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**ELDERLY PEOPLE AND THEIR QUALITY OF LIFE  
– CHALLENGES FOR GEOGRAPHY**

**4**

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– WYZWANIA DLA GEOGRAFII**

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**ABSTRACT**

The article raises the issue of the quality of life of elderly people. It focuses on the significance of the phenomenon and possible routes for approaching it within the framework of social geography. The importance of the problem of the quality of life of the elderly is not only a result of demographic conditions related to the increase in the size of this group, but it is also related to the scope of care over elderly people. When describing the quality of life of the elderly, one must refer to four basic categories: (social) communication, health, autonomy and utilisation of institutional services.

Studies into the quality of life of the elderly conducted by various scientists help expand the knowledge on this subject and approach these matters from different angles depending on the specific character of each study related to a different area of science. The authors of the study emphasise the role of social geography in this area, not only for explaining the spatial aspects of the phenomenon of the quality of life of elderly people.

**KEYWORDS:** *elderly people, quality of life, social geography*

#### 4.1. INTRODUCTION

Every human being has the right to good, decent and wealthy living. In other words, we want to have everything we need, we want to be healthy and respected, we want to love and be loved. Another factor important for complacency in one's life is the ability to undertake actions which result in happiness, pleasure or satisfaction. All this influences the level and the quality of our lives. Therefore, the goal of human existence is to improve living conditions, both in the material, social and spiritual realm and in the ecological dimension.

The main objective of all countries should be to ensure the well-being of their citizens. Contemporary population policy is one of the instruments. It influences the creation of population processes indirectly through the utilisation of specific instruments of social policy (including: family and housing policy, education, healthcare, social security, employment) and economic policy, specific for the required course of said processes. In Poland, the main goals of population policy include:

- creating favourable conditions for establishing a family, mainly through contracting marriages and fulfilling procreational plans,
- creating favourable conditions for integration within the ageing population
- decreased possibility of exclusion of the elderly,
- improving the health state of the population and lowering death rate,
- defining directions and principles of migration policy to better manage European integration.

Advanced population ageing and related health problems of elderly people were the reasons for identifying three groups of subjects for potential projects within the recently updated assumptions of the population policy for 2012–2020. The updated assumptions include:

- elderly people at post-working age who stopped being active professionally; distribution of age groups: 60–74, 75–79 and 80 or more,
- the disabled at working or post-working age,
- people who are not self-reliant (unable to exist independently) because of their physical and/or mental condition, who require constant or long-term aid from other people for maintaining everyday activities (moving around, satisfying

their basic everyday needs, personal hygiene etc.). The majority of people who are not self-reliant are aged 75 or more (in this part, the assumptions do not include disabled children) – cf. *Założenia polityki...* 2013.

The deformation of the demographic structures of the Polish population resulting from, e.g. increased share of the oldest population within the entire population will significantly increase the scope of tasks towards care of the elderly. Increase in the volume of care tasks will also be a result of the shrinking care potential of the family and the constantly increasing average life expectancy.

It seems that the issue of elderly people, quality of their lives and its impact on their use of space, fits perfectly in geographical domain in its theoretical aspects. At the same time, it is worth stressing that the results of the study do not contradict their practical application in the future. Such study may become a significant contribution to the development of social geography in Poland since its one of the domains is exclusion and excluded groups (elderly, ethnic minorities, sexual minorities, poor people) – Sibley 1995.

To start with, problems of quality of life of elderly people fits social geography subject interest framework – selected social group, the process of excluding from and including into space, city space, and quality of life. Furthermore, the study may be easily related to the theoretical approach that is traditional for social geography – neopositivistic and behavioural approach with an attempt to explain the role and significance of elderly people in relation to functionalism, conflict theory and self-concept theory.

The goal of the article is to underline the significance of the problem of elderly people and to indicate possible routes for approaching the issue within social geography. Never before has this issue been raised by Polish social geographers. Initially, three approaches seem possible. The first interdisciplinary approach considers not only social geographers but also geographers who study humans in general (human geography), demographers, anthropologists, sociologists, psychologists and economists. The second approach is an attempt at creating a new sub-discipline – geography of the elderly (for example). Finally, the third approach is to remain within the boundaries of social geography and to refer to its primary focus – quality of life and exclusion, just to name a few. The last solution seems optimal. The authors wish to prove that the phenomenon of the quality of life of the elderly can constitute a focus area of social geography. Simultaneously, they attempt to indicate a theoretical explanation of the specificity of the quality of life of elderly people.

#### 4.2. OLD AGE IN POLAND IN THE 21<sup>ST</sup> CENTURY

The process of ageing of the populations of European countries is firmly linked with the processes of the First Demographic Transition. It began in Europe in late 17<sup>th</sup> c. and in early 19<sup>th</sup> c., while in the territory of today's Poland it only began in the 1880s. As a result of a drop in fertility and a limiting of the mortality rate to a low level the share of people aged 65 or more has been growing ever since. Initially, the process of ageing was slow and accelerated in the 1990s when an abrupt drop in fertility occurred not only in Poland but also in Central and Eastern European countries (Kotowska 1999). The new demographic order of Europe and Poland was defined by D. van de Kaa (2003) as the new demographics of Europe and Poland which is synonymous with a loss of the ability to balance the number of births and deaths.

Population ageing is directly influenced by previous and current trends in fertility, mortality (particularly at a later age) and migrations (Preston, Himes, Eggers 1989). The process may be a result of, first of all, a slower growth of the population of young people and secondly, of a growth of older population or of both factors occurring simultaneously. The slower growth of the population of the young is a result of a drop in fertility and parity (ageing starting with the base of the population pyramid) whereas the sudden acceleration in the growth of the population of elderly people is a result of the drop in mortality among older age groups and this type of changes is known as ageing from the tip of the population pyramid (Grudny 1996; Frątczak 2002). The third demographic factor influencing population ageing are migrations which have become more significant within local structures. Studies show that mainly young people migrate and areas to which people immigrate undergo a process of rejuvenation while the areas from which people emigrate display a considerable acceleration of the process of ageing, which often leads to their depopulation. The stalling the wave of immigrant as a result of e.g. saturation of the job market can after some time result in increased dynamics of ageing of the area to which people immigrated previously unknown there as immigrants will have reached post-working age. Additionally, population ageing is also caused by increased migrations of older people. Immigrant areas of attractive landscape or climate become the target location for elderly people, thus, their population share increases considerably (Grundy 1996; King, Warnes, Williams 1998; Avramov, Maskova 2003; Eurostat 2004; Kinsella, Philips 2005).

Sub-populations of people aged 65 or more, because of the considerable diversity of their internal structure, are subject to further divisions as a result of which the following groups emerge: “younger elderly”, “older elderly” or centenarians (Kowaleski 2008).

In Poland, the contemporary process of population ageing was influenced by a boom in births after WWII. The term “post-War demographic boom” refers to people born in 1946–1960 (sometimes the range is defined as 1947–1961). In general, within 1946–1960, during the post-War compensation stage, 11.12 million people were born out of which over 8 million people have survived until this day. The post-War demographic boom generation thus constitutes 22% of the total Polish population. These people's behaviour, their choices regarding the time for retiring, their mindfulness regarding their health, their ability to maintain informal bonds, their disposition towards saving money will all determine Poland's economic, social and political stability in the coming three decades (Szukalski 2008).

Poland is one of those European countries where the process of ageing has already reached its advanced stage. By 2035, the pace at which the share of post-working population will increase will still be high as a result of low fertility rate, increased average life expectancy (from 79.8 for women and 71.4 for men in 2010 to 82.9 for women and 77.1 for men in 2035) and economic migration. The Central Statistical Office forecasts a continued increase of the share of the senior population from 19.4% in 2015 to over 26% by 2035. This will be accompanied by a decrease of the share of the youngest population at pre-working age (from 18.2% to 15.6%) and of the working-age population (from 62.4% to 57.6%) – cf. Table 1 and Fig. 1. Forecasts indicate an increase of the demographic dependency indicator of children, the youth and the elderly on the adult population from 60 (2015) to 73 (2035). Forecast partial demographic dependency indicators illustrate the predicted progression of ageing in Poland (Fig. 2). It seems that adult population will be depended upon more by the post-working age population than by the pre-working age population. In 2010, the difference between the pre-working age and post-working age populations was 693,000 while in 2012 it dropped to just 206,000. The forecasts of the Central Statistical Office regarding the sizes of those two groups and a higher share of elderly population in relation to the share of children and the youth within the entire population are quite probable as early as in 2015.

Table 1

The population of Poland per economic groups in 2010–2035 (in thousands)

Years	Total population	Population at age				
		pre-working (0–17)	working (18–59/64)	in this, at age		
				mobile (18–44)	non-mobile (45–59/64)	post-working (60+/65+)
2010	38,092	7,107	24,571	15,294	9,277	6,414
2015	38,016	6,918	23,718	15,005	8,713	7,380
2020	37,830	6,959	22,503	14,072	8,431	8,368
2025	37,438	6,816	21,625	12,823	8,802	8,997
2030	36,796	6,253	21,254	11,624	9,630	9,289
2035	35,993	5,632	20,739	10,834	9,905	9,622

Source: Local Data Bank of the Central Statistical Office.

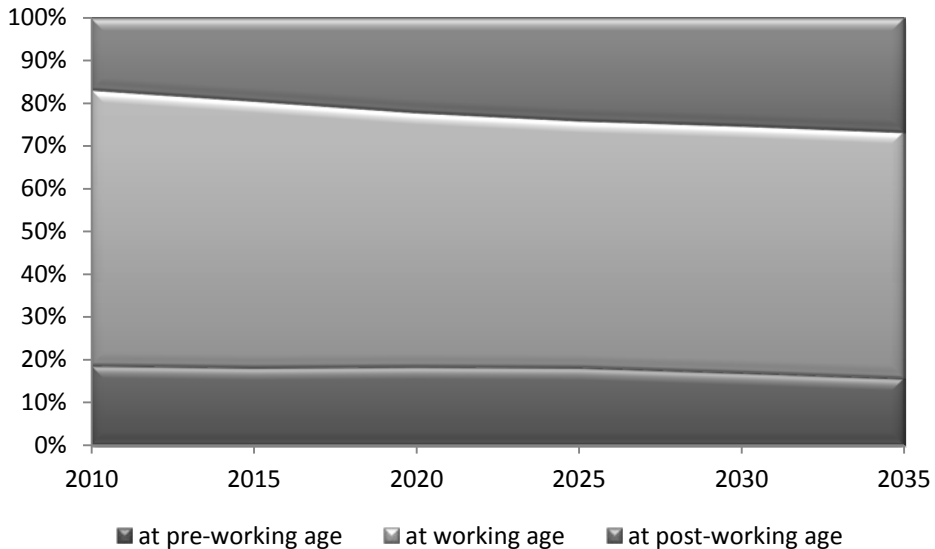


Fig. 1. The population of Poland per economic groups in 2010–2035

Source: Local Data Bank of the Central Statistical Office

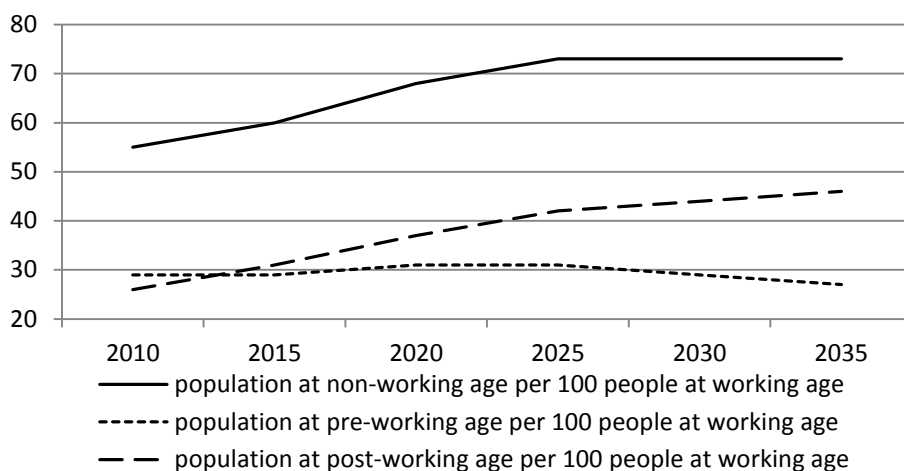


Fig. 2. Demographic dependency of the non-working age population on the working age population of Poland in 2010–2035

Source: Local Data Bank of the Central Statistical Office

#### 4.3. THE NOTION OF QUALITY OF LIFE IN SOCIAL SCIENCES

When discussing the notion of quality of life it is necessary to consider physical, financial, social and emotional welfare as well as satisfaction in own productivity, their internal relations and elements which constitute them. Studies into quality of life were first carried out in the 1960s. Campbell conducted the first study of the subjective aspect of quality of life among Americans. He attempted to define psychological welfare and factor which condition it based on subjective assessment offered by study subjects and their life experiences. In terms of their structure, definitions of quality of life can be divided into global, complex, mixed and specific (Table 2).

Quality of life consists of: objective conditions (economic conditions, free time, social security, proper housing conditions, natural and social environment proper for human beings, health etc.) and subjective disposition (self-assessment of general and specific life conditions viewed in the categories of satisfaction, happiness, hope, fear, solitude etc.) Objective economic and social conditions influence favourably or unfavourably the perception of quality of life but individual beliefs, feelings, aspirations and needs related to existential values and the level of satisfaction in life derived from fulfilling them is also, if not more, important. Literature suggests that the relations between objective and subjective indicators of quality of life are not straight forward, i.e. none of the objective quality of life indicators explains subjective quality of life and *vice versa*.

Table 2

## Definitions of quality of life

Type	Description	Examples
Global	They refer to <i>well-being</i> and apply to subjective satisfaction in life as a whole (e.g. satisfaction in life, good fortune)	Quality of life means satisfaction in life and a feeling of happiness or a lack of it. Quality of life is a subjectively perceived feeling of satisfaction in a person's situation in the context of his/her own needs and abilities.
Complex	They refer to a subjective and objective assessment both in general and in terms of individual areas of human life	Quality of life is subjectively assessed satisfaction in life and an objective assessment of external conditions. Quality of life is a feeling of welfare resulting from satisfaction or a lack of it, in relation to significant areas of an individual's life.
Mixed	They include the elements of global and complex definitions and aspects related to the environment, the organisation of social life, emotional state, expectations etc.	Quality of life is the individual perception of own life situation considering cultural conditions, the system of values in connection with personal goals, expectations, norms and problems. It is influenced in a complex manner by: physical health, mental condition, degree of independence, relationships with other people and features of the environment significant for a given person (WHO). Quality of life is a set of intra-personal socio-normative criteria of the human–environment system in relation to the past, the present and the future.
Specific	They refer to quality of life conditioned by the health status	Quality of life is a patient's self-assessment regarding own health status and the ability to function physically, mentally and socially. Quality of life means functional consequences of an illness and treatment as assessed by the patient.

Source: K. Baumann (2006).



#### 4.4. ELEMENTS OF QUALITY OF LIFE OF THE ELDERLY – SPECIFIC FOR THIS AGE GROUP

If one considers quality of life as a subjective perception of needs being satisfied, it must be stated that in the case of the elderly this notion should be considered in view of social problems specific for this age group and which do not apply to people at earlier stages of their lives. When describing the quality of life of the elderly, one must refer to four basic categories: (social) communication, health, autonomy and utilisation of institutional services (Lauder 1998).

Social communication includes aspects of quality of life of the elderly associated with being a part of a group (family, acquaintances, co-workers, other groups). Low quality of life appears in relation to people without family or lonely people. Social relations of elderly people are one of the key gerontological aspects of the present and the future. Among the senior population, they usually exist in the form of friendships, neighbour relations and family ties as well as more or less formalised participation in various groups resulting common interests. The significance of those relations in the lives of the elderly is particularly important as they constitute an invaluable source of support. Psychological, gerontological and epidemiological studies conducted in various countries indicate that the influence of social relations and contacts on the quality of life and health of elderly people is inestimable. This type of quality of life is undoubtedly influenced by friendship, thanks to, e.g. the accompanying pleasure in spending time with someone else or forming positive emotions which the elderly experience when they know and feel that other people accept their actions, attitudes and views. Such social contacts shape the feeling of belonging and understanding in elderly people (Maslow 2006). The elderly are often afraid of isolation in the area where they live, they assign considerable value to the quality of their neighbourhood and they also expect support from their family. They also consider the benefits resulting from their relations with friends and acquaintances as important. Studies conducted in Poland have revealed a relationship between the social relations of elderly people and their quality of life – between friendship and their neighbours and the feeling of mental welfare (Szatur-Jaworska 2006). L. Tornstam (2005) claims that to age maturely and well means to move from superficial and numerous to deeper and fewer relations. This phenomenon is called *gerotranscendence* within the realm of social relations and interactions. This drive for developing said relations with people closest to us is an offshoot of the mechanism of *selective optimization with compensation*, which consists of maintaining a high level of subjective quality of life by initiating still available alternative resources regardless of decreased fitness, chronic illnesses and the loss of people close to us. Homogeneity of relations, though having some benefits, may become a trap.

Strong ties in the area of residence may have their disadvantages as they result in isolation of an individual from other groups, thus blocking information inflow from the outside and access to other important resources which help solve problems (Niezabitowski 2011). Lack of social communication of the elderly (which applies to one's own age group but also to contacts with younger people) is an extremely strong manifestation of unsatisfied psycho-social needs within the everyday environment. This phenomenon increases stress and results in an erosion of resources necessary for solving problems by elderly people.

Quality of life of elderly people is surely influenced by their health condition, both physical and mental. Unfortunately, as people age, they lose their health, fitness and physical attractiveness. For the elderly, being active means finding replacement forms of activity when performing activities which used to be easy throughout their lives but are no longer available because of their health limitations. Improving elderly people's health and their full participation and integration in the job market is the key to maintaining good quality of life of elderly people and their remaining independent from support services.

Autonomy should be understood mainly as economic independence and the ability to actively participate in social life (volunteer work, charity, interest groups). Elderly people who have a lot of free time can, according to their ability and needs, be active not only when it comes to fulfilling their own needs but they can also help other people. They can engage in various organisations, foundations or associations, self-help groups or they can assume new social roles, both family and social roles (court-appointed guardian, juror, local government official). Therefore, the participants of the Second World Assembly on Ageing, an international debate on the situation of the elderly population, (organised under the auspices of the UN in Madrid in 2002) proposed a plan of action on the situation of the elderly in the job market, which included the following main elements:

- gradual and smooth transition from being professionally active to being professionally inactive and creating an opportunity for elderly people to remain professionally active as long as they want to;
- preventing any forms of discrimination towards the elderly in the job market;
- enabling elderly people to participate in continuing education which will expand their employment options;
- including the elderly in the job market based on modern information technology;
- equal treatment of women and men within the social insurance system by, e.g. levelling retirement age.

Institutions whose help is most often used by the elderly include those which offer services related to care and health (hospitals, nursing homes, day care

centres, rehabilitation centres). The quality and availability of services provided by those institutions should be the main focus of study and evaluation. Longer human life is an extremely positive phenomenon provided that one remains healthy and fit in his/her senior years. The growing percentage of elderly people requires the state to construct special programmes which would guarantee access to specialist social and healthcare services meant particularly for this age group. New demographic problems and a significant social demand for geriatric care in Poland result in the need to create such an institutional organisation which will be able to prevent dependency of the elderly (compression of disability), improve quality of life and the autonomy of the elderly within their area of residence. When compared to other countries, the situation of elderly people in Poland is critical.

#### **4.5. QUALITY OF LIFE OF THE ELDERLY – INTERNATIONAL PERSPECTIVE**

The issue of the quality of life of the elderly has been raised by various organisations and foundations. One can mention here EUROSTAT, SHARE (Wave project) and UN. Another such organisation is HelpAge International – age helps (<http://www.helpage.org/>), which developed a report on the quality of life of the elderly (60+) – *Global AgeWatch Index 2013* (<http://www.helpage.org/global-agemwatch/>). The Report was created by a team of researchers at the United Nations Population Fund (UNFPA) and HelpAge International (with academic supervision by Prof. Asghar Zaidi of the Centre for Research on Ageing, University of Southampton), in cooperation with experts of the World Bank, the World Health Organisation (WHO), the International Labour Organisation (ILO) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO) as well as of various academic institutions from around the world. According to its authors, the Report includes information regarding 91 countries (from a total of 193) which were inhabited by 89% of the world population of people aged 60+.

The Global AgeWatch Index was not created to compete with HDI, rather to supplement it as it focusses mainly on defining the quality of life only one age group, the oldest age group, members of which experience in today's world certain problems related to them playing satisfying roles and to their general functioning. When creating the international comparison, the authors of the Report used thirteen already available comparable characteristics which they grouped in four basic domains. They refer to income security, health status, employment and education and enabling environment. The first two are indicators of elderly people's well-being; the third domain specifies enabling attributes/capabilities of elderly people, while the fourth refers to enabling social environment of society.

The authors used the following as direct indicators of income security: *pension income coverage*, *poverty rate in old age*, *relative welfare of the elderly* and *GDP per capita*. In order to define health status, the following were considered: life expectancy at 60, healthy life expectancy at 60, psychological well-being. Only two characteristics (employment and educational status of elderly people) were used to define the level of employment and education, while four characteristics (social connections, physical safety, civic freedom, access to public transport) defined enabling environment. It was assumed that all domains had equal 25% influence on the general value of the index (which can range from 0 to 100).

The highest values of the *Global AgeWatch Index* were calculated for the countries of Western Europe, North America, Japan, Australia and New Zealand. In general, there is a visible convergence of spatial distributions of the values of the said index and HDI (though the position of specific countries varies across the indexes). The highest values apply to such countries as: Sweden (89.9), Norway (89.8), Germany (89.3), the Netherlands (88.2), Canada (88), Switzerland (87.9) and New Zealand, USA, Iceland and Japan, which means that societies with high level of the general social development indicator display also a high level of the quality of life of the elderly. The following countries listed as the final five countries (out of 91 countries): Rwanda (16.6), Jordan (11.4), Pakistan (8.3), Tanzania (4.6) and Afghanistan (3.3).

Of course, when one considers specific domains, the positions of individual countries vary. In terms of income security of people aged 60+, the best situation was recorded in Luxembourg, France and Norway. Switzerland, Canada and New Zealand are countries with the highest health status. In terms of employment and education, the highest ranked countries are Norway, USA and Armenia, whereas in terms of enabling environment – the Netherlands, Austria and Ireland.

The results of the methodology used by the authors place elderly people in Poland in an extremely bad position. According to the general value of the *Global AgeWatch Index*, Poland with a score of 45.9 was listed 62<sup>nd</sup> among all the studied countries (ranking 30<sup>th</sup> among those countries in terms of GDP per capita and 32<sup>nd</sup> in the HDI list). Apart from the already mentioned regions of the world, the situation of the elderly is better than in Poland in, e.g. most South American countries (e.g. Brazil, Ecuador, Peru, Bolivia, and Colombia), Costa Rica, Panama, as well as China, Sri Lanka, Thailand or the Philippines. El Salvador, Belarus and Venezuela were listed directly above Poland while Kyrgyzstan, Serbia and South Africa slightly below. When considering post-communist Central and Eastern European countries, the situation in Poland is better than such countries as: Serbia, Ukraine, Moldova, Montenegro, however, it is considerably worse than in, e.g. the Czech Republic (ranked 25<sup>th</sup>).

Such a low position of Poland is mainly a result of health status. The situation of elderly people in this respect was ranked 87<sup>th</sup> in the world only to surpass Cambodia, Mongolia, Rwanda and Afghanistan. Poland ranks best in terms of income security (20<sup>th</sup>) as the country displays high pension coverage and a very low old age poverty rate. The situation of Polish people aged 60+ is average in terms of the indicators related to employment and education (54<sup>th</sup>) and enabling environment (43<sup>rd</sup>). Therefore, it seems that the quality of life of the elderly in Poland is particularly bad when considering both the spatial context (location in Europe) and the capabilities which can be defined through such indicators as GDP per capita or HDI.

#### 4.6. QUALITY OF LIFE OF THE ELDERLY AND EXPLANATORY THEORIES

The nature of ageing or the role of the elderly can also be discussed from the point of view of various explanatory theories. Towards that end, one can use functional theories (theory of disengagement, activity theory), the social conflict perspective or self-concept theory (Giddens et al. 2011).

Previous *theories of functionalism* assumed that social roles of ageing population change and that there is an ongoing process of adjusting them to the general population. Further, it was assumed that ageing results in decreased activity and diminished physical and mental abilities and, thus, changing social roles must accommodate those decreases. In the *theory of disengagement* the term *disengagement* refers to the natural process of gradual withdrawal of the elderly from previously performed social roles (as a result of progressing frailty, illness or dependence on other people) which in turn leads to their self-exclusion and assuming a passive stance. Such stance constitutes their basic need. From this point of view, the lifestyle of elderly people consists of looking back onto their past, delving into memories, reinterpreting their experiences, reflecting upon unsolved conflicts or discovering new meanings. Yet today, it is agreed that the basic assumption for disengagement of the elderly stems from an outdated stereotype (that elderly people should completely disengagement from the society and that old age must mean frailty and dependence), which resulted in justified criticism of such views.

This theory is juxtaposed with the *activity theory*. It assumes that it is necessary to remain active to successfully adjust to old age. Activity of elderly people consists of finding substitute forms of activity mainly because it is no longer possible for them to fulfil their former roles in view of their health limitations. By marking their presence in the society, the elderly find other forms of employment, they also engage in social life, in various forms of volunteer work and they are also active in family life. Proponents of this theory claim that various forms of activity of elderly people raise the probability of them retaining

health, mental skills and social usefulness longer. From this point of view, people should engage in their work and participate in the society as long as they physically can.

Both functionalist theories stress the presupposed need of the elderly to adjust to new conditions in the society.

Later theories stemming from the *perspective of social conflict* highlight the fact that the society (often erroneously) limit social roles of elderly people placing them at the lower strata (particularly women and people not affluent enough). Proponents of such theories try to identify the sources of social conflicts between the elderly and the society. They claim that the sources originate in the activity of various social institutions which cause the accumulation of different problems related to ageing (e.g. poverty, insufficient healthcare, lack of high-quality and inexpensive nursing homes). According these lines, capitalist society favours the most economically efficient people and leaves other members of the society only with the option to fight for modest portions of social benefits. In relation to the process of ageing, the conflict theory becomes particularly popular in times of economic crises, when the older population is perceived as competition to younger people in the job market and when dividing national budget.

Contemporary theories (*self-concept*) assume, however, that the elderly are equal entities within the society and that they can actively manage their lives. Thus, elderly people can play an active role in shaping their own physical and mental disposition and not only adjust to the society (functionalism) or be victims of the system of social and institutional stratification (social conflict). In this sense the elderly are perceived as people playing important roles in the shaping of their lifestyles or their relation associated with work or family. In the today's world economy, people are starting to appreciate the consumer potential of seniors and there sub-branches of the industry created specifically for grey people (grey people industry). The most rapidly developing branches which take into consideration the needs and care of the elderly include healthcare, drug, plastic surgery, rehabilitation, cosmetics, and tourism industries. Various companies have already noticed the purchase potential of seniors which resulted in such initiatives as the creation of sun cities, networks of shops adjusted to the needs of elderly people or entertainment centres. Pharmaceutical companies target the elderly population not only through developing new drugs or cosmetics, but they now strengthen the situation by promoting active lifestyles, vitality or focussing on satisfying oneself. These economic and social phenomena will be viewed favourably in relation to the elderly and they will lead not only to eliminating discrimination but may also help a general re-evaluation of the perception of the role of elderly people within the society.

#### **4.7. CONCLUSION**

The phenomenon of population ageing in European countries is a significant demographic, social and economic problem. That is why 2012 was the European Year for Active Ageing and Solidarity between Generations. The goal was to bring to public attention the input of elderly people in the society.

The ongoing and future changes caused by demographic and cultural factors influence the level of activity of the elderly, their expected level and quality of life during retirement and their family relations. Certainly we should expect more or less permanent increase of fiscal load on wages and of the costs incurred by elderly people, which will bear significance for social relations and the perception of elderly people.

Studies into the quality of life of the elderly conducted by various scientists help expand the knowledge on this subject and approach these matters from different angles depending on the specific character of each study related to a different area of science. Geography as a general and comprehensive discipline “has the largest range of means of observing, identifying and explaining principles, regularities and processes occurring between nature and human beings” (Liszewski 2004). Thus, according to the author, geographers are well-prepared to define and evaluate the impact of not only nature on human life, but also the manifestations of economic activity and social processes. Today, or actually ever since industrialisation, what we refer to as natural environment should be called anthropogenic environment. Mutual relations between this environment and humans dictate the living conditions in which humans live. Living conditions are spatially diverse, which is also a reason why geographers are interested in them should one consider that spatial interpretation is one of the main objectives of geography (Liszewski 2004). Studies into the quality of life of elderly people conducted within social geography surely include also a spatial aspect.

The need to raise this topic is mainly necessary to be able to respond to social changes which we are witnessing nowadays. It provides an opportunity to prove that we, the academia, can offer modern methods of analysis which are necessary to initiate any kind of successful action. Social geographers possess extensive experience in studying quality of life. They are also equipped with the proper methodology enabling them to not only describe and map but also explain certain phenomena.

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### **STRESZCZENIE**

W artykule podjęto problem badawczy dotyczący jakości życia ludzi starych. Zwrócono uwagę na istotę tego zagadnienia i możliwe drogi podjęcia tego tematu w geografii społecznej. Waga problemu jakości życia ludzi w podeszłym wieku nie jest wynikiem tylko uwarunkowań demograficznych związanych z powiększaniem się tej grupy osób, ale dotyczy także rozmiaru zadań w zakresie opieki nad osobami starszymi i starymi. Przy opisie jakości życia ludzi starych należy odnieść się do czterech podstawowych kategorii: komunikacji (społecznej), zdrowia, autonomii i korzystania z usług instytucji.

Podjęte badania nad jakością życia seniorów przez różne dyscypliny naukowe przyczyniają się do poszerzenia wiedzy na ten temat i ujmowania tych zagadnień pod różnym kątem w zależności od swoistego charakteru badań przynależnego danej dyscyplinie naukowej. Autorzy opracowania zwracają uwagę na rolę geografii społecznej w tej dziedzinie i to nie tylko przy wyjaśnianiu aspektów przestrzennych zjawiska jakości życia ludzi starych.

**SŁOWA KLUCZOWE:** *ludzie starzy, jakość życia, geografia społeczna*