.J. Levinson. Autor ten podkreśla, że nawet zaawansowana starość może być okresem dalszej twórczości, pod warunkiem zachowanego dobrego stanu zdrowia.

Celem artykułu jest uchwycenie zadowolenia z życia osób w starszym wieku, zależności między stanem zdrowia a ogólnym zadowoleniem z życia oraz zadowolenia seniorów z wybranych dziedzin życia. W dalszej części opracowania, po syntetycznym omówieniu konceptualizacji badań oraz doboru próby i jej charakterystyki, skoncentrowano się na zależności między wiekiem osób w wieku 65+ a poczuciem koherencji, będącej trzonem koncepcji salutogenezy.

Słowa kluczowe: osoby w starszym wieku, jakość życia, koncepcja salutogenezy, poczucie koherencji.

Kody JEL: D19, I19

Субъективное измерение качества жизни лиц в возрасте свыше 65 лет в Польше – избранные аспекты

Резюме

Старость все чаще воспринимается в литературе по предмету как фаза развития, подвергающаяся эволюции и преобразованиям во всех сферах – начиная с медицинской, биологической, через общественную, экономическую, до семейной и личной, индивидуальной. Поздний зрелый возраст – фаза жизни, перед которой стоят задачи развития не менее существенные, чем в предыдущие периоды, что заставляет считать старость так же как другие периоды развития. Такое же мнение и у Д. Дж. Левинсона (D. J. Levinson). Этот автор подчеркивает, что даже преклонный возраст может быть периодом дальнейшего творчества, при условии сохранения хорошего состояния здоровья.

Цель статьи – выявить удовлетворение от жизни лиц преклонного возраста, зависимости между состоянием здоровья и общим удовлетворением от жизни.

ни, а также удовлетворение пожилых людей от избранных областей жизни. В дальнейшей части разработки, после синтетического обсуждения концептуализации исследований и подбора выборки и ее характеристики, автор сосредоточивает свое внимание на зависимости между возрастом лиц, достигших 65 и более лет, и чувством когерентности, представляющей собой костяк концепции салютогенезиса.

Ключевые слова: лица преклонного возраста, качество жизни, концепция салютогенезиса, чувство когерентности.

Коды JEL: D19, I19

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