

Life satisfaction in patients aged 65 years plus treated at primary care settings dependent on selected sociodemographic characteristics

Analiza poziomu satysfakcji z życia osób powyżej 65. roku życia, pacjentów Podstawowej Opieki Zdrowotnej (POZ) w zależności od wybranych cech socjodemograficznych

Grzegorz Józef Nowicki¹, Magdalena Młynarska², Barbara Ślusarska¹,
Agnieszka Bartoszek¹, Ewa Chemperek², Katarzyna Szczekala³

¹ Department of Family Medicine and Community Nursing, Faculty of Health Sciences, Medical University of Lublin

² Department of Emergency Medicine, Faculty of Health Sciences, Medical University of Lublin

³ Department of Foreign Languages, I Faculty of Medicine with Dentistry Division, Medical University of Lublin

Abstract

Introduction. Satisfaction with life is expressed by satisfactory parameters of quality of life and reflects the degree of fulfillment of fundamental human needs. To a great extent it depends on individual life aspirations and social status. **The aim of the study.** To analyse the impact of selected sociodemographic factors (sex, place of residence, education, marital status and job performed in the past) on life satisfaction in patients aged 65 and more who were treated at primary care settings. **Material and methods.** The survey involved 505 patients aged 65 and more who were randomly chosen in 5 primary care settings in the Lublin region. The study lasted from July to September, 2013 and was conducted by means of the Satisfaction with Life Scale (SWLS). **Results.** The mean level of life satisfaction in the studied group was 19.09 (SD = 7.05). The statistical analysis demonstrated that higher satisfaction with life is found in the people aged 65 – 75 ($p = 0.017$), living in the city ($p = 0.009$) and being in relationships ($p < 0.001$). The Spearman's rank correlation showed that the higher the education is, the higher the mean satisfaction with life becomes ($r = 0.255$; $p < 0.001$). **Conclusions.** The findings of the study indicate that satisfaction with life was low in as many as 39% of the surveyed seniors, moderate in almost 34% and high in more than 27% of the respondents. Life satisfaction in the studied group of patients was dependent on the age, place of residence, education as well as marital status. (Gerontol Pol 2016, 24, 264-268)

Key words: life satisfaction, people aged 65 years and more, determinants, patients, primary healthcare

Streszczenie

Wstęp. Satysfakcja życiowa jest wyrazem zadowolających parametrów jakości życia. Odzwierciedla stopień zaspokojenia ważnych dla człowieka potrzeb. W znacznej mierze zależy od aspiracji życiowych i statusu społecznego jednostki. **Cel pracy.** Analiza wpływu wybranych czynników socio-demograficznych (płeć, miejsce zamieszkania, wykształcenie, stan cywilny i wykonywany w przeszłości zawód) na poziom satysfakcji z życia u osób powyżej 65. roku życia, pacjentów Podstawowej Opieki Zdrowotnej. **Materiał i metoda.** Badania przeprowadzono od lipca do września 2013 r. wśród 505 osób w wieku powyżej 65. roku życia w losowo wybranych 5 jednostkach Podstawowej Opieki Zdrowotnej (POZ) na terenie województwa lubelskiego przy użyciu Skali Satysfakcji z Życia (SWLS). **Wyniki.** Średni poziom satysfakcji z życia w badanej grupie wynosił 19,09 (SD = 7,05). Przeprowadzona analiza statystyczna wykazała, że wyższy poziom satysfakcji z życia mają: osoby w wieku 65-75 lat ($p = 0,017$), mieszkające w mieście ($p = 0,009$) oraz badani pozostający w związkach ($p < 0,001$). Przeprowadzona korelacja rang Spearmana wykazała, że wraz ze wzrostem wykształcenia rośnie średni poziom satysfakcji z życia ($r = 0,255$; $p < 0,001$). **Wnioski.** Wyniki badań wskazują, że aż 39% badanych seniorów miało niski poziom satysfakcji z życia, prawie 34% - przeciętny, a ponad 27% prezentowało wysoki poziom satysfakcji z życia. Poziom satysfakcji z życia w badanej grupie osób powyżej 65. roku życia istotnie zależał od: wieku, miejsca zamieszkania, poziomu wykształcenia i stanu cywilnego. (Gerontol Pol 2016, 24, 264-268)

Słowa kluczowe: satysfakcja życiowa, osoby powyżej 65. roku życia, determinanty, pacjenci, Podstawowa Opieka Zdrowotna

Introduction

At the time of systematic ageing of modern societies comprehension of the issues related to the period of life seems crucial with its specificity, caring for healthy aging and not only with life lengthening. Therefore, there is a necessity of answering the question what influences elderly people's greater satisfaction with life referred to as the sense of happiness [1].

Life satisfaction is expressed by satisfactory parameters of quality of life. It reflects the degree of fulfillment of fundamental human needs. According to the World Health Organisation, quality of life is "satisfaction with life situation, subjective evaluation of someone's own life situation in comparison with the situation of other people at the same age, or achievement of a highly respected value" [2]. In the opinion of Halicka [3], life satisfaction "expresses balanced multifactor assessment which comprises the evaluation of the current life and life achievements". In gerontology, an important objective is to connect the average human lifespan, which has lengthened considerably over the last 100 years, to satisfaction with the present life and past years [4].

The aim of the study

The analysis of the influence of selected sociodemographic factors (sex, place of residence, education, marital status and job performed in the past) on life satisfaction in the people aged 65 years and more who were patients of the primary care settings.

Material and methods

The survey was carried out from July to September, 2013. It involved 505 people older than 65 who were patients of the following 5 primary care settings in the Lublin region: three in Lublin (NZOZ ANI-MED, NZOZ UNI-MED and Specialized Outpatient Clinic and of Occupational Countryside Diseases at the Countryside Medicine Institute) and two outside Lublin (NZOZ Health Clinic S.C. in Turobin and NZOZ Goraj in Goraj). The patients were recruited randomly among those above 65 years old and they attended the outpatient clinics consecutively. The inclusion criteria were the age of 65 and above, psychophysical condition which enabled them to take part in the research and the seniors' consent to participation in the study.

The method implemented was the diagnostic survey. The research tool was the questionnaire specially compiled for the purpose of the study which included ba-

sic sociodemographic data such as sex, age, education, place of residence, marital status and job performed in the past.

The Satisfaction with Life Scale (SWLS) by Ed. Diener & Lab., Robert A. Emmons, Randy J. Larsen and Sharon Griffin (Polish adaptation by Z. Juczyński) was applied to research life satisfaction. The questionnaire consists of 5 items which were answered on the basis of the 7-degree scale where 1 – means strongly disagree, 2 – stands for disagree, 3 – lightly disagree, 4 – neither disagree nor agree, 5 – slightly agree, 6 – agree, 7 – strongly agree. The SWLS psychometric properties are satisfactory. The Cronbach's alpha for the original version was 0.87 while correlation between the results of the twofold research performed at 2-month-intervals turned out to be slightly lower [5].

A total of 505 participants took part in the research. All of them were over 65; they resided in the Lublin region and were patients of the Primary Health Care. Most of them were women (62.38%); aged 65-75 (48.12%) and city residents (65.94%). Detailed results of the socio-demographic characteristics are presented in Table I.

Table I. Respondents' socio-demographic characteristics

Variable	Category	Number of people (N = 505) N(%)
Sex	Women	315 (62.38)
	Men	190 (37.62)
Age	65 - 75	243 (48.12)
	76 - 85	166 (32.87)
	> 85	96 (32.87)
Place of residence	City	333 (65.94)
	Country	172 (34.06)
Education	No education	69 (13.66)
	Primary	96 (19.01)
	Vocational	85 (16.83)
	Secondary	136 (26.93)
	Higher	119 (23.56)
Marital status	In a relationship	250 (49.50)
	Alone	255 (50.50)
Type of job performed in the past	Blue-collar worker	172 (34.06)
	White-collar worker	170 (33.66)
	Blue-collar and white-collar worker	63 (12.48)
	Other	100 (19.80)

The obtained results were analysed statistically. The values of measurable parameters were depicted in the form of the mean and median value as well as standard deviation; whereas numerosity and percentage were used for the values of non-measurable parameters. The differences of measurable parameters between the two groups were measured by a nonparametric test, namely

the Mann-Whitney U test. The Kruskal-Wallis test with post-hoc NIR one was used for more than two groups. Dependencies between some variables were examined by means of the r-Pearson's correlation. The level of significance assumed was $p < 0.05$ to show the existence of statistically significant differences or dependencies. The data and statistical study were carried out by the computer software Statistica 9.1 (StaSoft, Poland).

The research procedure was approved by the Bioethical Commission of the Medical University of Lublin no. KE-0254/242/2012 and in accordance with the Declaration of Helsinki.

Results

The mean level of satisfaction with life in the researched group was 19.09 (SD = 7.05). The low level of life satisfaction (1-4 sten.) was found in 39% (n = 197) of the surveyed, the moderate level (5-6 sten.) was in 33.87% (n = 171) of the seniors and the high level (7-10 sten.) was presented by 27.13% of the respondents (n = 137).

The analysis of life satisfaction assessed by means of the Satisfaction with Life Scale (SWLS) in relation to sociodemographic characteristics is illustrated in table II.

The statistical analysis of the collected material enables to state that the surveyed who were between 65 and

75 years old obtained higher life satisfaction than those who were 86 and above ($p = 0.017$). Moreover, on the basis of the Spearman's rank correlation it was shown that life satisfaction in people at the age 65 plus decreases with age ($r = -0.126$; $p = 0.004$).

The statistical analysis revealed that the urban dwellers (M = 19.64; SD = 6.87) had significantly higher general life satisfaction than the rural dwellers (M = 18.05; SD = 7.31) – $p = 0.009$.

Education was another sociodemographic factor examined in the study. The statistical analysis indicated that the people with elementary, vocational, secondary and higher education were characterized by higher general satisfaction with life than those who declared no education. Similarly, a higher score was obtained by the questioned with higher education than those with primary education ($p < 0.001$). The Spearman's rank correlation pointed out that the higher the education, the higher the satisfaction with life ($r = 0.255$; $p < 0.001$).

Taking into account the marital status, it was demonstrated that the respondents living in relationships got higher general life satisfaction than those living alone ($p < 0.001$).

Statistically significant dependencies between sex and job performed in the past and general life satisfaction were not found in the surveyed group of people over 65.

Table II. Satisfaction with life in relation to selected sociodemographic variables

Variable		Mean	Median	Standard Deviation	Statistical analysis
Sex	Women	19.33	20.00	7.23	Z = -0.781; p = 0.434
	Men	18.71	19.50	6.75	
Age	65 - 75 years old (I)	19.85	21.00	7.08	H = 8.156; p = 0.017* (ID: I-III)
	76 – 85 years old (II)	18.90	19.00	7.37	
	> 86 years old (III)	17.52	18.00	6.16	
Place of residence	City/Town	19.64	21.00	6.87	Z = 2.629; p = 0.009*
	Countryside	18.05	18.00	7.31	
Education	No education (I)	13.98	14.00	6.68	H = 47.64; p < 0.001* (ID: I-II, I-III, I-IV, I-V, II-V)
	Primary (II)	18.56	18.00	7.38	
	Vocational (III)	20.49	21.00	7.11	
	Secondary (IV)	19.51	21.00	6.77	
	Higher (V)	21.01	22.00	5.81	
Marital status	Single (I)	13.93	14.00	7.40	H = 43.91; p < 0.001* (ID: I-II, I-III, I-IV, II-III)
	Married (II)	20.99	21.00	6.34	
	Widow/widower (III)	18.81	20.00	7.03	
	Partner relationship (IV)	18.77	20.00	5.03	
Type of job performed in the past	Blue-collar	18.16	18.00	7.56	H = 8.617; p = 0.035
	White-collar	19.10	21.00	6.75	
	Blue-collar and white-collar	20.44	20.00	6.61	
	Other	19.85	21.00	6.79	

Z – the Mann-Whitney U test score, H – the Kruskal-Wallis test score, p – the level of statistical significance, ID – intergroup differences.

Discussion

Satisfaction with life is one of the elements of subjective well-being which also includes positive feelings and a lack of negative ones [6]. The assessment of life satisfaction results from comparison of one's individual situation with the standards determined by the individual on the basis of one's own set of criteria. It is a conscious, cognitive process of global life assessment. Life satisfaction in the elderly is characterized by numerous subjective and objective factors. They include health condition, life conditions, psychosocial development, culture, personal beliefs and values, a way of spending free time [1], daily activity, family relationships, family support or intergenerational support [7,8]. Ageing as a process being destructive in its nature certainly does not favour life satisfaction. In psychology, ageing is referred to as the period of loss where more and more obvious loss concerns health, vitality, beauty, physical attractiveness, the closest persons, position and social prestige, etc [2].

Age is an essential determinant of satisfaction with life. The process of ageing has an individualized character. Very often the chronological age does not coincide with the biological one. The Brazilian study done among the University of the Third Age students proves that people called "younger" than shown by the calendar age received the highest parameters of quality of life in all the areas of daily functioning [9]. The authors' own study illustrates that life satisfaction of the surveyed population of 65 plus decreased with age. Similar results were found by Zalewska-Puchała et al. [10] when they surveyed 109 students of the University of the Third Age who got higher life satisfaction before the age of 65 than those above 65.

Education constitutes another crucial determinant of satisfaction with life. As the study demonstrates, education correlates with higher parameters of quality of life and vice versa [9, 11,12]. As Halik [13] proves, good mood occurs four times more frequently in people with higher education than with lower one. It is confirmed in the authors' own study.

Family, particularly good relationship between parents and children, is another factor of great significance. Both bad relationship with children and its lack affect the lower quality of life in the elderly [13]. Life satisfaction in the people over 65 depends on having a partner.

Emotional relationship and emotional support have great power and enable to live in a better way as well as get old successfully. The results of the authors' own study point out that the people living in relationships got a better assessment of life satisfaction than those living on their own. Similar findings were received by Zalewska-Puchała et al. [10]; however, their results were not statistically significant.

In the authors' own study, place of residence of the seniors also influenced satisfaction with life. A higher assessment was achieved by the city dwellers. It can be associated with the respondents' more comfortable functioning, namely a better access to shops, healthcare settings or different forms of institutional and extra-institutional help.

Undoubtedly, life satisfaction affects the spectrum of life that conditions its assessment. Some of them are independent of a human being, for example health, material conditions or marital status. The seniors in widowhood significantly more frequently have lower life satisfaction [14]. However, there are also determinants which solely depend on seniors which enable them to impact the quality of life in their old age. One of them is lifestyle which promotes every type of activity, both physical and intellectual as a key factor for successful ageing. Unfortunately, little attention is still paid to some seniors' problems. It should be remembered that in the face of demographic changes the problems will grow. By creating conditions of different forms of activity for the elderly it is feasible to favour the process of successful ageing. Modern solutions that refer to social and public politics are not of minor significance and they include among others developing institutional and extra-institutional forms of care for the elderly [15].

Conclusions

1. Low satisfaction with life concerns 39% of the people aged above 65.
2. The seniors' higher life satisfaction is associated with less advanced age, higher education, dwelling in the city and being married or in a partner relationship.

Conflict of interest

None

References

1. Świerzevska D. Satysfakcja z życia aktywnych i nieaktywnych osób po 60. roku życia. *Psychologia Rozwojowa*. 2010;15(2):89-99.
2. Tobiasz-Adamczyk B. Społeczne aspekty starzenia się i starości. W: Grodzicki T, Kocemba J, Skalska A (red.) *Geriatry z elementami gerontologii ogólnej*. Gdańsk: Via Medica; 2006. ss. 37-41.
3. Halicka M. Rodzina - czynnik warunkujący satysfakcję życiową w starości. *Ann UMCS Sect. D* 2004;59(supp.14)148:289-94.
4. Zielińska-Więczkowska H, Kędziora-Kornatowicz K. Determinanty satysfakcji życiowej w później dorosłości - w świetle rodzimych doniesień badawczych. *Psychogeriatr Pol.* 2010;7(1):11-6.
5. Juczyński Z. Narzędzia pomiaru w promocji i psychologii zdrowia. Warszawa: Pracownia Testów Psychologicznych; 2009. ss. 128-132.
6. Diener E, Emmons RA, Larson RJ, Griffin S. The satisfaction with life Scale. *J Pers Assess.* 1985;49:71-5.
7. Yunong H. Family relations and life satisfaction of older people: a comparative study between two different hukous in China. *Ageing Soc* 2012;32(1):19-40.
8. Oztop H, Sener A, Guven S, et al. Influences of intergenerational support on life satisfaction of the elderly: A Turkish sample. *Soc Behav Personal.* 2009;37(7):957-70.
9. Aleksandre TS, Cordeiro RC, Ramos LR. Factors associated to quality of life in active elderly. *Rev Saúde Pública.* 2009;43(4):613-21.
10. Zalewska-Puchała J, Majda A, Cebula M. Poczucie satysfakcji z życia słuchaczy Uniwersytetu Trzeciego Wieku. *Hygeia Publick Health.* 2015;50(4):649-56.
11. Marczuk M. O wyższą jakość życia ludzi starszych. W: Bednarczyk H. (red.) *Edukacja dorosłych-służba społeczna*. Warszawa: Wyższa Szkoła Pedagogiczna; 2002. ss. 173-188.
12. Marcinek P. Funkcjonowanie intelektualne i subiektywna jakość życia u osób w wieku emerytalnym. *Gerontol Pol.* 2007;15(3):76-81.
13. Halik J. Samopoczucie osób starszych i jego uwarunkowania. W: Halik J (red.). *Starzy ludzie w Polsce. Społeczne i zdrowotne skutki starzenia się społeczeństwa*. Warszawa: Instytut Spraw Publicznych; 2002. ss. 71-75.
14. Berg AL, Hassing LB, McClearn GE, Johansson B. What matters for life satisfaction in the oldest-old? *Aging & Mental Health.* 2006;10 (3):257-64.
15. Brzezińska R. Rzeczywistość ludzi w wieku senioralnym a poziom ich satysfakcji życiowej (na przykładzie badań słuchaczy oddziałów terenowych Kujawska-Dobrzańskiego Uniwersytetu Trzeciego Wieku we Włocławku. *Zeszyty Naukowe WSHE.* 2015;40:57-72.