Quality of Elderly People’s Life in the Region of Malopolskie Voivodship

Abstract: The ageing of the population is one of the most important problems of contemporary European societies. It is assumed that, within the next two decades, the percentage of people aged 65 and older throughout the population of the European Union will increase up to 20%, and around 2060 – nearly one third of the community’s inhabitants will reach this age. Therefore, it is important for the elderly people to have proper living conditions ensured, in particular in countries such as Poland, where seniors are still marginalised and excluded from many areas of social life. The quality of life of people in the post-working age can be determined by taking account of numerous factors. These include, above all: financial situation, living conditions, health condition, self-esteem, and the feeling of playing a significant role for the family and for the society.

The purpose of the presented study is to assess the quality of life of elderly people from the region of Malopolskie Voivodship. The analysis of the research material takes account of various aspects of this particular category, namely the quality of life, with clear focus on the so-called subjective quality of life. Conclusions were drawn on the basis of results of the study conducted in 2015 on a group of 150 people aged 60+, living in the counties of Myślenice and Nowy Targ from the Malopolskie Voivodship.

Among numerous elements that can be used to assess the quality of life, crucial importance has the determination of the degree of satisfaction of seniors on several levels: with regard to relations with family members, health condition, and the housing situation. In addition, it was deemed important to identify the attitude of the environment towards seniors, as well as indicate the needs and expectations of elderly people with regard to e.g. services and products missing from the Polish market and addressed to this age category.

The research results indicate that the subjective quality of life of the examined elderly people from the two counties is on an average level. Such a conclusion may be drawn on the basis of opinions

1 The views and opinions expressed in this paper are those of the authors and do not necessarily reflect the views and opinions of the National Bank of Poland. The project entitled “Discussion Forum – Measurement and Evaluation of Economic and Social Phenomena” (MASEP2017) is implemented in cooperation with the National Bank of Poland within the framework of economic education.
of the respondents, who are rather satisfied with contacts with the environment and, at the same time, moderately satisfied with their health condition. Furthermore, the examined seniors notice clear shortages on the Polish market within the offer of services and products addressed specifically to their age group.

Keywords: quality of life, elderly people, subjective quality of life, marginalisation of elderly people

JEL: J140, R110, Z130

1. Introduction

The process of ageing of the population is currently one of the most important problems, both in Europe and in Poland. It results from the currently occurring demographic changes and, among others, such phenomena as the increase of life expectancy, low fertility rate, but also increased emigration of people from younger age groups.

Particularly important from the point of view of efficient functioning of the economy, but also the whole society, is the monitoring of changes that are observed within the so-called economic age groups. And so, over recent years, a continuous increase in the share of people in the post-working age is observed – this applies to men aged 65 and older and women aged 60 and older. Data from the Central Statistical Office (GUS, 2017: 5) clearly indicate that, at the end of 2016, people in the post-working age already constituted one fifth of the general population (the exact number was 7770 thousand people). For comparison, it is worth mentioning that the year before it was nearly 19%, in 2000 – ca. 15%, and in 1990 – only 13% of the population (GUS, 2017: 5).

Also important are the relations among the economic age groups of the population, which are shown by the so-called age dependency ratio2 (https://stat.gov.pl). According to GUS (http://stat.gov.pl/podstawowe-dane), in 2015, there were 60.1 people at non-working age per 100 people at working age (e.g. in 1990, this number amounted to 72 people). Particularly alarming is that the share of people aged 60+ in the overall population is growing, and the most rapidly growing are seniors from the group of people of at least 80 years of age (GUS, 2015: 17–18).

The demographic forecasts are not optimistic. They state that, within the next two decades, the percentage of people aged 65 and older in the entire population of the European Union will increase to almost one-fifth, and by the 2060 – already almost one-third of the population will reach this age. On the other hand, the predictions for Poland assume that the population decrease will be systematic until 2050 and, at the final moment of the forecast, the number of people in our country will be lower by ca. 12% (ca. 4.5 million people) as compared to 2013 (GUS, 2015: 19).

2 The age dependency ratio is the relation of the number of people at non-working age to the number of people at working age. In other words, it is the number of people at non-working age per 100 people at working age.
Owing to the fact that there are more and more people from the oldest age groups, it is important to examine and monitor their quality of life. It turns out that, according to the research of J. Czapiński (2015: 440), elderly people (65+ years old) belong to the group of people, whose quality of life is the lowest. This group otherwise includes the pensioners, people who did not complete primary school, widowed people, people living alone, the divorced and the unemployed. It should also be remembered that seniors belong to the aforementioned groups as well. And so, for example, as noted by J. Czapiński (2015: 449–451), in Poland it is possible to see a clear correlation between the age and the level of education, which after all has a strong impact on the quality of life. As written by the author, “a university degree clearly softens the adverse effect of age on the quality of life; the difference between people with better and worse education in the oldest group is almost four times greater than in the youngest group, due to a significant change in the life quality occurring with age among the poorly educated, and the virtual lack of such change among the better educated” (Czapiński, 2015: 449–451).

The purpose of the presented study is to assess the quality of life of elderly people from the region of Malopolskie Voivodship. The analysis of the research material takes account of various aspects of this particular category, namely the quality of life, with clear focus on the so-called subjective quality of life. Among numerous elements that can be used to assess the quality of life, the determination of the degree of satisfaction of seniors on several levels is of crucial importance, that is: with regard to relations with family members, health condition, and the housing situation. In addition, it was deemed important to identify the attitude of the environment towards seniors, as well as to indicate the needs and expectations of elderly people with regard to services and products missing from the Polish market and addressed to this age category.

2. The quality of life as a theoretical and research category

The quality of life is a capacious category, defined in many ways. As written by J. Daszykowska (2010: 19), “In theoretical deliberations and research, there is an evaluative, normative understanding of the quality of life (where an assessment is made: low, high quality of life) and a descriptive approach (assuming the presence of various qualities)”. Evaluation of the quality of life can be found in the subject literature a lot more often than its interpretation (Marcysiak, Prus, 2017: 212–218).

In the broad perspective, the quality of life can be considered a “state of satisfaction and happiness; satisfaction with the entire existence, namely: the use of nat-
ural environment, good health condition, prosperity in life, social status, welfare, and consumption” (Bywalec, Rudnicki, 1999: 27–29) or, as defined by J. Kolipiński (Owsiński, Tarchalski, 2008: 61), “the quality of life consists of the right to freedom, to living in dignity and wealth”.

On the other hand, in the opinion of T. Tomaszewski, the quality of life should be identified as “the quality of a person and the quality of the world”, and in such an understanding, this term will be “a set of elements present in various proportions and with various intensity, which include: abundance of experiences, level of awareness, level of activity, creativity and co-participation in the social life” (Trzebiatowski, 2011: 27).

In turn, in the opinion of R. Kolman (2000: 2–3), the quality of life is defined as:
1) “the degree of satisfaction of spiritual and material needs of a person;
2) the degree to which the requirements determining the level of material and spiritual existence of individuals and the whole society are met;
3) the degree to which the expectations for the traditionally understood normality in activities and situations of the daily life of individuals and the community are fulfilled”.

On the other hand, M. Kusterka-Jefmańska (2010: 116) indicates that the quality of life refers to many aspects of human existence and lists such elements as e.g.: condition of the natural environment, material standard, access to education and culture, health and safety (crime and natural calamities) and economic security, as well as the sense of being rooted in the local environment, interpersonal relations, and participation in the life of a given community.

The quality of life of the elderly is more and more often the matter of international research. It is most often defined considering the health, psychological and social as well as economic situation (Zaninotto, Falaschetti, Sacker, 2009; Campos et al., 2014; Tavares et al., 2014; Van Dyck et al., 2015).

The increasing interest in this subject is related to the demographic situation and the growing share of the elderly in the population. It is also important to note that such situation creates the need to take actions for the elderly in order to provide them with the possibility of active aging and a relatively high level of quality of life (Miranda, Soares, Silva, 2016: 3534).

The quality of life of people in the post-working age can be determined by taking account of numerous factors. In the opinion of K. Balandynowicz-Panfil (2010: 114), these should include, above all: “financial situation, living conditions, health condition, self-esteem, and the feeling of playing a significant role for the family and for the society”.

Bearing in mind the importance of work in the life of an individual, in particular in terms of this person’s ageing, an extremely significant aspect of defining successful ageing from the point of view of shaping of the quality of life should be discussed. The process of ageing of an individual is mostly chronological, while
the success of ageing “reflects, above all, the proper health condition and satisfaction with life” (Balandynowicz-Panfil, 2010: 114).

Other indicators of the so-called late adulthood mentioned in the subject literature are, for example, the broadly understood well-being: physical, financial, personal, and social. In addition, we should take account of the satisfaction with life and the purpose in life, the joy of life, spirituality, but also the end of life. On the other hand, critical events typical for this period of life and directly impacting its quality certainly include loss of health and vitality, as well as attractiveness, or loss of loved ones. Another very important issue is also the “visibly approaching perspective of death” (Lubrańska, Wochna, 2015: 146).

Many authors focusing their research interests around the issues of the quality of life draw attention to treating this category objectively and subjectively (Nordenfelt, 1993; Czapiński, 2001; Borys, Rogala, 2008; Daszykowska, 2010). The objective perspective may cover e.g. the economic situation, housing conditions or the natural environment, while the subjective perspective: assessment of their well-being or other types of assessments presented in the categories of satisfaction or dissatisfaction, happiness or fear (Daszykowska, 2010: 22). The author notes that most authors distinguish in the quality of life, both the objective and the subjective perspective, the “physical, social, mental, and interpersonal aspect”, perceiving them through the prism of social norms or the system of values.

The use of the objective and subjective criterion when determining the quality of life is also supported by J. Czapiński (2001: 68), who nonetheless adds the need to analyse the “condition of satisfaction of various needs affecting the sense of well-being or happiness”. The indicators of happiness – or, in other words, the degree of satisfaction – are also divided by the author into objective and subjective.

A similar position was held by L. Nordenfelt (1993: 14–15), who claimed that “In many current psychological and sociological discussions it has been claimed that an adequate measurement of a person’s quality of life must contain both so-called objective and subjective parameters. Among the objective parameters are such things as the person’s somatic health-status, his or her economic situation, housing conditions, and occupational and family situations. Among the person’s subjective properties are his or her experiences of the external situation, as well as his or her more general moods and emotional states”.

The division of the quality of life into an objective and subjective perspective has a direct influence on the way it is examined. As emphasised by T. Borys and P. Rogala (2008: 13), the quality of life in the objective perspective is close to the notion of living conditions or the standard of living. These two notions primarily refer to infrastructural resources possessed or available to an individual or a group (e.g. household) (Satoła, 2017: 63–71).

The living conditions, as emphasised by authors, are associated “with the economic position, existential safeguard and an environmental protection of the
life of individuals”. Examples include: average life expectancy, monthly income or apartment surface area.

On the other hand, J. Czapiński (2001: 68), when indicating the conditions of existence of different social groups, both in the material and health-related sense, provides examples of indicators, which include e.g.: the suicide rate, the level of pollution and the dynamics of GDP.

The subjective quality of life is the “subjective perception of one’s own life under a specific system of values and under specific social, economic and political conditions” (Borys, Rogala, 2008: 13). In other words, it is the degree of satisfaction of needs or, as defined by J. Czapiński (2001: 68), “the subjective sense of the quality of life refers to individual criteria of evaluation”. These measures may include, according to T. Borys and P. Rogala (2008: 13), satisfaction with one’s economic or housing situation, as well as with the health condition, while according to J. Czapiński (2001: 68), they may be, among others, assessments of particular aspects of life, problems with mental adaptation, system of values, and “other personality traits conditioning the attitude towards life, activity in life and the capacity to adapt to social changes”.

The quality of life is sometimes difficult to examine. It is considered that two groups of methods of measurement can be distinguished here, namely quantitative (resulting from statistics) and qualitative (based on research conducted within the social sciences and humanities). What is important is that “both measurement methods of the level and the quality of life are not competitive towards one another. They should be treated as mutually supplementary, since they enable full diagnosis of the needs, which condition the achievement of a specific level and quality of life” (Sander, 2010: 76).

The oldest measurement method of the level and the quality of life is the national product (income) per 1 inhabitant, while others are: the so-called Geneva method, known as the distance method, enabling measurement of the level of satisfaction of needs at a given time, and the Human Development Index (abbrev. HDI). This method assumes identification and separation of the population’s needs, which are then divided into groups and matched with measures, both quantitative and qualitative. The next stage is to determine the minimum and the maximum with regard to satisfaction of these needs, constituting the point of reference for the values obtained within the conducted empirical studies. The last work stages are intended to obtain a synthetic indicator of the need groups (Sander, 2010: 77–79).
3. The quality of the elderly people’s life in the region of Malopolskie Voivodship – the empirical study findings

The attempt to determine the quality of life of seniors from the region of Malopolskie Voivodship in the subjective perspective is accompanied by a characterisation of several key issues. One of them is undoubtedly the examination of the degree of satisfaction of elderly people, in terms of relations with family members and the health condition or the housing situation. In addition, it was deemed important to identify the attitude of the environment towards seniors, as well as to indicate the needs and expectations of elderly people with regard to services and products missing from the Polish market and addressed to this age category.

Conclusions were drawn on the basis of results of the study conducted in 2015 on a group of 150 people aged 60+, randomly selected, living in the counties of Myślenice and Nowy Targ from the Malopolskie Voivodship. A questionnaire was used for the research, which included the issues listed above.

It seems that the deliberations on the quality of life of seniors in the local environment of the two examined counties should start with outlining the opinions of the respondents concerning the role of elderly people in the society. This issue is particularly important and, at the same time, interesting in the context of marginalisation of elderly people in the social life. It is common knowledge that this is currently a big problem in Poland. This phenomenon may take on the form of exclusion, and in extreme cases – discrimination; it is called ageism and consists in “creation of stereotypes and unequal treatment of individuals on the basis of belonging to various age groups” (Klimczuk, 2012: 26).

Therefore, the examined seniors were asked whether they had noticed examples of marginalisation of people of advanced age in their environment; and how they perceived the role of elderly people in the society. It turns out that nearly half of the respondents expressed an opinion that older people are needed in the society, which does not change the fact that they are often excluded from some areas of social life. On the other hand, nearly one-fifth stated that older people are more of a burden on the society and that their marginalisation is common. Interesting is the fact that, when answering the question formulated in such a way, many seniors were unable (or unwilling) to give an answer – this applied to almost one-third of the responses.

Identification of the attitude of the environment towards elderly people remains directly connected to the notion of the quality of life, but also to the issues discussed above. The vast majority of the respondents (more than 70% of answers) assessed it positively. However, it is worth noting that it is possible to see a clear difference between unconditional opinions defining this relation as “definitely positive”, and conditional ones, i.e. “rather positive”. This second type of opinion was dominating in more than half of the cases. Nonetheless, we should be glad that an-
swers assuming a “definitely reluctant” relation of the environment towards seniors are scarce and given only by a few people.

The subjective quality of life, defined in the previous section of this study, assumes presentation of one’s own, personal evaluation of certain aspects of one’s life or the opportunity to assess the degree of satisfaction of needs. Such an opportunity was given to the respondents during the conducted study. They were asked to determine the degree of satisfaction with regard to three issues: their relations with family members, their health condition, and their housing situation.

For the surveyed seniors, the most satisfactory were their relations with the members of their own families. Particularly high satisfaction in this respect was demonstrated by women, while among men, although the answers were also predominantly positive, they were given definitely less frequently (respectively, more than 81% and slightly above 62% of answers indicating a high degree of satisfaction). Both groups had few respondents who described the degree of satisfaction with family relations as “low”, with addition that this applied to women only in isolated cases. The largest number of “average” and “low” assessment was given to the question concerning the health condition, with a small dominance of the lowest satisfaction among men (16% of women and 22% of men indicated low degree of satisfaction, and, respectively, more than 65% and ca. 60% – indicated average satisfaction).

In the case of one’s own housing situation assessment, women gave predominantly average assessments (almost 58% of responses), while men comparably chose high (46%) and average (ca. 42%) assessments. Thus, it may be assumed that men were clearly more often happy with the housing conditions than women. On the other hand, like in the case of determining the level of satisfaction with relations with the respondents’ families, when assessing the housing conditions, the lowest number of answers indicated “low” degree of satisfaction (Table 1).

A significant difference in the case of the quality of life with breakdown into gender is pointed out by J. Czapiński (2015: 449–451) in the Social Diagnosis 2015. In his opinion, taking into account different indicators, it can be seen that, in general, the quality of life of men is higher than that of women. Such a situation surely is connected to the fact that the average life expectancy of women is longer, and the quality of life usually deteriorates with age. For this reason, it is not surprising that the oldest age group (65+ years old) is dominated by women (almost twice more than men), and that the quality of life indicator is the lowest as compared to other age groups. However, among the oldest people, the quality of life of men is expressly better than the quality of life of women (Czapiński, 2015: 449–451).

In the recent years, more and more focus is put on the fact that the seniors constitute a steadily growing and more demanding group of market participants. Therefore, stimulation of the economy should include development of products
and services meant specifically for the elderly. Evaluation of this area is important from the point of view of the conducted senior policy and identification of the quality of life of people from this age category.

Table 1. The respondents’ degree of satisfaction with regard to their relations with family members, their health condition and their housing situation with breakdown into gender (%)

<table>
<thead>
<tr>
<th>Degree of satisfaction</th>
<th>Relations with family members</th>
<th>Health condition</th>
<th>Housing situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>81.3</td>
<td>18.9</td>
<td>36.0</td>
</tr>
<tr>
<td>Average</td>
<td>15.5</td>
<td>65.1</td>
<td>57.8</td>
</tr>
<tr>
<td>Low</td>
<td>3.2</td>
<td>16.0</td>
<td>6.2</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>62.2</td>
<td>17.8</td>
<td>46.2</td>
</tr>
<tr>
<td>Average</td>
<td>29.1</td>
<td>60.2</td>
<td>42.3</td>
</tr>
<tr>
<td>Low</td>
<td>8.7</td>
<td>22.0</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: prepared by the author

In order to examine the opinions on this topic held by the retirees participating in the study, a reference was made to the announcement from the research conducted by the Public Opinion Research Centre (CBOS)\(^3\). It gives information about the needs and expectations of elderly people, as well as the services and products missing from the Polish market, in the opinion of people at retirement age. When performing the presented research, the author decided to use the above question and asked the respondents this question.

It turned out that the results of this study slightly differ from the research conducted on the nation-wide sample (CBOS, 2009). The author’s study shows that seniors from the two counties from the Małopolskie Voivodship notice shortages mostly in specialist care services (for nearly one-fourth of the surveyed) and activities in the local community aimed at seniors (slightly more than one-fifth of responses). On the other hand, during the research on a national sample of retirees, the following were indicated as the most lacking: care services (41%), season passes for cinemas, theatres, museums (38%), as well as television and radio programmes addressed to the older generation (34%) (CBOS, 2009: 15–16).

\(^3\) In order to make the comparisons, the author referred to the Announcement from the research of the Public Opinion Research Centre. 2009, entitled *Sytuacja ludzi starszych w społeczeństwie – plany a rzeczywistość* (*The situation of elderly people in the society – the plans vs. the reality*). BS/160/2009, Warsaw. It was a part of the research entitled: *Aktualne problemy i wydarzenia* (*Current problems and events*) (234), 4–9 November 2009, conducted on a representative random sample of the adult inhabitants of Poland (*N* = 1022).
Seniors from the counties of Nowy Targ and Myślenice clearly less frequently indicated shortages in household appliances adapted to seniors (16%), as well as suitable radio and television programmes (almost 13% of responses).

In the author’s study, it may be surprising that seniors have minor interest in tourist services adapted to their specific lifestyle (ca. 6% of answers in the entire sample), sports activities for seniors (ca. 11%), and educational classes for seniors (ca. 4%) (Table 2). Thus, it may be assumed that the relatively rare indication of this type of shortages may result from the rich offer addressed to elderly people within the examined counties or, which seems more likely, from limited interest in such forms of activity.

It thus seems that Polish retirees, both those from the Małopolskie Voivodship and those surveyed several years ago, are relatively satisfied with the offer addressed to seniors in Poland – this is confirmed by the fact that none of the mentioned options gained support of even half of the respondents.

Table 2. Services and products for the elderly which are missing from the Polish market, according to the respondents (%)

<table>
<thead>
<tr>
<th>Services missing from the Polish market, according to the respondents</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discounts, season passes for seniors to cinemas, theatres, museums</td>
<td>14</td>
<td>9.3</td>
</tr>
<tr>
<td>Radio and television programmes</td>
<td>19</td>
<td>12.7</td>
</tr>
<tr>
<td>Activities for seniors in the local community</td>
<td>32</td>
<td>21.3</td>
</tr>
<tr>
<td>Employment agencies for the elderly</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Tourist services adapted to a specific lifestyle</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>Publications for seniors: books, magazines</td>
<td>5</td>
<td>3.3</td>
</tr>
<tr>
<td>Sport activities for seniors</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td>Household appliances adapted to seniors</td>
<td>24</td>
<td>16.0</td>
</tr>
<tr>
<td>Educational offer for seniors</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>Clothing and footwear</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Mobile phones</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Cosmetics</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>Websites</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>Computers, the so-called senior PCs</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Other services and products for the elderly</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Care services</td>
<td>37</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Source: prepared by the author on the basis of CBOS, 2009: 15–16
4. Conclusions

The quality of life is a theoretical and research category, which is discussed extensively in the subject literature. In a broader perspective, it is treated as the right to freedom and a wealthy life, or – in a narrower perspective – it refers to the degree of satisfaction of needs of particular individuals or social groups. It can be perceived in objective terms and be associated with the idea of the conditions or standard of living, namely in the context of resources possessed by an individual or a group; as well as in the subjective perspective, concerning certain individual criteria of evaluation and assessment.

The subject matter of the presented study refers to the quality of life of a group with its own clear, unique character, namely to people at an advanced age. According to the authors whose interests focus on this subject matter, when identifying the quality of life of seniors, one should take account of factors such as e.g. the health condition, the living conditions, self-esteem, and performance of a specific role in the social environment. Some of the aforementioned elements falling within the scope of the subjective quality of life became the subject of the evaluation conducted by the elderly people participating in the study carried out by the author of this paper.

The results of the presented research indicate that the subjective quality of life of the examined elderly people in the counties of Myślenice and Nowy Targ is at the average level. Such a conclusion may be drawn on the basis of opinions of the respondents, who are rather satisfied with contacts with the environment – only a few people identified the environment’s attitude towards seniors as “definitely reluctant”, while more than 70% of the respondents deemed it positive. Furthermore, the respondents did not notice marginalisation of elderly people in the social life too often, and only every fifth one expressed an opinion that elderly people are more of a burden on the society.

When assessing their situation in life in three aspects, the respondents proved to be moderately satisfied with their health condition, clearly satisfied with their family relations, and expressed a positive opinion on their housing situation.

Additionally, the examined seniors notice clear shortages on the Polish market within the offer of services and products addressed specifically to their age group. In their opinion, these shortages concern, above all, specialist care services and activities in the local community aimed at seniors. On the other hand, they relatively rarely mentioned those involving an active lifestyle, namely e.g. tourist services adjusted to a specific lifestyle, sports activities for seniors or educational classes.

The research findings presented above allow for the assessment of the quality of life of the oldest inhabitants of the two counties from the Małopolskie Voivodship. Exploration of the assessments made by the seniors, as well as their indications of certain shortages affecting their social situation and their subjective quality
of life is very important. It is thus important for the elderly people to have proper living conditions ensured, in particular in countries such as Poland, where they are still often marginalised and excluded from many areas of social life.

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Jakość życia osób starszych w województwie małopolskim

Streszczenie: Starszenie się ludności jest jednym z najważniejszych problemów społeczeństw współczesnej Europy. Zakłada się, że w ciągu najbliższych dwóch dekad udział ludzi w wieku 65 lat i więcej w całej populacji Unii Europejskiej wzrośnie do 20%, a około 2060 roku niemal jedna trzecia mieszkańców Unii Europejskiej osiągnie ten wiek. Dlatego też ważne jest, aby osoby starsze miały zapewnione odpowiednie warunki do życia, szczególnie w takich krajach jak Polska, w których seniorzy nadal są marginalizowani i wykluczani z wielu sfer życia społecznego.

Jakość życia osób w wieku poprodukcyjnym można określić, uwzględniając wiele czynników. Zaliczyć do nich należy przede wszystkim: względy finansowe, warunki bytowe, stan zdrowia, poczucie własnej wartości oraz odgrywanie istotnej roli w rodzinie i społeczeństwie.

Celem artykułu jest ocena jakości życia osób starszych z województwa małopolskiego. W trakcie analizy materiału badawczego uwzględniono różne aspekty tej szczególnej kategorii, jaką jest jakość życia, z wyraźnym wskazaniem na tzw. subiektywną jakość życia. Podstawę wnioskowania stanowią wyniki badań przeprowadzonych w 2015 roku na grupie 150 osób w wieku 60+ z terenu powiatów miślenickiego i nowotarskiego z województwa małopolskiego. Spośród wielu elementów, na podstawie których można dokonać oceny jakości życia, decydujące znaczenie ma określenie stopnia satysfakcji seniorów na kilku płaszczyznach: w zakresie relacji z członkami rodziny, stanu zdrowia oraz sytuacji mieszkaniowej. Ponadto za istotne uznano określenie stosunku otoczenia do seniorów, a także wskaźanie na potrzeby i oczekiwania osób starszych w zakresie kierowanych do nich usług i produktów, których brakuje na polskim rynku.

Wyniki badań wskazują, że subiektywna jakość życia badanych osób starszych z terenu dwóch powiatów jest na średnim poziomie. Wniosek taki można wysnuć na podstawie opinii respondentów raczej zadowolonych z kontaktów z otoczeniem i równocześnie umiarkowanie usatsysfakcjonowanych swoim stanem zdrowia. Ponadto badani seniorzy dostrzegają wyraźne braki na polskim rynku w zakresie oferty usług i produktów kierowanych specjalnie do nich.

Słowa kluczowe: jakość życia, osoby starsze, subiektywna jakość życia, marginalizacja osób starszych

JEL: J140, R110, Z130