Medical and Biological Sciences, 2012, 26/4, 47-54

ORIGINAL ARTICLE / PRACA ORYGINALNA

Anita Żyłka-Reut, Ewa Smoleń, Lucyna Gazdowicz

SUBJECTIVE LIFE SATISFACTION AMONG THE UNIVERSITY OF THE THIRD AGE STUDENTS VS. SOCIO-DEMOGRAPHIC CONDITIONS AND HEALTH STATUS

SATYSFAKCJA Z ŻYCIA SŁUCHACZY UNIWERSYTETU TRZECIEGO WIEKU A UWARUNKOWANIA SOCJODEMOGRAFICZNE I SYTUACJA ZDROWOTNA

Instytut Medyczny, Państwowa Wyższa Szkoła Zawodowa im. Jana Grodka w Sanoku

Dyrektor: dr n. med. Anna Bednarek

S u m m a r y

I n t r o d u c t i o n . Satisfaction is a sense of subjective contentment with life. High level of subjective life satisfaction is a factor motivating an old person to live life full of invention as well as stimulating for numerous initiatives and activities. Several elements encourage better quality of life of the elderly e.g. self-dependence in everyday life, financial security, good life situation, and activity. The greater activity the better self-esteem, well-being and the sense of life value are. People, who feel happy, are more active socially, more easily achieve what they want, are more open, solve problems more effectively, handle difficult situations much better.

T h e o b j e c t i v e of this study was to evaluate subjective life satisfaction among the University of Third Age students and its correlation with socio-demographic conditions and health status.

M a t e r i a l s a n d m e t h o d s . Eighty eight students of the University of the Third Age at Jan Grodek Higher Vocational School in Sanok were interviewed. Satisfaction with life was measured with the standardized SWLS scale (The Satisfaction with Life Scale) and a tool developed by the authors examining social, material, and health status in the studied group.

R e s u l t s . Most of the respondents described their satisfaction with life as average. When asked which factors influenced one's satisfaction with life, respondents gave the following answers: health complaints, chronic illnesses e.g. heart diseases, rheumatoid disorders, hepatic diseases, and loneliness. Higher level of subjective life satisfaction was observed among healthy participants, who perceived their health status as good or very good in comparison with respondents reporting headaches, the sense of loneliness, and those with rheumatoid diseases. No significant influence on satisfaction with life was found for the following parameters: gender, marital status, age, education, social and material status, monthly income, and social activity.

C o n c l u s i o n s . The character and quality of the old age is determined by individual attitude towards health and life, and whether the need of self-development is fulfilled. Satisfaction with life does not only mean being content, but it also means the experience of independency, feeling free to make choices, and having access to the goods in the surrounding environment. The knowledge of the level of subjective life satisfaction is very helpful when creating responsible attitudes for individual's life and development of the elderly, which is of special significance when promoting a creative attitude towards the surroundings in the present reality. The recognition of the level of life satisfaction may also have a significant influence on planning and realization of educational process for the elderly.

.

S t r e s z c z e n i e

W s t ę p . Satysfakcja to poczucie subiektywnego zadowolenia z życia. Wysoki poziom satysfakcji z życia to czynnik motywujący osobę starszą do pełnego inwencji stylu życia oraz stymulator podejmowania wielu inicjatyw i działań. Czynniki sprzyjające utrzymaniu dobrej jakości życia osób starszych to: niezależność życiowa, zabez-

pieczenie finansowe, dobra sytuacja życiowa oraz aktywność. Im większa aktywność, tym lepsza samoocena, poczucie wartości i sensu życia. Ludzie, którzy czują się szczęśliwi, są bardziej aktywni społecznie, łatwiej osiągają to, czego pragną, są bardziej otwarci, skuteczniej rozwiązują problemy, lepiej radzą sobie w trudnych sytuacjach.

C e l e m b a d a ń była ocena satysfakcji z życia słuchaczy Uniwersytetu Trzeciego Wieku i jej zależności od warunków socjodemograficznych oraz sytuacji zdrowotnej.

M a t e r i a ł i m e t o d y. Badania przeprowadzono w grupie 88 słuchaczy Uniwersytetu Trzeciego Wieku (UTW) przy PWSZ im. J. Grodka w Sanoku. Do oceny satysfakcji z życia wykorzystano standaryzowany kwestionariusz SWLS – Skala Satysfakcji z Życia oraz narzędzie własnej konstrukcji celem określenia warunków socjalnych, bytowych i zdrowotnych badanej grupy.

W y n i k i. Osoby starsze wykazywały w większości średni poziom satysfakcji z życia. Na poziom satysfakcji z życia u badanych istotny wpływ miał stan zdrowia, występujące dolegliwości chorobowe, choroby przewlekłe takie jak choroby układu krążenia, reumatoidalne, wątroby oraz poczucie samotności. Wyższy poziom satysfakcji z życia reprezentowały osoby zdrowe i oceniające swój stan zdrowia jako dobry i bardzo dobry w porównaniu z osobami zgłaszającymi bóle głowy, odczuwające samotność oraz z chorobami reumatoidalnymi. Płeć, stan cywilny, wiek, wykształcenie, warunki socjalno-bytowe, dochody miesięczne, utrzymywanie kontaktów towarzyskich nie różnicowały poziomu satysfakcji z życia osób badanych.

W n i o s k i. Charakter i jakość starości warunkuje indywidualna postawa wobec zdrowia i życia oraz realizacja potrzeby samorozwoju. Satysfakcja z życia to nie tylko uczucie samozadowolenia, ale również doświadczenie niezależności, swobody dokonywania wyboru oraz dostęp do dóbr znajdujących się w otoczeniu. Znajomość poziomu satysfakcji z życia jest pomocna w kształtowaniu postaw odpowiedzialności za własne życie i rozwój osób starszych, co jest szczególnie ważne w promowaniu kreatywnej postawy wobec otoczenia w obecnej rzeczywistości. Określenie poziomu satysfakcji może mieć również istotny wpływ na planowanie i realizację procesu wychowawczego wobec starszych osób.

Key words: life satisfaction, the elderly, socio-demographic factors, health status, the University of the Third Age
Słowa kluczowe: satysfakcja z życia, osoby starsze, czynniki socjodemograficzne, sytuacja zdrowotna, Uniwersytet Trzeciego Wieku

INTRODUCTION

The average life expectancy in Poland is constantly growing and the number of the elderly is increasing. Growing interest in geriatric issues concerning life quality and life satisfaction among people older than 65 is observed. Seniors are often deprived of the opportunities to meet their needs like being recognised and self-realize, due to their health status. Adaptation based on personal activity is a strategy of coping with the process of ageing. It is manifested through self-dependence while active social life and personal interests comprise its fundamentals. Becoming a student at the University of the Third Age is a manifestation of a constructive attitude of an old person [1].

Old age is a period of one's life marked by wisdom resulting from life experience. Seniors face new tasks. Gerontologists believe that this period of human life brings new challenges. Old age is a resultant of previous life as well as a period of time when a person evaluates his/her life. This time in one's life comprises a real challenge for both the person, and the whole society. For the person, who experiences the final stage of old age, this period of time is a gift on one hand since not everyone is given this chance, however from the other hand it poses a serious task because this person must redefine his/her previous life and functioning and rethink the sense of his/her whole life.[2]

Life satisfaction is defined as a sense of being pleased with one's life and it is identified with mental well-being. It includes positive physical functioning and health status, proper social relations, psychic and mental condition that satisfy one's expectations. Furthermore, it is associated with prosperity perceived and assessed in a subjective manner. Life satisfaction is determined by one's cognitive and emotional attitude towards one's own life as well as behavioural ability to manage challenges and life adversities. As far as life satisfaction among the elderly is concerned, it largely depends on one's personality traits and psychosomatic condition. It is a general attitude towards oneself, one's past and future. It comprises a positive subjective emotional balance, where pleasant experiences overweigh those unpleasant ones. Additionally, life satisfaction includes optimistic expectations concerning one's future [3].

MATERIAL AND METHODS

The study was conducted in 2009 among students of the University of the Third Age (U3A). The number of respondents (n=88) was determined be the objective of this research project i.e. evaluation of life satisfaction among U3A students. Students were asked

to answer questions included in a questionnaire form. Standard research tools were used: the Satisfaction with Life Scale (SWLS) and a questionnaire developed by the authors in order to assess social and demographic profile of respondents as well as their health status. The SWLS consisted of five statements. Respondent's score describes cognitive judgement of satisfaction with one's life [4]. All respondents were informed about study objectives and about potential use of outcomes for scientific purposes. Questionnaire forms were filled in anonymously. Correlations between variables were tested with the chi-square analysis. The following levels of significance were accepted: p=0.05**(strong statistical correlation), p=0.1 (statistical correlation), and p>0.1 (no statistical correlation).

RESULTS

The average score of satisfaction with life among the elderly participating in this study, was 3.045. Individuals who were satisfied with their lives comprised the biggest subgroup (35.2%). (Table I)

Table I. *Levels of life satisfaction among U3A students*

No	Level of life satisfaction	N	%
1.	Very satisfied (31 – 35 points)	5	5.7
2.	Satisfied (26 – 30 points)	31	35.2
3.	Slightly satisfied (21 – 25 points)	29	33.0
4.	Neutral (20 points)	6	6.8
5.	Slightly dissatisfied (15 – 19 points)	12	16.6
6.	Dissatisfied (10 – 14 points)	5	5.7
Total		88	100

The following variables did not differentiate levels of life satisfaction reported by respondents: gender, marital status, age, education, social and living conditions, monthly income, maintaining social relations. More than half of male respondents were satisfied or very satisfied with their lives (52.6%), whereas 34.8% of men participating in this study were slightly satisfied, 21.1% were neutral, slightly dissatisfied or dissatisfied. As far as women were concerned, 37.7% were satisfied or very satisfied with their lives, comprising less numerous subgroup than the corresponding male subgroup (52.6%). More women than men (27.5% vs. 21.1%) presented low levels of life satisfaction, however no statistically significant relation was found (p>0.1).

Married respondents and those who were single presented similar levels of satisfaction with lives. However, greater number of respondents living in marriages was satisfied or very satisfied with their lives (42.6%, p>0.1) than U3A students, who remained single (38.2%). Fewer unmarried individuals (26.5%) rated their satisfaction with life as low when compared with married respondents (25.9%); however, this difference was statistically insignificant. Age did not affect respondents' assessment of their life satisfaction. No statistically significant correlation between student's age and satisfaction with life presented by this person was proven (p>0.1). The fact that more than half of the 65-69 age subgroup were satisfied or very satisfied is worth emphasizing. Only 20% of respondents from this subgroup were dissatisfied. The most numerous age subgroup, including U3A students who were dissatisfied, neutral or very dissatisfied (37.5%), concerned respondents older than 60 but younger than 64 years old. The majority of individuals with university education were satisfied and very satisfied with their lives (45.5%). The most numerous subgroup of people dissatisfied and very dissatisfied was found among respondents with primary and vocational education (36%). However, as far as the group of U3A students who graduated from high-schools was concerned, only 19.5% of respondents were neutral, slightly dissatisfied or dissatisfied (p>0.1).

The analysis of social and living conditions reported by U3A students showed that exactly 50% of respondents with good and very good material situation assessed their life satisfaction as very good (p>0.1). Only 30% of individuals describing their social and living conditions as good and very good were slightly satisfied with their lives. Every fifth respondent got scores indicating low levels of life satisfaction. Similar numbers of U3A students describing their social and material situation as medium, poor or very poor, were very satisfied and satisfied with their lives (36.2%), slightly satisfied (34.5%), and neutral, slightly dissatisfied or dissatisfied (29.3%).

The vast majority of respondents (53.8%) with monthly income exceeding 1500 PLN rated their life satisfaction as good and very good (p>0.1) when compared with U3A students with incomes ranging between 1000 and 1500PLN (46.2%). However, only 34.7% of seniors with their monthly income lower than 1000PLN manifested high levels of life satisfaction.

Individuals perceiving their health status as very good or good received higher scores on the SWLS when compared with those, who assessed their health

condition as good enough or poor (p>0.1). More than half of theU3A students (52.9%), who assessed their health status as good or very good, presented high levels of life satisfaction (p>0.1). The majority of respondents dissatisfied, slightly dissatisfied or neutral were found among U3A students rating their health condition as good enough or poor (Fig.1).

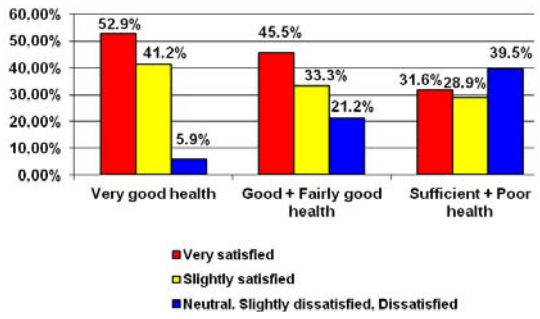

Fig. 1. *Self-evaluation of health status vs. satisfaction with life*

When the threshold value of p was established as 0.01, higher SWLS scores were observed among healthy respondents when compared with U3A students reporting at least one disease. Very satisfied and satisfied respondents comprised almost half of the group (43.2%) including individuals, who did not receive any treatment related to chronic diseases, whereas only 14.3% of U3A students experiencing at least one chronic health condition presented similar levels of life satisfaction, i.e. high and very high. It is interesting that SWLS scores indicating low levels of life satisfaction were recorded in 27.6% of healthy respondents and only 14.3% of individuals reporting the presence of at least one chronic disease (p<0.1*).

Chronic diseases that affected levels of life satisfaction presented by U3A students included rheumatoid syndromes (p<0.1*) and hepatic diseases (p<0.1*). The number of respondents suffering from liver diseases was very small, therefore no final conclusions confirming or denying correlation between life satisfaction and liver problems could be made. However, individuals reporting hepatic diseases received lower SWLS scores than healthy respondents. In this group of U3A students with hepatic conditions no one was satisfied and very satisfied with their lives. The majority of respondents from this group (57.1%) assessed their life satisfaction as poor. Individuals without any liver diseases were satisfied or very satisfied with their lives more often (44.4%) when compared with people receiving low SWLS scores (23.5%, p=<0.1*).

The analysis of SWLS scores recorded among U3A students suffering from rheumatoid diseases confirmed the presence of statistically significant correlation (p<0.1*) between low levels of life satisfaction and rheumatoid problems. The elderly suffering from rheumatoid diseases received lower scores on the SWLS more frequently than healthy individuals. More than one third of the group of U3A students (35.7%) with rheumatoid problems presented low levels of life satisfaction. Higher scores on the SWLS were noted among respondents, who did not report any heart rhythm disorders, heart failure, and ischemic heart disease. Reported levels of satisfaction with life were not differentiated by the following diseases: arterial hypertension, diabetes, constipation, and asthma.

Only 17.4% of seniors without any rheumatoid problems assessed their life satisfaction as poor (low SWLS scores), 41.3% were slightly satisfied, which was twice as many as the corresponding number of respondents suffering from rheumatoid conditions but satisfied with their lives (23.6%). The number of U3A students declaring themselves as satisfied or very satisfied with their lives was similar in both subgroups i.e. comprising healthy respondents (40.5%) and individuals with rheumatoid diseases (41.3%).

Lower SWLS scores were detected among respondents with headaches and sleep disorders. In the studied group, seniors without these problems were more satisfied with their lives than those reporting sleep disorders (p<0.1). U3A students suffering from headaches but slightly satisfied with their lives comprised 13.3% of the total number of respondents. Respondents who did not report headaches and had similar levels of life satisfaction were significantly more numerous i.e. 37.0% (p<0.1*). Almost half of seniors with headaches (46.7%) were dissatisfied, slightly dissatisfied, and neutral. However, similar levels of life satisfaction were observed among only 21.9% of respondents without this type of health problems.

Life satisfaction was not determined by lower mood states (p>0.1). The number of respondents with lower mood states was insignificantly smaller than the number of individuals without this type of problems among U3A students with the lowest SWLS scores, i.e. 24.0% and 38.5%, respectively. As far as individuals suffering from sleep disorders were concerned, 13.3% were slightly satisfied with their lives whereas in the

group of respondents without sleeping problems this number equalled to 37.0% (p>0.1). U3A students suffering from headaches and with SWLS scores indicating low levels of life satisfaction were twice as many (46.7%, p<0.1%) as those without headaches. The lowest level of life satisfaction concerned 21.9% of seniors without headaches.

Almost half of respondents without any experience of loneliness (48.1%) were satisfied or very satisfied with their lives. Individuals who felt lonely received lower SWLS scores that indicating low levels of life satisfaction (64.3%). (Fig.2) The highest SWLS scores were found among U3A students who did not feel lonely (p<0.05**).

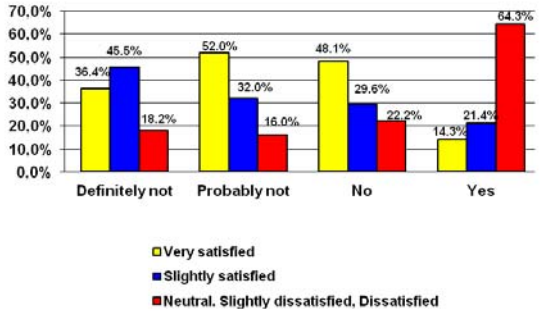

Fig. 2. *Life satisfaction vs. the sense of loneliness*

DISCUSSION

The term 'global satisfaction with life' was introduced by Hans Thomae in order to describe the sum of life satisfaction elements corresponding to specific life domains, e.g.: family, health, living conditions, employment, leisure, and friends. An old person or a person getting old may feel satisfied in some domains while being dissatisfied in others [3]. However, there are studies indicating that happy individuals present greater social activity, achieve what they want with less effort, are more open, solve problems effectively, and manage difficult situations with better results. Satisfaction with life is believed to be a factor protecting an individual against poor health status among both old and young people [5].

In 2006 the Public Opinion Research Centre (CBOS) published data showing that Polish people presented increasing levels of satisfaction with different dimensions of their personal lives [6]. Our study concerning students of the University of the Third Age at J. Grodek Higher Vocational School in Sanok indicated that the average SWLS score was 23.68, which corresponds to the level of 3 – 'slightly satisfied'. In our study group 40.9% of seniors presented high levels of life satisfaction. The majority of U3A students were satisfied with their lives [7]. Being satisfied with one's quality of life is determined by personal traits and social context, in which this individual functions, rather than one's biological condition. High levels of life satisfaction depend on whether one's needs concerning social tasks, constructive leisure activities, and personal interests, are met [8, 9]. Koziel showed in her study that quality of life measured in U3A students did not differ among individuals, who did not practice these activities. However, U3A students were satisfied with their lives more often than general population.[10] Our study assessing levels of life satisfaction among the elderly indicated that the majority of old people were satisfied with their lives [11]. People who presented high levels of life satisfaction reported better health status, were more fit and active, had better opinion about their living conditions, family and material situation, which meant that they were getting old successfully [12].

More than half of men participating in our study (52.6%) were satisfied with their lives, however only 37.7% of female respondents received SWLS scores indicating high levels of life satisfaction (satisfied or very satisfied). Noteworthy is the fact that women comprise the majorrity of individuals dissatisfied with their lives [6, 11].

Life satisfaction was not determined by respondent's age in the studied group of seniors. The least numerous age subgroups of people satisfied with their lives comprised individuals younger than 60 and between 65 and 69 years old (60%). Usually, physical condition deteriorates with one's age, one's income decreases, and the probability of living alone increases since children leave and one's spouse may die.

Age correlated with respondents' satisfaction with their lives, however this relation was insignificant and it disappeared after it was adjusted for the following elements: health status, income, and having no partner. It indicated that life satisfaction is determined by other factors related to age rather than age alone. The abovementioned results may intensify anxiety, sadness, and fear of future, deteriorating global satisfaction with life. Older people manifest lower levels of happiness in emotional dimension, however higher levels are observed in cognitive dimension including the value of life and one's desire to live [10].

More than half of respondents with monthly income exceeding 1500 PLN (53.8%) and only every

third senior with monthly income lower than 1000 PLN were satisfied with their lives. Living conditions and material situation affect life satisfaction. Individuals with high income, who assessed their living conditions as good, presented the highest level of life satisfaction [6, 8]. However no unambiguous, direct dependence between the place of residence and one's attitude towards life was proven. After a certain level of material means is reached, enough to meet all basic human needs fully, further increase of income does not improve one's satisfaction with life [13].

Married and single respondents presented similar levels of life satisfaction. Almost half of U3A students (42.6%) living in marriages were satisfied, whereas 38.2% of unmarried seniors were very satisfied with their lives. As far as U3A students with the lowest level of life satisfaction were concerned, insignificantly more respondents were unmarried (26.5%) than married (25.9%). Results of our study confirm outcomes presented by other authors studying correlation between SWLS scores and education of the elderly.[11] When the influence of numerous demographic factors was considered, proving their impact on one's happiness was as easy as proving that happiness determined obtaining these factors. For example, being married, one's education or one's income was related to life satisfaction and this correlation was positive and moderate. However, they may be responsible for one's satisfaction as well as be its resultant. It seems that relations between happiness and multiple indicators of social status are bilateral rather than acting only in one direction. It is possible that in the field of quality of life some self-mechanisms are present where the improvement in one's well-being reinforces a phenomenon responsible for this improvement [14].

Demographic factors, contrary to general opinion, are complex phenomena. For example, age is associated with one's life experience, the magnitude of one's psychic, social, and material resources, and one's health status. According to our results, being married correlates with life satisfaction positively, however it is not clear which aspects of marriage decide about this effect: love, material support or possibility to share worries and obligations [14].

Psychic condition is believed to play a key role in one's well-being because it makes a person independent and responsible for quality of one's life but at the same time, it determines to what extent one's biologic and social resources are used to maintain well-being of this person as well as other people [14]. Life experience determines the sense of unhappiness rather than happiness. This asymmetry is similar to the one observed for social status, health and marriage: relative income decrease, deterioration of social status or health status, divorce or death of a spouse have greater influence on one's psychic well-being than proportional income increase, improved prestige, better health, and getting married [13].

The following factors had statistically significant impact on life satisfaction in the studied group of U3A students: health status, diseases (rheumatoid syndromes and liver diseases) and complaints like headaches and sleep disorders. More than half of respondents (52.9%) who assessed their health status as good or very good presented high levels of life satisfaction. Only 5.9% of individuals perceiving their health condition as good or very good were dissatisfied with their lives. Respondents with chronic health problems, e.g. pensioners, were dissatisfied more often than healthy individuals [6]. Mobility problems, pain, and difficulties with meeting basic life needs are the cause of withdrawal and social isolation as well as low levels of life satisfaction [4].

Life activities may be limited by biological, psychological, social, and economic factors. All of them determine one's functioning that decides about quality of this person's life. Disabilities progressing with age, deteriorating health, psychic barriers and negative social factors lead to old person's isolation, limit new social relations, limit one's activity, and deteriorate quality of life. It is difficult to decide in which direction this association is stronger i.e. levels of life activity determine happiness or one's attitude towards life is a source of life activity. It is believed that quality of life is determined by one's life activity, which may be described as multiple actions taken by a person (participation in family life, social and professional activity, hobbies and leisure activities etc.). The range of these activities decides about quality of one's life. As far as old people are concerned, gradual limitations of life activities are often observed and, as a result, 'long life' becomes defective. Summarising, it may be concluded that old person's life activity is a measure of quality of this person's life [13]. Only 4.5 % of U3A students maintained no contacts with their families, neighbours or friend from work. Almost half of respondents, i.e. 45.5%, met or talked to their relatives and friends every day, and 38.7% attended not only U3A classes

but were members of other clubs (Gardener's club, Senior's club) and social support groups.

Old age is a period of time when social and economic situation of a person change, health deteriorates, and some traumatic family situations are experienced (e.g. spouse's death). These elements affect one's satisfaction with life. Material and living conditions are important elements of human existence influencing one's sense of happiness and satisfaction with life. However, in our study group, material and living conditions did not determine life satisfaction. Care of psychic and social functioning improves self-esteem and health condition. Individuals satisfied with their lives declare better health, are fit and more active, have better opinion about their living conditions, family situation and material status. They get older much more successfully [12].

High SWLS scores were recorded among respondents who did not feel lonely and those who were healthy. High levels of life satisfaction were found only in 14.3% of individuals who were lonely whereas 64.3% of these respondents were very dissatisfied with their lives. In the group of seniors who didn't feel lonely almost every second respondent presented high level of life satisfaction and only 22.2% received SWLS scores indicating low levels of life satisfaction [1].

How can one improve the sense of happiness permanently? Lyubomirsky, Sheldon and Schkade (2005) said that the terms ' pursuit of happiness' and 'looking for happiness' have significant psychological foundations. They said that improving self-esteem results from one's own activities, i.e. introducing positive events to one's life, rather than passive thinking about life facts, even the most beneficial ones. Longer life also means that people should take care of its quality and pose specific tasks. One of these tasks includes forming constructive social attitudes towards old age and ageing. Adequate patterns of relations between multiple generations comprise basis for a system of values for young and adult people, in which old individuals take their rightful place. The way old people are perceived determines life satisfaction presented by the elderly [15].

CONCLUSIONS

1. The participation in U3A classes allowed filling free time, meeting people with similar interests, and promoted further intellectual development.
2. Gender, marital status, age, education, living conditions, monthly income, and maintaining social relations did not differentiate levels of life satisfaction presented by the elderly.
3. Low levels of satisfaction with life were observed more frequently among respondents who felt lonely. Additionally, every third person perceiving their health condition as good enough or poor was dissatisfied with his/ her life.
4. Every third respondent with sleep disorders and every second individual suffering from headaches presented low levels of life satisfaction.
5. Almost every second U3A student perceiving his/ her health status as good or very good was satisfied with his/ her life.

REFERENCES

1. Kachaniuk H. Problemy psychospołeczne osób w starszym wieku [w]: Geriatria i pielęgniarstwo geriatryczne. Wieczorkowska – Tobis K. (red). Wyd. PZWL, Warszawa 2008: 53-57.
2. Brzezińska A.I. Psychologiczne portrety człowieka. Praktyczna psychologia rozwojowa. Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2005.
3. Zych A.A. Leksykon gerontologii. Wyd. Oficyna wydawnicza „Impuls", Kraków: 2007.
4. Juczyński Z. Narzędzia pomiaru w promocji i psychologii zdrowia. Pracownia testów psychologicznych Polskiego Towarzystwa Psychologicznego, Warszawa 2001: 116-123.
5. Diener E, Lucas R.E, Oishi S. Dobrostan psychiczny. Nauka o szczęściu i zadowoleniu z życia. [w]: Psychologia pozytywna. Czapliński J. (red). Wydawnictwo Naukowe PWN, Warszawa 2008: 33-50.
6. Centrum Badania Opinii Społecznej. Poziom satysfakcji życiowej Polaków w latach 1994 – 2005. Komunikat z badań, Warszawa 2006.
7. Kaczmarczyk M., Trafiałek E. Aktywizacja osób w starszym wieku jako szansa na pomyślne starzenie. Gerontol. Pol. 2006, 15(4): 116-118.
8. Górna K., Jaracz K. Jakość życia osób starszych. [w:] Geriatria i pielęgniarstwo geriatryczne. Wieczorkowska – Tobis K. (red). Wyd. PZWL, Warszawa 2008: 343-345.
9. Marcinek P. Funkcjonowanie intelektualne i subiektywna jakość życia u osób w wieku emerytalnym. Gerontol. Pol. 2007, 5(3): 76-81.
10. Kozieł D., Trafiałek E. Kształcenie na Uniwersytetach Trzeciego Wieku a jakość życia seniorów. Gerontol. Pol. 2007, 15(3): 104-108.
11. Lesińska-Sawicka M.: Wybrane socjometryczne aspekty jakości życia osób po 60 roku życia. Nowocz. Pielęgn. i Położn. 2007, vol. 1 nr 2. Portal Pielęgniarek i Położnych – http://www.pielegniarki.info.pl/

12. Karczewski J.K. (red). Higiena. Wyd. Czelej, Lublin 2002.
13. Szczerbińska K. Problemy opieki zdrowotnej nad ludźmi w wieku podeszłym. Zdrowie publiczne. Tom 2. [w:] Czupryna A, Poździoch S. i wsp. Wyd. Uniwersyteckie Wydawnictwo Medyczne Vesalius, Kraków 2001: 417-442.
14. Trzebińska E. Psychologia pozytywna Wydawnictwa Akademickie i Profesjonalne, Warszawa 2008.
15. Czapiński J. Psychologia szczęścia. Pracownia Testów Psychologicznych. Polskie Towarzystwo Psychologiczne, Warszawa 1994.

Address for correspondence:
Ewa Smoleń
Instytut Medyczny, Państwowa Wyższa Szkoła Zawodowa im. Jana Grodka
ul. Mickiewicza 21, 38 – 500 Sanok
ewasmolen@op.pl
tel. 667 249 796
fax. 13 46 55 959

Received: 14.10.2012
Accepted for publication: 4.12.2012