

LIFESTYLE AND WAYS OF LIVING OF SENIOR HOUSEHOLDS

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Abstract: *Growing the proportion of older people requires adapting services and products to their needs and preferences, which will support and extend their full life. While once people aged 55 and over considered themselves old, most of them now live an active life. Over the past decade, the proportion of those who are fully employed has changed and their stereotypes and behaviour have increased, thus changing the quality of life demands. With the gradual aging of the population, the problem of dealing with the housing of older people begins to grow. Housing is one of the key factors in the fight against social exclusion. Housing promotes coherence between communities, enabling sustainable development goals to be achieved. Each state uses its own housing policy, based on social policy and historical conditions, to solve housing-related problems. In the paper we will discuss the possibilities of life in retirement age.*

Keywords: *Housing policy, Rental housing, Seniors, Shared housing, Quality of life.*

1. INTRODUCTION

The lifestyle of seniors has changed significantly in recent years. Employed seniors and pensioners are moving away from urban apartments, to smaller family homes outside the cities they plan to renovate. Seniors' activity in the area of housing is proven by surveys according to which people aged 55 and over are currently using more frequent loans for housing, for renovation or household equipment than for the same age group ten years ago. While in Slovakia only 3.5% of older people over 55 used some type of housing improvement loan in 2008, today this same age group is indebted in up to 14.8% of cases. For those who are not willing to finance the improvement of housing from foreign sources, one option is independent housing. Independent living is a concept that, by its very nature, fully covers the needs of seniors, while providing them with opportunities for meaningful and active use of retirement time. Under one roof, it provides the elderly with the available health and assistance services that most people need at this age, and on the other hand, this concept also brings a social and social dimension to the life of the elderly, which is still forgotten today. For example, through organized social activities where clients meet their peers. Moreover, such facilities provide permanent medical care for various degrees of medical dependence. An important and strength of independent living for seniors is the ability to avoid the loneliness that pensioners often suffer from. Research suggests that loneliness can be as harmful to people as smoking or obesity. Shared housing is a special form of housing, the most common form of which is renting a bed in a multi-room apartment or house. The tenant, however, lives in an apartment with several people, which may not be a sought-after form of housing for everyone. In the paper we will discuss the possibilities of living in retirement age. One of the possibilities how to use own housing at the time of retirement is the possibility of financing one of the mentioned forms of housing.

The period we live is referred to as a gray continent, which is related to the trend of increasing life expectancy as well as the number of people of retirement age. Population aging is a continuous process that does not manifest in all individuals at the same rate, but is influenced by a number of

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external factors, but also by genetic characteristics and a way of life. Thanks to these factors, people's lifestyle and possibilities of improving their living time are also changing. Housing is also an important issue. (Oswald, 2007, Holková, 2019). Housing as a basic need to meet needs becomes an important factor in retirement life at retirement age. Seniors either try to live alone, if they are self-sufficient, otherwise they rely on the use of day-care facilities or institutional care facilities.

2. QUALITY OF LIFE, THEORETICAL BACKGROUND

Quality of life is, according to the Strieženec (1996), a summary of both objectively and subjectively assessable aspects of human activities and perceptions in everyday life, in real social space with concrete rules of mutual coexistence, with real questions of the goal, meaning and purpose of earthly life. The World Health Organization assesses the quality of life by indicators, physical health, mental function, level of independence, social relations, environment and spirituality. The issue of quality of life was also addressed at the 2011 OECD conference in Paris, where they defined the quality of life in eight areas, material well-being, health, education, personality, political opinion, social relations, environmental conditions, personality and economic security. Eurostat defines quality of life as a structure of nine dimensions, material living standards (income, consumption, property), health, education, personality activities (paid work, unpaid domestic work, work attendance, leisure, housing), political opinion and governmental power, social contacts, environmental conditions, personality uncertainty, economic uncertainty.

Table 1. Examples of Items in the Quality of Life Profile: Seniors Version

Being
Physical Being <ul style="list-style-type: none"> • being physically able to get around my home and neighbourhood • good nutrition and eating the right foods Psychological Being <ul style="list-style-type: none"> • being able to have clear thoughts • coping with what life brings Spiritual Being <ul style="list-style-type: none"> • feeling that my life is accomplishing something • participating in religious or spiritual activities
Belonging
Physical Belonging <ul style="list-style-type: none"> • Having a space for privacy • Living in a place especially equipped for seniors Social Belonging <ul style="list-style-type: none"> • being able to count on family members for help • having neighbours, I can turn to Community Belonging <ul style="list-style-type: none"> • being able to get dental services • going to places in my neighbourhood (stores, etc.)
Becoming
Practical Becoming <ul style="list-style-type: none"> • the caring I do for a spouse or other adult • doing work around my home (cleaning, cooking, etc.) Leisure Becoming <ul style="list-style-type: none"> • having hobbies (gardening, knitting, painting, etc.) • participating in organized recreation activities Growth Becoming <ul style="list-style-type: none"> • improving or keeping up my thinking and memory skills • adjusting to changes in my personal life

Source: <http://sites.utoronto.ca/qol/projects/seniors.htm>

The Center for Health Support at the University of Toronto, Canada has developed a multidimensional model, based on a holistic concept of quality of life, comprising three core domains and nine partial domains. (Table 1) The real quality of life for a particular individual is determined by the personal importance of each domain and the extent to which it is being met in real life. Emphasis is placed on the opportunities, opportunities and limitations that each person has in their lives, and these reflect the interaction between them and the environment. Table 1 gives examples of items in the quality of life profile: Senior version.

The quality of life is thus the result of the interaction of social, health, economic and environmental conditions related to social development and human well-being criteria. The assessment of quality of life according to the given criteria also depends on age. In the paper we will deal with the quality of life of seniors, which is evaluated according to different abilities and factors that are comparable with the hierarchy of human needs. These include autonomy, self-sufficiency, decision-making ability, absence of pain and suffering, retention of sensory abilities, a certain financial standard, a sense of usefulness for others, some degree of happiness and morality. An important factor that affects the quality of life is a disease that changes both objective and subjective quality. What affects the quality of life of seniors is also their social situation, family relationships. Family life is of great importance to the elderly and usually expects some help from the family. It enables to create emotional and social background for aging and old age.

2.1. Quality of life of seniors

Many old people complain of loneliness. There is no direct link between the severity of loneliness and the way of living. People living in institutions often feel the greatest loneliness. Old people prefer living in their home rather than living in a comfortable facility for the elderly. Society is able to look after an old person, can provide him with accommodation, food, health care and he can try to fulfil and organize his free time. However, it is not able to replace the fulfilment of its need for emotional relationships and the need to be tied to someone. It is very painful for the elderly to observe a mismatch between their inner experience and how others are looking at them. Bad interpersonal relationships are a source for the old person conflict, deprivation and mental suffering.

Analysis of the level of care and housing of seniors in the selected municipality

The older a person is, the firmer their stereotypes are fixed and the harder and slower they adapt to new and complicated life situations. The elderly adheres to the way of life and opinions, because it is very difficult to adapt by its biological nature. Adaptability is a feature of youth. Older people are reluctant to accept habits that are contrary to his past. Years of habits provide him with a comfortable way of life, how he can cope successfully with everyday situations. An unexpected or strong stimulus can upset the inner balance. (Sika, 2019, Oswald, 2007, Holková, 2019). This is also related to the change in housing. Ideally, a senior can stay in his natural environment. However, some seniors are not able to live alone. In this case, care for the elderly takes place in institutionalized facilities where a higher quality of life with a professional approach should be guaranteed. (Tobišová, Jarošová, 2009). Seniors use social services homes, specialized facilities, nursing facilities and rehabilitation centers. Aging is a natural process and it is necessary to live life well at this age. In connection with the quality of life we focused on the level of social protection and long-term care, active aging of seniors. We conducted a questionnaire survey, the aim of which was to find out what is the level of care and housing of seniors in a selected village.

We set 3 hypotheses:

- Hypothesis no. 1: Citizens of municipalities are sufficiently informed about provided social services.
- Hypothesis no. 2: Providing social services to citizens is at a good level.
- Hypothesis no. 3: Seniors are satisfied with the quality of housing in institutionalized facilities.

2.2. Evaluation of the questionnaire survey

We conducted the survey using a questionnaire method. The respondents were residents in the selected municipality A. Of the total number of 150 questionnaires distributed, 124 returned, which is a return of 82.7%. 75 women (60.48%) and 49 men (39.52%) participated in the questionnaire survey.

Q1: How long have you been living in the city? In the question we wanted to find out how many years senior lives in the city or in the village, i.e. whether he knows the environment and has established social contacts. The responses show that 58.87% of seniors surveyed live in the city or municipality for more than 30 years, 27.42% from 21 years to 30 years and 13.71% of respondents. (Figure 1)

Q2: Who would you contact if you would like to get information about one of the social services? From an awareness point of view, we were interested in finding out where the respondents first sought information about the provided social service. First, the interviewees would inquire about social services between friends and family, people with a similar problem, and then contact the office staff. (Figure 2)

Q3: What type of social service do you use in the municipality? When using social services, we wanted to find out which service respondents use. The respondents use nursing services, 25%, catering services 54% and 20% of pensioners use accommodation services. (Figure 3)

Another question **Q4** was to find out how respondents are satisfied with living in an institutionalized facility. Of the total number of respondents, 72% of women and 10% man are satisfied with accommodation. 18% of women are less satisfied and 10% of women are unhappy with housing. (Figure 4). Based on the research, we confirmed the hypotheses: Hypothesis no. 1: Citizens of municipalities are sufficiently informed about provided social services. Hypothesis no. 2: Providing social services to citizens is at a good level. Hypothesis no. 3: Seniors are satisfied with the quality of housing in institutionalized facilities.

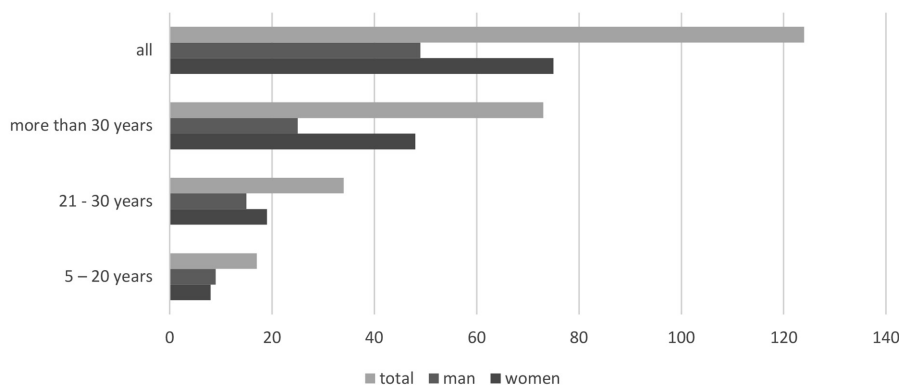


Figure 1: Life expectancy in the city

Source: self-processing based on self-survey data

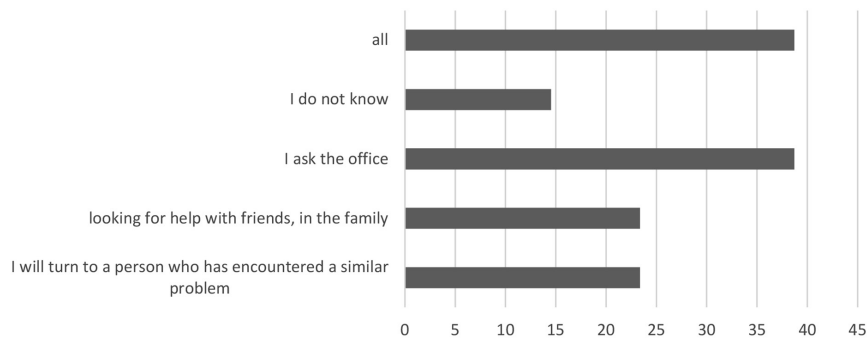


Figure 2: Get information about social services (%)

Source: self-processing based on self-survey data

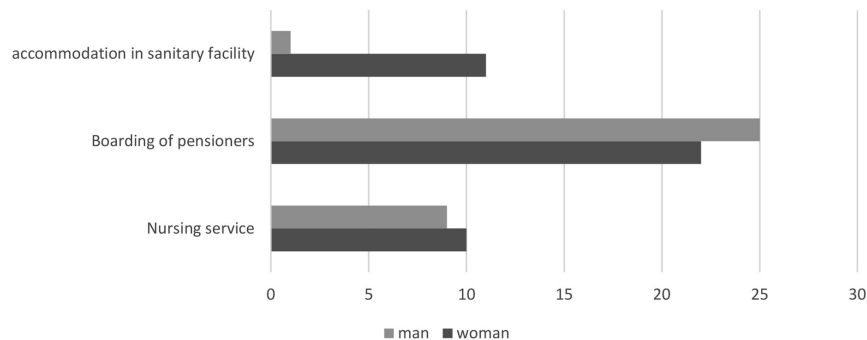


Figure 3: Types of social services provided in the city (%)

Source: self-processing based on self-survey data

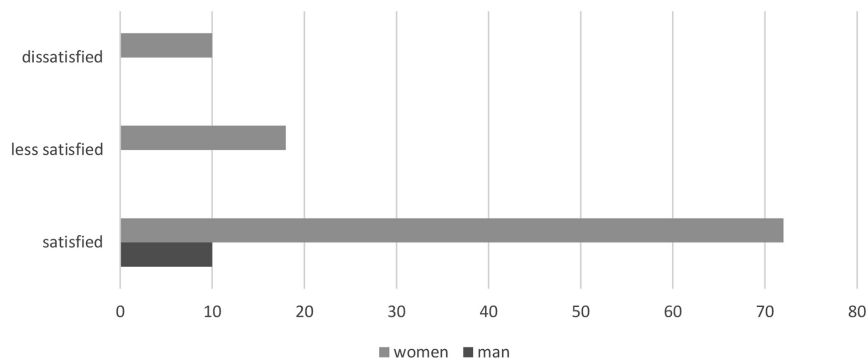


Figure 4: Satisfaction with housing

Source: self-processing based on self-survey data

On the example of selected municipality A, we examined what information they have about the possibility of providing social services, what types of services respondents use and what is the satisfaction with the quality of housing in institutionalized facilities. Respondents make the most use of accommodation services in facilities they are mostly satisfied with.

3. FUTURE RESEARCH DIRECTIONS

The aim of senior care is to create the conditions for comprehensive and multidisciplinary care, taking into account the environment in which the senior is located, and to enable individuals to age healthy, to lead an active and meaningful life even in old age. An irreplaceable role of nursing is to develop long-term care for the elderly in the home environment or in the community with a view to maintaining their family ties.

4. CONCLUSION

Aging is a new phenomenon for mankind, coupled with health, social and economic changes that significantly affect the quality of life of individuals and consequently of society as a whole. The demographic development in Slovakia is in line with the trends of the European Union countries and points to an aging population. Quality of life is increasingly being said in relation to life expectancy. The results of our research point to the need to increase the overall quality of life of seniors. It should be borne in mind that seniors living in the home environment benefit, but their quality of life may be significantly affected by the lack of social contact. The quality of life assessment for us becomes the result of our interest in providing quality health care and at the same time brings knowledge for development in the field of social care.

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