



## Hierarchy of Conditions of Happy Life as Described by Elderly People Using Social Help in a City Environment

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## Abstract

**Introduction:** The demographic situation in Poland shows that the ageing process is advanced. One of the most essential strategies and solutions in the area of social and health policy created for the elderly includes creating conditions which would enable this generation of people to remain fit and healthy, and stay self-reliant for as long as possible

**Aim:** The aim of the study was to establish a hierarchy of conditions for happy life in recipients of social services.

**Material and methods:** A group of 466 social services recipients aged 65 or over living in Łódź, central Poland, were surveyed with a questionnaire containing questions on their socio-demographic situation, the quality of their life, the conditions needed for a happy life and whether life was better before or after the year 1989: a year marked by great economic and political transformations in Poland. Statistical analysis was performed to identify the arithmetic mean, median and modal ages, as well as structure indicators (percentages and fractions). The  $\chi^2$  independence test ( $p < 0.05$ ) was used to evaluate the relationship between the characteristics.

**Results:** In most cases the subjects claimed that health (86.5%) and children (35.8%) are the most important conditions of a satisfying and happy life. Further positions were occupied by God (27.5%) and money (25.5%). In total, 72.5% of the studied respondents claimed that their life had been better before 1989. Only 7.5% of the subjects believed that the economic and political transformations of 1989 had contributed to a better life.

**Conclusions:** An understanding of the conditions needed for a happy life as understood by elderly people applying for social help should enable the creation of tailored programmes of help aimed at improving the quality of life of the elderly.

**Key words:** values, happiness, social help, Poland

## Introduction

The demographic situation in Poland shows that the ageing process is advanced. In 2013, 13.6% of the population was aged 65 and older, and is projected to grow to 22.2% in 2030 [1-3]. Life expectancy is the most synthetic measure of mortality [4], and in this regard, the Łódź Province is atypical of the rest of Poland: in 2011, the inhabitants of the Łódź Province had the shortest lifespan in Poland (males 70.4 years; females 79.5 years) [5]. Therefore, many epidemiological measures of health have their most negative values in Łódź [6,7].

Since prehistoric times, man has striven to feel happiness, joy and satisfaction with life. However, the vast number of measures of the quality of life and human needs makes it difficult to conclusively state whether a person is experiencing a happy life [8,9].

The feeling of happiness perceived in life is a highly complex notion and factors correlating with it are extremely varied. The theory that is most often quoted in literature is the Czapiński 'onion' theory of happiness [10]. According to this theory, there are three layers of psychological well-being: an inner one (genetically determined) being the will to live, a middle layer comprising hedonic and eudaimonic measures of well-being, i.e. the subjective values of an individual's life, and an outer layer comprising current affective experiences and partial satisfactions, i.e. those referring to such particular aspects of life as family, work and economic situation.

The values of an individual play an important role. They are one of the problems of human existence which have evolved together with history and culture. The word "value" is often used in many scientific fields, and as is understood and interpreted in many ways, it cannot be defined unambiguously [11], in fact it has been explicitly claimed that "it is highly difficult, or even impossible to define a value" [12]. All academic fields incorporate various theories of values, observed from different perspectives and analyzed with various research methods. According to sociological thought, a system of values, being part of the structure of the

world, is the very element which makes a clear difference between the social world and the natural world. Man not only evaluates values but also creates them, implying that values are social products. For a man, everything can be potentially valuable and it is he who decides what is or is not valuable.

Human value systems are a common research problem in many scientific fields all over the world. Since 1981, within the World Value Survey and in cooperation with national research institutes, studies on changes in values and their impact on social and political life have been conducted in 97 societies: almost 90% of the world population. These studies are based on two scales: the first one comprising values ranging from traditional to lay and rational ones, and the other comprising values which range from the ones needed for survival to the ones needed for self-expression. Basic values which, in the respondent's opinion, are important include those related to family, friends and colleagues, leisure time, politics, work and religion [13]. In Psychology, the relationship between values and human needs are often evaluated. Human activity is driven by needs; this feeling of need leads to an activity which aims at achieving satisfaction and realising a certain value. Maslow observed that a need is more important than a value, reflected in his theory of motivation and hierarchy of values (physiological, safety, love and belonging, respect, self-actualization, desire to possess knowledge and understanding, aesthetic). In his opinion, the hierarchy of values reflects a hierarchy of needs. The satisfaction of needs and taking decisions with respect to a particular individual's set of values allows a happy life to be enjoyed [14].

The aim of the study was to establish a hierarchy of conditions for happy life in recipients of social help aged 65 or older.

## **Material and methods**

The study was conducted between September 2011 and February 2012 in a group of respondents at the Municipal Social Welfare Centre Łódź-Polesie, which was randomly selected from five district centres of the

Municipal Social Welfare Centre in Łódź. The population of the district (Łódź-Polesie) was 143,400 at the end of 2010 and the percentage of people aged 65 or more was 16.8% of the total number of inhabitants. The feminization ratio in the studied subpopulation was 121.7. In 2010, 5336 people were granted social help in the studied centre. People aged 65 or above made up 23.7% of people entitled to apply for social help (704 people – 574 females and 130 males).

The inclusion criteria comprised sufficient age (65 or over) and mental ability. The authors used the Hodgkinson Test (Abbreviated Mental Test Score – AMTS) in order to evaluate the mental state of the respondents. Fifty-four people were disqualified from the study due to a poor score on the test, which confirmed their poor mental condition.

One hundred and one people died in the study period. Thirty-four subjects refused to be included in the study. Forty-nine respondents lost their right to apply for social help during the study period. In total, 466 people aged 65 or older took part the study and underwent statistical analysis. It should be stressed that 3967 respondents aged 65 or older were entitled to ask for social help. Those under the care of the municipal social help centre constituted 17.7% of the total number of elderly people in the district. This randomly selected group was found to be a representative group, of the general subpopulation of other applicants receiving social help in Łódź, with regard to such parameters as age and sex. All beneficiaries of the Municipal Social Welfare Centre in Łódź, as well as the respondents of the study, were aged 80 to 84. Females, rather than males, used help more often; female applicants comprised 80.5% of the respondents. The kind of received help was also similar: the subjects mostly applied for nursing services (Table 1).



A survey questionnaire composed of 77 questions concerning the demographic, financial, health and social situation of the respondents, as well as their self-rated health and self-evaluated quality of life was used as a study tool. In addition, the Activities of Daily Living Scale (ADL Scale), the Instrumental Activities of Daily Living Scale (IADL Scale), the Geriatric Depression Scale (GDS), the WHOQOL-BREF Questionnaire and the EuroQoL-5D Questionnaire were also applied.

Two survey questions were taken from the *Social Diagnosis* conducted in Poland by the Council for Social Monitoring. In the first one, the respondents were asked to give the three most important conditions for a happy life from a selection of 14: children, music, God, money, optimism, work, friends, strong personality, honesty, happy marriage, freedom, level of education, health, friendly relationships with others. The other question was "In which period was your life better?", with the three possible answers being "Before 1989", "Now" and "Difficult to say". The year 1989 was chosen as this was the year of a considerable social and economic transformation which had a considerable influence on daily life and attitudes to it.

The results were entered into Microsoft Excel, and the following values were calculated: arithmetic mean, standard deviation, the structure rates (percentages and fractions, depending on the size of the studied groups and the variables). To evaluate the dependence between selected variables, the  $\chi^2$  test of independence was used. The dependence was evaluated with C-Pearson's coefficient (C). Differences were considered statistically significant at  $p < 0.05$ . The Bioethics Committee of the Medical University of Lodz gave consent for the study to be conducted (Resolution no. RNN/109/11/KB of 15 February 2011). The respondents gave their written consent for their participation in the study.

## Results

The study included 466 respondents, 363 females (77.9%) and 103 males (22.1%). The feminization ratio in the study group was 352.0. The studied

respondents were aged 65-101 years old (mean age:  $79.0 \pm 7.8$  years). The median age of the study group was 80.0 years and the modal (most common) age was 82 years. For the women, the median age was 81 years, the modal age was 82 years and the mean was 80.1 years, while for the men, the median age was 73 years, the modal age was 66 years and the mean age was 74.7 years. The largest single group of respondents were aged 80 to 84 (24.2%), and respondents aged 85 or older made up 21.8% of those studied. The group of respondents aged 70 to 74 was the smallest single group (13.3%). The minimum age for the respondents receiving help from the Municipal Social Welfare Centre was 65 years (39 respondents: 12 males and 27 females), which made up 8.4% of all the studied respondents, and the maximum age was 101 years (only 1 person – a woman). The majority of recipients were widowed women (268), who made up 57.5% of the total. Married respondents constituted the smallest group of respondents (4.1%). Divorcees made up 16.3% and unmarried people, 12.4%. The majority of the respondents had an elementary education ( $n=242$ ; 51.9%) and most lived in one-person households (91.5%). Respondents who had received a university education constituted the smallest number ( $n=34$ ; 7.3%). The majority of respondents had done manual work in the past: 81.6% of males and 65.8% of females. None of the recipients of social help was professionally active at the time they received that help.

The majority of both the female and male recipients of social help (50%) received a *per capita* income of PLN 1001-1500 (€ 241.7-362.3 on 14 July 2014), while 85 males and 12 females (20.8% of the respondents) received a higher income. The average monthly income for males was PLN 1094.8 (€ 264.4) and PLN 1231.9 (€ 297.6) for females: a difference of PLN 137.1 (€ 33.1). It should be noted that women received a higher monthly salary than men. The  $\chi^2$  test confirmed the presence of a significant relationship between monthly salary and sex. A Pearson's coefficient of 0.438 indicated a moderate correlation between these variables. For both males and females, a pension was the main source of income ( $n=368$ ; 79.2%). Of the 466 respondents, 36 (25 males and 11 females)



did not have any income. Such respondents were not entitled to a disability or retirement pension. Males were affected by the problem significantly more often, as every fourth man was not entitled to any regular income ( $\chi^2 = 50.784$ , the Pearson's coefficient was 0.31). Such a situation might have been a result of the social and economic transformations of 1989. Many inhabitants of Łódź, who were mostly working class people, lost their jobs when the factories were closed down. As they would have been close to post-productive age at the time, it would have been extremely difficult for them to find other work. As a consequence, they lost their retirement privileges.

The respondents gave various reasons for applying for social help, but the most common one, affecting 342 respondents (73.4% of total: 65% of males and 75.8% of females), was chronic disease. In addition, 42.9% of the respondents gave disability as the main reason. In many cases respondents gave more than one reason, usually two. In most cases, the respondents were provided with nursing services (79.7%). Financial help was granted to 28.3% of respondents. They received more than one kind of help if they met required criteria. Table 2 presents the characteristics of the study group.

Table 2. Characteristics of the studied group

Variable	Males		Females		Total	
	n	%	n	%	N	%
<b>Sex</b>	<b>103</b>	<b>100.0</b>	<b>363</b>	<b>100.0</b>	<b>466</b>	<b>100.00</b>
Age	65-69	40.2	51	14.0	93	19.8
	70-74	14.7	46	12.9	61	13.3
	75-79	21.6	75	20.7	98	20.9
	80-84	14.7	98	26.9	113	24.2
	85 and older	8.8	93	25.5	101	21.8
Marital status	Single male / single female	14.6	43	11.8	58	12.4
	Married male / married female	9.7	9	2.5	19	4.1
	Widower/widow	43.7	268	73.9	313	67.2
	Divorcee	32.0	43	11.8	76	16.3
	Elementary	40.8	200	55.1	242	51.9
Education	Vocational	17.5	19	5.2	37	7.9
	Secondary	33.0	119	32.8	153	32.9
	University	8.7	25	6.9	34	7.3
	One	82.7	340	93.7	425	91.2
	More than one	17.3	23	6.3	41	8.8
Number of people in a household	Up to PLN 500 (€ 120.8)	19.4	31	8.5	51	11.0
	501-1000 PLN (121.0-241.5 €)	20.4	64	17.6	85	18.2
Income per capita	1001-1500 PLN (241.7-362.3 €)	48.5	183	50.4	233	50.0
	Above PLN 1500 (€ 362.3)	11.7	85	23.4	97	20.8

Cause of application for social help	Chronic disease	67	65.0	275	75.8	342	73.4
	Disability	52	50.5	148	40.8	200	42.9
	Poverty	4	3.9	15	4.1	19	4.1
	Random event	0	0.0	4	1.0	4	0.8
	Nursing services	50	48.5	331	91.2	381	79.7
	Permanent benefit	45	43.7	22	6.1	67	14.4
	Special-purpose benefit	8	7.8	9	2.5	17	3.6
	Temporary allowance	0	0.0	1	0.2	1	0.2
	Feeding	32	31.1	11	3.0	43	9.2
	Medical fee	2	1.9	2	0.4	4	0.9
Kind of provided social help							

SA 3.0 PL

Table 3 presents the perceived conditions of a happy life. For the majority of the respondents (86.5%), health was the most essential condition for a happy life. The next were children (35.8%), God (27.5%) and money (25.5%). Less frequently given were optimism (19.5%), happy marriage (13.9%), friendly relationships with others (13.9%), having friends (13.5%) and honesty (11.6%). The least important conditions of happy life included work (5.4%), strong personality (4.1%), freedom (2.8%) and education (1.3%). For two respondents (0.4%) music was a condition of a happy life. Having children was given as a condition of a happy life significantly more often by females than males: a Pearson's coefficient of 0.24 indicates a moderate correlation. Moreover, the answers given by males significantly differed from those given by females: males tended to identify a happy life with optimism, work, honesty, happy marriage and friendly relationships with others. The variables were moderately correlated (the Pearson's coefficients were 0.13, 0.11, 0.19, 0.25 and 0.14 respectively).

Table 3. Hierarchy of conditions of happy life by sex of the respondents

Condition of happy life	Males n=103		Females n=363		Total N=466		Comparison M-F	
	%	Rank	%	Rank	%	Rank	$\chi^2$	p
	Health	88.3	1	85.9	1	86.5	1	0.395
Children	13.6	9	42.1	3	35.8	2	28.455	p<0.01
God	23.3	4	28.6	4	27.5	3	1.152	ns
Money	21.4	7	26.7	5	25.5	4	1.213	ns
Optimism	29.1	3	16.8	6	19.5	5	7.752	p<0.05
Happy marriage	30.1	2	9.4	8	13.9	6	28.728	p<0.01
Friendly relationships with others	23.3	4	11.3	7	13.9	6	9.636	p<0.05
Friends	15.5	8	45.6	2	13.5	8	0.459	ns
Honesty	23.3	4	8.3	9	11.6	9	17.707	p<0.01
Work	10.7	10	3.9	10	5.4	10	7.357	p<0.05
Strong personality	6.8	11	3.3	11	4.1	11	2.499	ns
Freedom	1.9	12	3.0	12	2.8	12	0.064	ns
Education	1.9	12	1.0	13	1.3	13	0.030	ns
Music	0.9	14	0.3	14	0.4	14	0.010	ns

The year 1989 was an important date for Poland. It initiated a new period of freedom and a new social order. The constitutional transformation resulted in improved conditions for Polish citizens. They were guaranteed freedom of speech, were allowed to participate in elections. There was no censorship or state control any longer. However, these positive processes were accompanied by growing unemployment and poverty. Economic transformations have a considerable influence on the process of creating a new social order: They result in an improvement of living standards, the introduction of new technologies on the market and the appearance of new professions such as managers, organizers or urban planners. During this economic development, lifestyles changed and many everyday commodities, including foods, became available. There was greater awareness of health issues and more individual control of health, facilitated by a greater choice of private clinics providing medical services.

However, many new technologies lead to the degradation of the natural environment, which in turn, lead to the deterioration of health. In addition, the free market was not friendly to elderly people. The tendency of employers to demand more from employees, combined with the nature of a competitive market, led to greater unemployment and increased the difficulties felt by the older generation, who were sometimes not sufficiently trained to find new employment. In the new capitalist system, money gained importance and the fast pace of life and pursuit of material goods replaced family traditions, which tended to be neglected. The process of transformation brought about changes in individual perspectives, and those of entire communities, resulting in an upheaval in the whole system of values [15]. The respondents were asked in which period their life was better, before or after the social and economic transformation initiated in Poland in 1989; after the implementation of political reforms which might have been beneficial for them and contributed to a realization of plans and greater life satisfaction.

The vast majority of respondents (72.5%) claimed that their life had been easier in 1989, more so by female respondents ( $\chi^2=5.896$ , Pearso-

n's coefficient = 0.11). Only 7.3% of the respondents claimed that their life has been better since 1989 and 20.2% of them chose the answer "Difficult to say". Male respondents chose this answer significantly more frequently than females (Table 4).

To interpret the results properly, the respondents were asked to clarify their answers. The answer "my life was better before 1989" was connected with the fact that at that time the respondents were younger, healthier, completely self-reliant, independent of other people's help and actively participated in family and social life, which confirms the opinion that being healthy and independent are believed to be the most important factors of happy life by the older generation. For 61.9% (66.9% of males and 60.4% of females) of respondents, the "better life" before 1989 was connected with good health and self-reliance. For another 30.6% of the respondents (21.4% of males and 33.3% of females) the "better life" was identified with active participation in family and social life, with the female respondents noting this significantly more frequently -  $\chi^2 = 3.887$ . Only 7.5% (11.7% of males and 6.3% of females) claimed that the political changes contributed to an improvement of their living standards. Hence, the above mentioned distribution of answers appears to be a result of better health and more frequent contact between the respondents and their family and friends rather than the economic and social situation at that time.

Table 4. The studied group by sex and opinion on life before and after 1989

When was your life better?	Males		Females		Total		Comparison M-F	
	N	%	n	%	N	%	$\chi^2$	P
Before 1989	65	63.1	273	75.2	338	72.5	5.896	p<0.05
Now	8	7.8	26	7.2	34	7.3	0.043	Ns
Difficult to say	30	29.1	64	17.6	94	20.2	6.584	p<0.05
Total	103	100.0	363	100.0	466	100.0	-	-
Why was your life better?	Males		Females		Total		Comparison M-F	
	N	%	n	%	N	%	$\chi^2$	p
Health and self-reliance	69	66.9	219	60.4	288	61.9	0.015	ns
Social activity	22	21.4	121	33.3	143	30.6	3.887	p<0.05
Political change	12	11.7	23	6.3	35	7.5	0.020	ns
Total	103	100.0	363	100.0	466	100.0	-	-



## Discussion

Many factors contribute to a happy life. They include health, family relationships, social and professional activity, education and life-long learning. They improve the quality of life and create a positive image of ageing processes, old age and old people. By making senior citizens feel fulfilled and useful, their social isolation is prevented [16]. Campbell et al. observe that older people tend to be less satisfied with life. This process lasts until the age of fifty or sixty, at which point, the level of satisfaction either becomes stable or rises [17].

A review of professional literature allows for an identification of factors which substantially contribute to life satisfaction, one of which is health. It is one of the most important values, particularly for elderly people. According to many studies, health and happy children are two key values among the elderly population [18-20]. Another condition of a happy life is social support. In other words, it is identified with the relationship between the person and their social circle. Social support is particularly important for health: it prevents diseases and accelerates healing processes. A positive attitude to life and hope are other psychological factors which are important for health. According to Antonovsky's concept, living in positive relationships with other people evokes in the elderly a feeling of participation in social life, which is not limited only to the closest family members [21]. Hence, while working with elderly people, it is important to focus on the prevention of social exclusion and isolation. This can be achieved by the activation and creation of social support groups not related to family members.

A highly important source of life satisfaction in elderly people is the family [22]. However, it should be emphasized that the economic processes initiated in the 1990s appear to have reversed formerly observed tendencies, with the needs and problems of family life now tending to be subordinated to those of work and professional achievements, which often leads to the neglect of family problems. The hierarchy of values is reversing. The term "yuppies" is used to describe young people who identify success in work with success in life [23].

As well as the value of knowing of the conditions required for a happy life, identification of these conditions will facilitate gerontological prophylaxis, which will improve the quality of life of the elderly and prevent them from being socially excluded. In the majority of cases, health was regarded as the most essential element of a happy life (86.5%), followed by children (35.8%), and then God (27.5%) and money (25.5%). Women identified a happy life with having children significantly more frequently than men, whereas for men, optimism, work, honesty, happy marriage and friendly relationships with others appeared to be more important.

A similar observation was made in an Indian study conducted on a group of 216 people, aged 60 or older. Of this group, 41.3% considered the reason for their unhappiness to be bad health [24]. The difference in the conditions required for life satisfaction observed between studies partly confirms the hypothesis of deficit: the subjects tend to respect what they lack most [25]. According to the World Value Survey the most important value observed in Poland is family. Work is in second position, being a source of income rather than a source of personal fulfilment, and religion takes third place. However, unlike the present study, health did not take any of the first three positions. In other post-communist countries, material goods are often considered most important [26].

Religion is often considered to be one of the most important personal values and a factor contributing to life satisfaction. Religion may protect against depression and negative fears and stresses [27]. It can help elderly people to cope with social exclusion. Religion is regarded as adding meaning to life; it can be viewed as a drive used to overcome everyday problems and make life more satisfying [28]. However, the individual, the surrounding world and God can be perceived in different ways [29]. A study conducted in 2000-2001 in a group of people aged 70 or older in India confirmed that the most essential value for the elderly is religious practice: It was found to reduce the incidence of depression in this sub-population, help elderly people to adapt to old age and make the process of ageing less stressful and frustrating [30]. Similarly, Hooyman observes that active participation in religious life improves general health and con-

tributes to higher quality of life [31]. Thorson reports that religion significantly affected the quality of life of respondents, they identified happiness with God, and that religion was the third most important condition of a happy life. For elderly people included in this study, children were the second most important condition of happy life [32].

The determinants of a happy life were also the focus of a study conducted by Molesztak [33]. Polish and German respondents considered health to be most important, while the American respondents valued friends most highly. All groups rated honesty second. While different values were noted in third position, it is worth mentioning that the Americans put health. For money, the Germans rated it third, the Poles eighth and Americans tenth. These findings imply that the Polish respondents need to be healthy, honest and remain in friendly relationships with others to feel happy, while the German respondents need money and the Americans, friends.

All the studies given above found health and family life to be the most appreciated values in the hierarchy of values. Although this may appear obvious, the results of the present study in Poland reveal that in the period preceding the economic and political transformation of 1989, work was highly valued, and was awarded a greater value than it is now. It must be borne in mind that the system of values of people aged 60, 70 or 80 years old were shaped in the first half of the 20th century, when the social, economic, political and technological context was completely different from now.

Two other factors affect the system of values and have a strong influence on the way current life is perceived and experienced: passed years of life and the course of life. Kukołowicz notes that over the course of time, people limit their contacts with the external world and start focusing on their own, internal world [34]. Seniors tend to focus on being with themselves and reminisce over their past life; they develop their own personality, evaluate facts from their life and arrange them in a proper hierarchy [35,36]. All around the world, the structure of societies is changing, and with this change, there is a need to modify projections of the

future of those societies. Ageing generations must be provided with security and the means to bridge the gap between generations [37,38].

## Conclusions

Elderly people using social services consider a range of values to be important for a happy life, the most important being health, family life and religion. Gerontological prophylaxis aimed at improving the health and the quality of life of the elderly should be prioritised, together with the implementation of initiatives preventing disability. Elderly people and the problem of ageing needs to be viewed in a more complex way. The image of old age and the lifestyle of old people should be modified, but this will require changes to the perspectives of both individuals and society as a whole. Multidirectional steps need to be taken in order to prepare people for inevitable old age, such as ensuring support for families. Apart from confirming that a family is an unquestionable value, pro-family policies should be implemented and foster all functions of a family. By identifying the conditions required by elderly people using social help to enjoy a happy life, individually tailored and implemented care programmes may be created to improve quality of life.

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