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The light and dark shade of old age. A provisional diagnosis of reality

For many years we have been experiencing the transformation of the Polish healthcare system. Numerous changes that have been implemented as part of health policy are reflected in the prolonging life expectancy of Poles. However, there are also innovations that (although they were planned) could not be implemented for political, economic or social reasons. They affect the lack of satisfaction felt by both service providers and beneficiaries. The desirable states of affairs, often accentuated in scientific reports, undoubtedly include the creation of a modern system of care for an elderly person.[6]

Among the priorities of the Polish healthcare system, there is a need to secure adequate support for elderly individuals and their families.

The reality of old age is very diverse. Undoubtedly, it can be active, joyful, and bringing satisfaction – both to the senior person and to his/her relatives. It can also be deprived of strength, sad and burdensome for family members. Thus, the phenomenon of an ageing society initiates a number of different issues.

Senility, which we experience in the reality of our European civilisation is, unfortunately, usually pathological – premature, additionally linked to numerous diseases and their consequences. Despite the progress in medicine, more and more years of life are not always combined with full health, and physical and mental fitness. It is not without reason, therefore, that all actions launched to improve the quality of life do not diminish the fear experienced by human beings looking to the future. The moment of the first disturbances of well-being – no matter what dimension they relate to, is the moment in which they start unidirectional changes in a mature life. These changes are also visible in the immediate surroundings of the old person. An extensive package of new needs and the necessity to satisfy them, both in relation to the elderly individual and his/her carers – requires a support system consisting of many links. It is on the

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[6] R. J. Kijak, Z. Szarota, *Starość. Między diagnozą a działaniem*, Centrum Rozwoju Zasobów Ludzkich, Warszawa 2013; M. Zysnarska, *Polityka zdrowotna wobec słabych stron, szans oraz zagrożeń polskiego systemu opieki zdrowotnej*, in: *Zdrowie Publiczne w zarysie*, ed. by M. Zysnarska, T. Maksymiuk, UMP, Poznań 2015, pp. 21–32.

scope of this support that the quality of surviving the last period of life and passing away will depend...

The conducted research and conclusions drawn repeatedly confirm the sad reality regarding mental, physical and, especially in countries such as Poland, economic dependence on the younger generation.[7] With age, the needs of older individuals are changing – also the strength, possibilities and ways of satisfying them. Particular emphasis should be placed on such needs as: affiliation (intensity of social contacts, sense of loneliness, bond with the former environment, place in the family), usefulness and recognition (participation in institutionalised forms of social activity, role in the family), independence (degree of independence), safety (physical and mental) and life satisfaction (subjective contentment with the current situation). This last variable is the most synthetic indicator of the older person's adaptation to the new reality.[8]

Therefore, the priority for the whole society – not only Polish – is to provide the elderly with proper care aimed at optimizing their quality of life. Unfortunately, most often the ageing is associated with the emergence of numerous deficits in the bio-psycho-social sphere and the transformation of a successful one into ordinary and then pathological ageing.

The W.H.O. Chronic Disease Committee defines a chronic disease as „any abnormalities or abnormalities that have one or more of the following characteristics: are permanent, leave a disability, irreversible pathological changes, require special rehabilitation, or according to all expectations will require a long period of surveillance, observation or care". Chronic diseases are the leading cause of mortality in the world. According to the WHO, they are responsible for 63% of deaths. The most common chronic diseases include: ischemic heart disease, cancer, chronic respiratory diseases, and diabetes.[9]

The main objective of the study was to assess the well-being of the elderly. Intermediate goals were focused on: demographic and social characteristics of the Polish senior, depicting the epidemiology of diseases, determining the relationship between the health situation of an elderly person and his/her satisfaction with life.

Assumptions of the study

Criteria for inclusion:
- voluntary admission to the study,
- men and women,

[7] M. Racław (ed.), *Publiczna troska, prywatna opieka. Społeczności lokalne wobec osób starszych*, Instytut Spraw Społecznych, Warszawa 2011; B. Bień, Z. B. Wojszel, H. Doroszkiewicz, *Poziom niesprawności osób w starszym wieku jako wskazanie do wspierania opiekunów rodzinnych*, Gerontol. Pol. 2008, 16, 1, pp. 25–34; J. Perek-Białas, J. Stypińska, *Łączenie pracy i opieki nad osobą starszą – wpływ na jakość życia opiekuna*, in: *Jakość życia seniorów w XXI wieku. Ku aktywności*, ed. by D. Kałuża, P. Szukalski, Uniwersytet Łódzki, Łódź 2014, pp. 136–148.

[8] A. Nowicka, *Starość jako faza życia człowieka*, in: *Wybrane problemy osób starszych*, ed. by A. Nowicka, Impuls, Kraków 2008, pp. 17–27.

[9] http://www.who.int/ncds/en/.

– residents of the Wielkopolska (Greater Poland) Province,
– persons from 60 years of age.

Exclusion criteria:

– phase of dementia syndrome, preventing contact with the patient [based on the diagnosis of the attending physician].

The study comprised 504 respondents staying in family homes, hospitals, social welfare homes and care and treatment centres located in the Greater Poland Province.

The analysis of research results has been divided into parts. The first stage is to assess: the demographic and social situation of the surveyed population, the prevalence of health issues and life satisfaction.

The study was carried out by means of a diagnostic survey. The technique used was a survey and the tools used during the preliminary assessment of the health situation of seniors were: a questionnaire containing demographic and social data and SWLS – Satisfaction with Life Scale, adaptation: Z. Juczyński. The study was voluntary and anonymous. Each patient was additionally informed about the purpose of the study and how the information received would be used. Finally, the study included persons aged 60 to 90 and above (see Table 1).

Table 1

Respondents' age

Variable / Age	Number	Cumulative number	Percent	Cumulative percent value
60–64	125	125	24.80%	24.80%
65–69	110	235	21.83%	46.63%
70–74	76	311	15.08%	61.71%
75–79	71	382	14.09%	75.79%
80–84	71	453	14.09%	89.88%
85–89	36	489	7.14%	97.02%
90 and over	15	504	2.98%	100.00%

The majority of respondents were women – 298 (59.13%). Among the study participants, 62.50% lived in a family home in a large city. Other seniors: in the family home in the countryside – 22.62%, and in the nursing and care institution (12.7%) and social welfare home (2.18%). Primary education was declared by 24.41% of respondents, vocational – 26.79%, secondary – 32.54%, higher – 16.27%. As many as 50.40% of respondents described their social conditions as good, 28.37% as average, and 5.98% as very bad or bad. There were 48.21% of study participants married, while 38.10% declared widowhood (6.94% – unmarried, 6.75% – divorced). Childlessness was mentioned by 11.71% of respondents. During the study, retirement or disability benefit concerned 62.90% and 12.90% of respondents, respectively. Due to the difficult economic situation, 11.11% of the retired and 12.90% of disability pensioners were still employed. 10,32% of study participants were professionally active. Self-assessment of health was performed by 503 respondents [1 person did

not answer the question]. The most – 33.80% of study participants rated health at a sufficient level (see Table 2).

Table 2

Self-assessment of own health status

Variable / Health assessment	Number	Cumulative number	Percent	Cumulative percent value
Very poor	42	42	8.35%	8.35%
Poor	106	148	21.07%	29.42%
Adequate	170	318	33.80%	63.22%
Good	163	481	32.41%	95.63%
Very good	22	503	4.37%	100.00%

* One person did not respond.

The quality of human life is determined by, among others, health condition. In view of the above assumption, an assessment of the prevalence of health issues among the studied population was made (see Table 3).

Table 3

Distribution of diseases among the respondents

Sites of health issues	Number of ill persons	Percentage share
Circulatory system	360*	71.57%
Musculoskeletal system	247	49.01%
Endocrine system	169	33.53%
Nervous system	147	29.17%
Urinary tract	138	27.38%
Digestive system	85	16.87%
Respiratory system	70	13.89%
Mental disorders	50	9.92%
Cancer	41*	8.15%
Allergies	23*	4.57%

* One person did not respond.

The declared disorders were:

- cardiology – 53.37% indicated the existence of arterial hypertension, and circulatory insufficiency – 13.49% while ischemic heart disease – 10.12%;
- bone – 46.03% – degenerative changes combined with chronic pain;
- metabolic – 26.59% are persons diagnosed with diabetes;
- neurological – 11.31% complained of headaches, 10.12% had stroke, 8.93% dementia (subjects with moderate and severe dementia were excluded from the study).

In the urinary tract, patients most often reported issues with urinary incontinence, infections and prostatic hypertrophy; digestive: gastric ulcer, gastrointestinal inflammation, gastro-oesophageal reflux; and the respiratory system – COPD and bronchial asthma. Mental illnesses occurring in respondents are primarily neuroses and depression. Persons diagnosed with cancer indicated mainly breast cancer, colon cancer, endometrial cancer, prostate cancer and leukaemia. Allergic symptoms were primarily in the respiratory system.

In addition, the subjects – in the „other issues" category, indicated the frequent occurrence of problems with vision, overweight and obesity, as well as osteoporosis.

Among all respondents – 13.49% required comprehensive, daily care. Analysing the epidemiology of reported health issues, they were correlated with the self-assessment of health (see Table 4).

Table 4

Health issue v. health self-assessment

Health issue v. self-assessment / Analysis	Circulatory system	Skeletal system	Endocrine system	Nervous system
Chi-square statistics	9.270331	9.161658	31.503895	29.919183
Degrees of freedom	1	1	1	1
p value	0.002329	0.002471	<0.000001	<0.000001

As shown by the presented values, there is a relationship between perceived deficits in respondents' health, and self-assessment of the health situation of seniors.

The scale of SWLS was used to test satisfaction with the lives of older persons. Respondents agreed, or not, with the following statements:

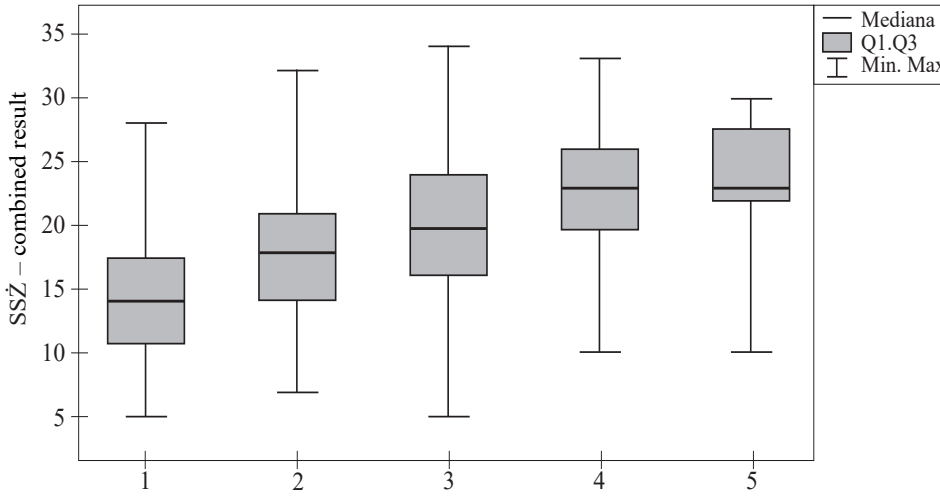
– in many ways my life is close to ideal;
– the conditions of my life are perfect;
– I'm happy with my life;
– in my life I have achieved the most important things that I wanted;
– If I could live my life again, I would not like to change almost anything.

The assessments were added together, and the overall result was a degree of satisfaction with one's own life. The range of results ranged from 5 to 35 points. The higher the score, the greater the sense of life satisfaction. Assessment of life satisfaction is the result of comparing one's own situation with the standards set by oneself.[10] Most subjects declared average life satisfaction – 57.72%. Among them, as many as 23.25% were not and are not satisfied with their lives, while 19.04% of respondents rated their past and present positively. Younger and healthier study participants assessed their lives better than the older ones, who declared numerous health issues [p = 0.041228].

The dependence between health self-assessment and life satisfaction was also demonstrated using Kruskal-Wallis ANOVA test:

[10] Z. Juczyński, *Narzędzia pomiaru w promocji i psychologii zdrowia*, Pracownia Testów Psychologicznych, Wydanie II, Warszawa 2009.

Fig. 1. Health self-assessment v. satisfaction with own life



SSŻ = Health self-assessment v. satisfaction

Respondents who felt healthier also assessed their lives better – both in terms of the past and the present [significance level – 0.05; p value <0.000001].

Summary

The dynamics of global demographic processes observed today encourages a deep reflection on the new shape of social policy (which also includes health protection) that takes into account the needs and expectations of older persons, as well as the creation of specific tools to prevent potential social exclusion of seniors.[11]

Making a diagnosis requires an analysis of the current situation of the Polish senior – with particular emphasis on his social bio-psycho needs. In connection with the above thesis, in the first stage, the health condition of the studied population was assessed. Scientific reports point to the frequent identification of old age with illness and disability.[12] Undoubtedly, this phenomenon may affect the self-assessment of the health of a senior and his/her satisfaction with life.

Among the most frequent diseases of old age, emphasised in epidemiological reports, are: osteoarthritis, arterial hypertension, ischemic heart disease, diabetes and chronic obstructive pulmonary disease. Fatigue, headaches and insomnia, joint and spine pains as well as cardiovascular issues are often emphasised. The frequent diseases of old age may also include osteoporosis, Parkinson's disease and Alzheimer's disease, strokes, cataracts, neoplasms of breast and female reproductive organs, and

[11] R. J. Kijak, Z. Szarota, *Starość. Między diagnozą a działaniem*, Centrum Rozwoju Zasobów Ludzkich, Warszawa 2013.

[12] A. Łukomska, J. Wachowska, *Seniorzy o swojej starości*, Gerontol. Pol. 16, 1, 2008, pp. 51–55.

respiratory and prostate cancer in men, as well as depression.[13] Most of the health issues presented above have also been reflected in our own research.

One of the basic needs of elderly individuals is to keep them in optimal health. Unfortunately, the ageing process, despite significant progress, still favours adverse biological, psychological and social consequences occurring in man.

It is hard to disagree with the words of Antoni Kępiński (1978), that „... just as autumn can be the most beautiful season of the year, old age can be the most beautiful period of life in which life wisdom is achieved and one feels a real taste of life, and what has been experienced throughout life, gives a sense of true achievements. However, there may be a fleeting and fruitless autumn and so old age, also vapid, painful and even tragic perhaps".[14]

Old age has various faces and various factors determine it. This assumption should not, however, be an argument depriving any responsibility in persons shaping the State health policy for launching systematic activities of a comprehensive nature, adapted to the needs of seniors and their carers and building their new quality of life.

Conclusions

1. The most common health issues of a Polish senior include: diseases in the circulatory, musculo-skeletal, hormonal and nervous systems.
2. Older persons assess their satisfaction with life as average.
3. Lack of diseases and high self-assessment of bio-psycho-social well-being, influences life satisfaction.
4. In the 21st Century, it is necessary to implement numerous changes aimed at solving the bio-psycho-social issues of the elderly and the accents – from remedial medicine to prevention and health promotion. The above-mentioned measures will enable the transition from health-care policy to health policy.

Summary

Background: Despite numerous studies on old age and the presented results, the support system aimed at elderly individuals is not being transformed. Also, the basic bio-psycho-social issues of the analysed period of life are unchangeable and have an unequivocal impact on the quality of seniors' life and the level of satisfaction from it.
The aim of the study was to assess the health status of an elderly person.
Material and method: The study group consisted of 504 seniors. The research was carried out by means of a diagnostic survey. The survey technique and the Satisfaction with Life Scale (SWLS) were applied.
Results: The seniors assessed their health condition as sufficient. Cardiovascular diseases emerged among the main health issues, and 13.49% of the subjects required comprehen-

[13] M. Makara-Studzińska, K. Kryś-Noszczyk, *Oblicza starości – przegląd piśmiennictwa*, „Psychogeriatria Polska" 2012, 9, 2, pp. 77–86.

[14] A. Ostrzyżek, *Starość jako etap ontogenezy*, „Hygeia Public Health" 2014, 49, 4, pp. 702–704; A. Kępiński, *Rytm życia*, Sagittarius, Warszawa 1992.

sive, daily care. The majority of the surveyed sample assessed their satisfaction with life as average.

Key words: ageing, old age, health issues, life satisfaction

Starość – blaski i cienie. Wstępna diagnoza rzeczywistości

Streszczenie

Wstęp. Mimo licznych badań dotyczących starości i prezentowanych wyników, system wsparcia ukierunkowany na osoby w starszym wieku nie ulega przeobrażeniom. Również podstawowe problemy bio-psycho-społeczne analizowanego okresu życia są niezmienne i w sposób jednoznaczny wpływają na jakość życia seniorów oraz poziom czerpania z niego satysfakcji.
Celem badania była ocena sytuacji zdrowotnej osoby starszej.
Materiał i metoda. Grupę badaną stanowiło 504 seniorów. Badania przeprowadzono metodą sondażu diagnostycznego. Zastosowano technikę ankiety oraz Skalę Satysfakcji z Życia (The Satisfaction with Life Scale – SWLS).
Wyniki. Seniorzy swój stan zdrowia ocenili jako dostateczny. Wśród głównych problemów zdrowotnych występowały choroby z zakresu układu krążenia, a 13,49% osób wymagało kompleksowej, codziennej opieki. Większość badanej populacji oceniła swoją satysfakcję z życia jako średnią.
Wnioski: 1. Brak chorób i wysoka samoocena dobrostanu bio-psycho-społecznego wpływa na satysfakcję z życia. 2. W XXI wieku nadal pożądane jest wdrożenie licznych zmian ukierunkowanych na rozwiązywanie problemów bio-psycho-społecznych osób starszych i dążenie do poprawy jakości życia seniorów.

Słowa kluczowe: starość, problemy zdrowotne, satysfakcja z życia