

QUALITY OF LIFE IN THE OLD AGE

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Introduction

The old age has been called the „third age“ from the point of view of social politics and sociology. The psychologists talk about the eighth or even ninth age. For illustration, let us take a look at several categories of human evolution stages during the ontogenesis.

Since when a human being is old?

Pythagoras thought

- that the following periods of our lives correspond to the four seasons as follows:
- forming (to 20 years),
- youthfulness (to 40 years),
- strengths heyday (to 60 years),
- old age (after sixty years of age).

According to the Indian tradition, life has been divided according to predominate values to four stages too:

- In childhood and youthfulness it is an ambition for satisfying desire.
- In young adulthood it is an effort to achieve wealth or power or successes.
- In mature adulthood it is pointing to responsibility, a desire to fulfill one's duties.
- In an old age it is an effort to break out of desires, longing for liberation and finding a sense of being.

In Old China life was divided to:

- youthfulness (to 20 years),
- age for getting married (to 30 years),
- age of fulfilling social duties (to 40 years),
- age of seeing own faults (to 50 years),
- last possibility of creative life (to 60 years),
- age of wisdom (to 70 years),
- old age (after seventy years of age).

Even in 19th century someone noticed that there is a scale of predominate live problems and tasks connected to age whose objective urgency and subjective experience depend on how we had managed them.

- To 25 years it is spoken about the age of qualification that changes into the age of unsettling down in case of failure;
- to 35 years it is an age of career that in case of failure changes to the age of decline;
- to 45 years it is an age of authority (results) that in case of failure changes to the age of disappointment;
- to 50 years an age of action (position) is supposed, in case of failure an age of envy;
- a career can be characterized to 60 years as an age of grades that changes to an age of resignation in case of failure;
- to 65 years an age of dignity is possible that changes into an age of cynics if the personal expectations are not met;
- after 65 year of age there follows an age of wisdom, which can thwart into the age of bitterness.

Kajka'ús (1021 - 1099), a Persian thinker, poet and writer, wrote in his *"Book of guidance"* thousands years ago:

A man to thirty four years every day gets powers and competency and to forty stays without any change like a Sun when it gets the zenith, slows down its way.

From forty to fifty a human being every day notices a disease he/she had not suffered from in the past year;

from fifty to sixty he/she every month finds a deficit he/she did not notice a month ago;

from sixty to seventy he/she every week finds a disease he/she did not know about a week ago;

and from seventy to eighty he/she finds a new malady every day.

And if he/she gets older than eighty, each hour brings a new pain and new sufferings.

The boundary, to which a man has an enjoyment of life, is forty years. When this age comes, it is like you sit on the topmost traverse of a ladder and the way you climbed, you have to get down.

These days this considerably pessimistic description of life course is not that valid. New findings about brain ageing are a source of moderate optimism.

Is it possible to put off the changes caused by ageing? - Yes, if we start in youth.

What role is played by lifestyle in the change dynamics? - Great.

The results by neuropsychologists confirm that active spiritual and intellectual life as well as health lifestyle can compensate even possible influence of genetic disposition.

The publication *"Paradoxes of wisdom"* by American neuropsychologist E. Goldberg (2006) dedicated to specialists as well as to broader public says that ageing of a brain does not necessarily mean the decrease of mental functioning. The author engages in this problem in many aspects - historical, cultural, psychological and neurological and he fills it in the examples from the lives of historical persons. He deals with the functions of both hemispheres; and compared to existing affirmation emphasizes a new scientific finding that even encephalic cells restore. The end of the publication brings topics that help to slow down or even suppress ageing of brain.

The psychology brings many evidences that the course of life and its final stages - ageing and old age - are not so much dependent on the date of birth as on the biological and psychological age.

Psychology generally accepts distinguishing of the life path into eight stages (by E. Erikson, 1999). Ageing and old age are the eighth phase for which an evolutionary task is reaching wisdom. It is a result of fight between an effort for integrity and destructive powers of health, social and mental troubles. If the integrity is not achieved, despair and hopelessness fixes in the senior's personality, which has often been processed by the vicinity in the displays of lack of interest and disdain that even fix these feelings. The seniors need positive experience with the world's status and the demonstrations of the vicinity's interests in their opinions. If they have an opportunity to meet positively thinking coevals, it is a great source of comfort for them.

Bodily, health, social and psychical changes that threaten the quality of life

Bodily and health changes

physiological

- vision degradation,
- hearing degradation,
- problems with balance,
- problems with mobility - osteoporosis,
- incontinence,
- degradation of health problems neglected in the previous periods - rheumatism, diabetes.

Social

- feelings of loneliness and desolation (nobody talks to them and listens to them),
- demands on attention and interest of the vicinity in their problems,
- leaving family by adult children (syndrome of the left nest),
- change of place for living (moving), or moving to the facilities for seniors (old people's home, rest home, boarding houses, houses with the day care, etc.),
- death of the partner, coevals, friends,
- diseases of an old age.

psychological

- changes of thinking,
- changes of memory,
- changes in values,
- opinion adherence,
- rigidity in relationships,
- suspiciousness and mistrust (the vicinity must count with paranoia),
- often comprehensible gullibility,
- communication topics are mainly negative and repeating,
- the problem is in mental acceptance of restrictions given by the age,
- wisdom is rare, but magnificent (E. Goldberg).

What the seniors demand from their vicinity

Talk to them

Listen to them

State politics towards seniors

The euro deputy Zuzana Roithová presents an EU project to the Czech public named “Common AAL program“ that should among others contribute to introducing smart assistants to the seniors’ households. She says that thousands projects in European countries are dedicated to improving the quality of life in adulthood. The common research program of assisted living is however interesting in the fact that it concerns research and development of informational and communication technologies oriented on elder people – the aim is not to directly support old people’s homes, but to provide a space to development of such information technologies that will ensure quality of life to elder people even in their households.

Contemporary government reacts to demographic data about the age becoming longer and initiates creating measurements that support the quality of life. It is not only continuous increasing of pension support amounts, but also creating conditions so that the senior could stay in his/her home environment. Thus it supports programs that allow dwelling and dignified life in home environment as long as possible according to the person’s own wish. It is connected with the need of interlacing the terrain workers in the area of health and social works who visit the seniors, and providing sufficient amount of such people.

However, this needs modifications of law measurements in the area of social services. The contemporary system of social services allows the seniors to draw the contribution to support in four grades from 2,000 to 11,000 Czk. In 2006 the ČSSD government invested in social services 13 billion CZK, in 2007 it was instead of 16.5 billion 6 billion more and in 2008 it will be 25 billion CZK. This law is however insufficiently effective and needs changes. These finances cannot escape from the system and must be devoted to real care.

There is a new significant service for seniors – community centers and stationeries, where the family can leave the senior during the day. These centers will provide seniors and families support and flexible services.

There are also thoughts about improving the system of terrain sisters and doctors who will visit the seniors in their homes.

Special trainings in the geriatrics are planned. A new law has been planned that will allow fast changes in the patient’s regime depending on whether he/she needs health or social care or not.

There has already been the quality control of institutional care running. Many beds in the medical institutions for the patients with ill health will be transformed to specialized geriatric departments with higher quality of services for the seniors.

Introducing the contribution of children for long-term stay of their parents in nursing homes is thought, whose level will depend on the financial situation of the family. As the survey shows, 56% of the seniors contribute to their children from their pension, while 72% children have never contributed to their parents.

Strengthening inter-generation solidarity has been desirable in the cases, when the family is not able to take care of the senior in their home environment.

Tax deductions for working pensioners should be introduced, support measurements for employing elder workers and tax advantage for part time jobs.

Findings of the survey on the seniors' quality of life

Examining the quality of life and life satisfaction of seniors from the psychological point of view has been important for contribution to carrying out the measurements for seniors' life at home as well as in social welfare facilities and medical institutions for people with ill health. The dissertation by H. Hobzová (2005), written under my supervision, brought many findings of which we further state the most inspiring.

The survey has shown that the people living in the old people's homes attribute smaller importance to self-care, care about the environment, and physical self-sufficiency because of relatively worse health condition of this group of respondents, as well as because of smaller level of autonomy and self-sufficiency accompanying living in the old people's homes. Greater emphasis put on the task of belief corresponds to the presumption that with degradation of health and reducing basic needs the interest of an ageing person shifts to higher level of the quality of life fulfilled e.g. by the spiritual interests of the respondents.

Also the life satisfaction that is closely connected with the quality of life according to the correlation analysis, is different at individual groups of respondents. However, while the total highest scores in the quality of life were achieved by the respondents living at home, in case of the overall life satisfaction, higher levels of satisfaction were asserted by the respondents living in the boarding houses for seniors. This finding can in fact appear false and influenced by non-representative selection of the respondents, however within the study it shows to be significant. Possible interpretation is connected with the fact that institutions like boarding houses for the seniors ensure its inhabitants help in everyday matters, at the same time they provide the seniors with high level of autonomy together with the possibility of finding social contact with other inhabitants. These positives then probably come through higher life satisfaction of the people living in the boarding houses.

Low values in the items „My way of life almost completely matches my ideal“ and „My life conditions are great“ at two groups of respondents – living in the old people's homes and charitable facilities also show that staying in these institutions has not been perceived as wanted and desired. Moving to a facility of an institutional type has usually been accompanied by worsening health condition and isolating from natural environment of an old man. It is connected with loss of existing social contacts as well as contacts with the family, which leads to lower current life satisfaction, but also to lower satisfaction with the areas of the quality of life. For example evaluating of the item “Quality of the environment and living” that is connected with the way how the respondent lives is significantly lower for people who live in the old people's homes than at respondents who live at home and in the boarding houses.

The congruity and continual nature of evaluating the importance of life areas correspond to the image of the stable ladder of values and images about world at the

minds of the elder people. These values form potential sources of finding a sense of life in an old age, which is suggested by the result of comparing the questionnaire “Profile of personal importance”, in which no differences were found between individual samples of respondents. Thus the sources of life sense in the adulthood probably stay the same for all the seniors, however with regard to individual differences. Finding and accomplishing the sense of life as a whole appears as an independent component of life in adulthood. There are some observable differences on lower level, in individual dimensions of the “Profile of personal importance”, particularly in the dimension of acquiring the sense of life and relationships with the others. The dimension of intimacy, at which also its lower satisfaction could have been supposed with the group of respondents living in the *old people’s homes*, does not achieve significant difference. The gathered result can however be influenced by lower number of filled questionnaires “Profile of personal significance” in the group of old people’s homes inhabitants.

The nature of relationships among three concepts of life evaluation: quality of life, life satisfaction and sense of life suggest that they are quite close to each other (the value of the coefficients moves between 0.423 to 0.567) and state their linear interdependence. Thus we can say that a fair quality of life leads to satisfactory life and more successful finding of life sense sources. Or another point of view: finding the sense of life leads to higher evaluation of the quality of life and satisfaction with life, regardless the objective barriers.

If the four sub-samples of respondents are compared, a very convenient way of living appears to be a boarding house for the seniors. Its inhabitants despite their higher age and higher level of health problems achieve scores in all the concepts of research scores higher than the inhabitants of old people’s homes and charitable facilities, very similarly like the respondents who live in their households. Development of this type of social care institutions for seniors could therefore lead to more satisfactory and successful ageing of more seniors than so far.

How to keep the quality of life despite the negative results of changes in the old age?

Whenever the seniors are in personal physical, mental, spiritual or social crisis, they should know that it is not possible to prevent increasing age by the movement in time. **The important fact is however, how we go through our age, what attitude to the years of our lives we have. Therefore it is necessary to learn how to:**

- relax,
- recall the memories to experiences and events full of well-being,
- communicate with unconditional basis of our personality (the God) through prayer and meditation,
- recall the old oriental adage: To see roses on thorny tree than to concentrate on the thorns on rose tree.

In many studies we can find the summary of conditions for well-being and dissatisfaction of the seniors. Let us look on the outline by J. Křivohlavý (2004):

When people feel good?

The characteristics of the personal goals that lead to good subjective status

- particularly defined, achievable goals (to be decently dressed, to talk slowly and clearly...),
- the goals suggesting getting closer to the dominant, highest, whole-life orientation,
- goals defined in the terms of spiritual dimension of life (spiritual goals),
- goals with the characteristics of the group affiliation,
- goals focused on increasing the intimacy in the narrowest relationships,
- generative goals,
- goals coming out of own personal decision of given person (intrinsic goals),
- goals typical with higher level of devotion to selected activity.

When people do not feel well

The characteristics of the personal goals that lead to bad subjective status:

- power goals (defined in terms of using to abusing the power),
- ambivalent (contradictory) goals,
- goals given to a person from the vicinity (extrinsic goals),
- conflict goals (choosing the goals that collide with other goals already selected),
- too abstract goals (to be 100% honest, to think only about positive things...),
- attempts significant with the desire to dissociate (take away) from something.

Top ten for handling the accompanying phenomena of ageing and old age

1. Reject the numbers that are not very important for having luck - unimportant data like age, blood pressure or cholesterol level. Leave care on their optimal level on the doctors.
2. Contact optimists - people who spread well-being and good mood. If possible, avoid snivelers, sourpusses and eternal grumblers who spread bad mood. If you cannot avoid them, show them positive aspect of life at all circumstances. Joy even ordinary, everyday and seemingly routine things.
3. Always learn something new, discover new things. Learn for example working with computer, handmade something, work in the garden. Let neither your body, nor your brain idle. „*Lazy mind is a work of devil and the devil's name is Alzheimer.*“ And remember – it is better to do needless things than nothing.
4. Do not be ashamed for laugh, laugh often and aloud. Laugh so much that you start split your sides with laughter. Visit cinemas or watch comedies on TV.
5. Even tears are beneficial and release tension. Do not be afraid of venting legitimate fear, but try to find any meaningful activity or help to the others. And realize that you are always with yourself. Agree to life, however difficult it is.
6. Surround yourself with things you like – grow flowers, get a pet, collect something. Create in your house a refuge against the outer world.
7. Take care of your health. Do not neglect prevention. Choose healthy lifestyle. If you have health problems, do not hesitate to contact a doctor.
8. Do not try to escape using alcohol or drugs. Instead of drinking or having troubles at home it is better to set out among people - to a shopping centre for example.

- If possible, go for walks. Go to package tours, but select such that correspond to your physical condition. Find a center of regeneration activities for seniors.
9. Keep saying to people that you care for them and like them, do not impose yourself to them, but show it in your helpful and hearty behavior.
 10. String in you an interest in a spiritual life that becomes with astonishment and enthusiasm even with ordinary gifts of life. Develop belief, hope and love in the relationship to the sense and values of life against ignorance, fear and selfishness that present the biggest evil in individuals as well as nations.

*According to the foreign sources prepared by
Vladimir and Ema Smékal*

The conclusion of study

Examining the components and determinants that participate on the quality of life, life satisfaction, feeling luck, hope or wisdom, has not been a common part of traditional psychological researches among seniors. However it appears in the past decades together with the development of research in the scope of positive psychology paradigm that tries to fill in and develop the existing psychological knowledge.

The interest in positive aspects of human life has so far focused only for their content definition, clarification of definitions, or creating the models. Only in the recent time it focuses on possible shift and development during the human life. Part of this effort is also a presented dissertation that tries to map the development period of adulthood, to summarize its biological, social and psychological aspects and to clarify some topics coming out of the positive view on an old age.

Selected positive components of living in the old age that are discussed at theoretic and research part of this dissertation, concern the quality of life, life satisfaction and experienced meaningfulness of life. They are confronted with involution changes that cannot be separated from biological process of getting old. One of the losses accompanying the process of getting old can be changes of sensoric functions, decreasing adaptability, loss of physical or mental strengths and many others whose enumeration would be very broad. A man getting old must know how to adapt to these changes so that he can consider his/her life satisfactory and happy in future. The opposite to given losses in adulthood are important gains that the old age brings, mainly the deepening wisdom, patience or stability of opinions and views on world.

The evaluation of gains and losses in the adulthood is reflected in the subjective evaluation of the quality of life and life satisfaction. Interconnection of these aspects in the course of the whole life is obvious, however in adulthood it gains certain specifics. When the old people evaluate their lives, they often use retrospective, they tend to link the quality of their lives to their current evolution and assess their current states from this point of view. However, the subjective methods of examining the quality of life and life satisfaction in an old age are the only possible, for objective assessment would suppose also objective criteria that cannot be exactly captured for the last evolution period of an old age.

The objectivity of evaluating the quality of life and life satisfaction in an old age should not be the goal, but on the contrary. The process of getting old is individually

variable and the existence of outside physical restrictions does not necessarily influence the satisfaction with an own life. Rather it depends on the attitude taken by a person to the process of getting old and only it is connected with the evaluation of life in all its components. An optimistic attitude to own adulthood has not been a commonplace and its searching can be very difficult. If it is successful, it usually means a parallel finding of those sources of life satisfaction and sense of life that is not linked with the biologic envelope, but has an enjambment to the mental and spiritual component of the personality.

Older people usually find the sources of satisfaction and quality of life in the areas of family, children, mental welfare or belief. They are gathered from broader social contacts and they are less and less interested by public life or politics. The general importance of life areas however has not changed too much with age, but the basic needs like health, physical self-sufficiency or satisfactory environment and living remain. With increasing age they are however fulfilled with more difficulties and thus lower satisfaction with them is reflected in declining life satisfaction. It means that the components of life that are not dependent on these basic needs are accented, like the transcendence or accepting self, that lead to finding the sense of life in the old age.

In my opinion, investigating the difficult and complex topic of the quality of life and life satisfaction in the old age should be contributing not only for closer understanding of this evolution stage, but it goes beyond broader opinion on the society. The quality of life and life satisfaction could become possibilities for looking at a human life in the course of its whole development.

Further broader investigation of these concepts is necessary. The dissertation only suggested possible topics concerning the quality of life, life satisfaction and sense of life. Further elaborating could be done in the direction of searching and adapting the most suitable methods that can be applied to older people, or lead to deeper understanding, why the evaluation of the quality of life and life satisfaction at various groups is different and what particular details fulfill it.

The possibility of exercising the results gathered in the dissertation is also in their including to prepared publication about the quality of life and the SQUALA method getting out from the researches carried out by Eva Dragomirecká, PhD. within the activities by the Prague psychiatric center.

Areas of life as sources of life satisfaction

by C. Hawis, J. Fahrberg,WHO

Please put the number into each circle that evaluates the level given life area satisfies you.
Use the scales 1 – 9, where 1 means the minimum, 9 the maximum:

Low level of satisfaction	Middle level of satisfaction	High level of satisfaction
1 - 2 - 3	4 - 5 - 6	7 - 8 - 9

