

CHAPTER 9

VITALITY IN LATE ADULTHOOD  
AND ITS CONNECTION WITH THE LEVEL  
OF LIFE SATISFACTION

INTRODUCTION

Since 1960, in Europe, an increase in life expectancy and predictions of further extension of life expectancy have been recorded. This is the result of a number of factors. It is, among others, connected with an improvement of sanitation and hygiene conditions, progress in the field of medical and pharmacological technology, improvement of working conditions and changes in people's lifestyle and awareness. The death rate decrease itself is responsible for 2/3 of the population's ageing (Ansart, 2004). The population's ageing is also influenced by the birth rate decrease.

In old age a number of unfavourable changes in the biological and psychological functioning of an individual take place. Therefore, a given person's 'position' in the society's structure changes and the ability to adapt to the environment and other people becomes impaired. The changes which take place in this period of life affect not only social attitudes, but even personality features, sensory abilities or motor abilities; some people suffer mild or serious mental disorders caused by degenerative processes or accumulation of organic impairments. Therefore, age-related changes cover all the spheres of functioning, including perception, intelligence, emotions and motivation (cf. Miluska, 1996).

Despite the negative stereotypes regarding the period of late adulthood, the opinion that old age is as important as any other stage of life is becoming more and more important (Straś-Romanowska 2004, p. 263). Contemporary research on ageing and old age shows that this stage of life should not be

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a period of total withdrawal from social and cultural life (Zajac-Lamparska, 2008). Development is a process and also in the period of late adulthood it brings about more and more different and new achievements and opens up new perspectives (Liberska, 2008).

A number of studies have been devoted separately to mental, physical and social activity of the elderly (Drabik, 1996; Olszewski, 1999). Nevertheless, it is commonly thought that social activity and psychophysical activity are mutually related. Relevant reference books more and more often include research indicating the positive role of elderly people's vitality, which contributes to an improvement of their standard of living. These are the grounds for fostering the idea of vitality in late adulthood (Uhlig, 2003). Vital people seem to function better than those who lack life energy. Functioning on a higher level of vitality has also an influence on the sense of quality of life.

Due to this idea more and more Universities of the Third Age are established, and residential or nursing homes more and more often organize sports classes and classes which widen elderly people's interests.

Due to the fact that the elderly constitute a significant portion of the world population, it is worth asking a question about their place in the society and their quality of life, and not only to focus on physiological issues connected with old age. Therefore, deepening knowledge on the sense of quality of life in late adulthood and its determinants is attracting the attention of more and more researchers.

The studies, referred to herein, focus on identification of differences in the level of elderly people's vitality and the determinants of their activity. The findings of this study can help in shaping appropriate patterns of elderly people's behaviour and contribute to improving the quality of their life. *In contemporary world, which is dominated by changes and diversity, knowledge on the mechanisms of shaping the quality of life is necessary to stimulate human development* (Bańka, 2005, p. 12).

## ACTIVITY IN LATE ADULTHOOD

The question how to live with dignity and satisfactorily is answered by Artur Fabiś (2005) as follows: in an active way. Activity in late adulthood is an issue which is discussed in relevant reference books by a number of researchers (Kaja, 2000; Drabik, 1996; Olszewski, 1999). In psychological terms, activity is most often treated as an inherent human feature in the form of actions, operations and activities (Tyszkowa, 1990). Therefore, it is presented as an internal imperative. In relevant works a clear thesis is proposed that due to human activity not only the individual-environment relationship is regulated but, above all, that it is a factor of individual development.

It is worth conducting here a comparative analysis of two selected theories regarding elderly people's activity, that is, the 'theory of exclusion' and 'activity theory'. In Cumming and Henry's 'theory of exclusion' (1961, after: Stuart-Hamilton, 2006), gradual withdrawing from social roles and reducing social involvement fosters the optimal process of ageing. The authors of this theory recognized that the process of gradually limiting the contacts with the outside world is a natural consequence of getting old. Along with age, the number of interactions and their quality decrease, the social space of the elderly narrows and their interest in social life diminishes. The above-mentioned researchers notice that the centre of interest for an elderly person is this person himself/herself. Giving up the performance of certain activities, according to this theory, is essential for people in late adulthood to achieve psychological balance and is connected with difficulties in maintenance of balance in social interactions. Elderly people withdraw from public life under the pressure created by the young and in this way make room for them, or as a result of their beliefs regarding social stereotypes. Model breaking of one's ties with the world by elderly people was often observed in Indian tribes. It was rather a requirement imposed by tradition than a voluntary choice. In our cultural circle the elderly play active roles in the society until the end of their lives (Stuart-Hamilton, 2006, p. 159).

On the other hand, the 'activity theory' by Neugarten, Havighurst and Tobin (1961) gives the grounds for searching for a connection between activity of people in their late adulthood, involvement in different social structures and well-being (after: Muchnicka-Djakow, 1982). Satisfaction with one's own life is connected with active and productive life. Therefore, the society should contribute to activation of elderly people. However, the activity theory discussed here does not take into account the whole complexity of this issue. Halina Worach-Kardas (1988) is of the opinion that in fact both theories complement each other. Old people withdraw from the performance of certain social roles, but they are still active in others or undertake new social roles. The ability to give up certain social roles seems to be essential for adaptation to old age but with the simultaneous activity in other fields of life.

## ACTIVITY AND QUALITY OF LIFE

A given individual's own activity is treated as a factor to which significant importance in achievement of high quality of life is attributed (Bromley, 1969; Zych, 1999). It is thought that a person who stays active in late adulthood achieves higher quality of life. However, this relationship has not been unambiguously confirmed empirically. Some researchers are of the opinion that the activity-

quality of life relationship is more complex (Susułowska, 1989). Adam Zych (1995) thinks that human organism is destined for activity and action. Maintaining activity in late adulthood is, therefore, an essential condition for correct adaptation to old age. Mental, physical and social activity, however, need to be adequate to the individual's resources. While analysing the level of a given person's activity, one should each time take into account factors such as health condition, interests, place of residence and financial situation. Activating elderly people by force does not bring any results. The elderly need to take the initiative on their own and aim at maintaining activity. Nevertheless, the society should support these aspirations. The questions arise whether younger generations respect people in late adulthood and whether the young do not limit elderly people's possibilities of active life. Such a limitation may start the process of elderly people withdrawing from social life in spite of good health condition.

## VITALITY AS A TYPE OF ACTIVITY

While analysing the issue of activity in late adulthood, one should take into account the type of this activity. Aleksander Kamiński (1986) is of the opinion that elderly people's activity should focus on work which is valued and useful for the society and on satisfaction of their own interests (Drabik, 1996; Olszewski, 1999). The role of the elderly's vitality is being highlighted more and more often. Despite the debatability of this thesis, the majority of researchers agree that vitality in late adulthood contributes to improvement of elderly people's living standard. However, there are a number of studies which highlight the role of elderly people's vitality as activity comprising at the same time physical, mental and social activity. Kocemba and Grodzicki (2002) are of the opinion that vitality is measured by health condition and fitness. Nevertheless, Professor Roman Ossowski emphasizes that separately high level of mental, social and physical activity does not determine a high level of vitality. One can be physically fit and active but not be a vital person (Ossowski, after: Rutkowski, 2007).

Vitality is sometimes defined as life energy, as a measure of age used instead of chronological age. Vitality refers to the level of human activity undertaken at the same time in three dimensions: physical, mental and social one. Therefore, it is not enough to show a high level of activity only in one dimension to represent a high level of vitality. This definition assumes inseparability of the said dimensions.

Active late adulthood can be understood as taking up a hobby, which has been postponed so far, extending one's knowledge, intensifying old relationships and forming new ones, as well as undertaking activities fostering maintenance of physical fitness (Gielas, 1999).

Consequently, vitality is connected with conscious shaping of one's own life in each of the three above-mentioned dimensions. Therefore, a vital person is a person who takes active part in the course of life. Vitality is also reflected in one's attitude to one's own old age. A vital person does not treat his/ her old age as waiting for death. Such a person does not allow to be pushed aside to the margin of society, but actively participates in the society's life. Due to vitality, old age can become wise and reflective.

## DIMENSIONS OF VITALITY

Vitality, as indicated above, is a multidimensional notion. It refers to three dimensions at the same time: physical, mental and social one. They are respectively reflected in physical fitness, interests and interpersonal relationships (Drabik, 1996). Physical fitness includes self-reliance in functioning, subjective health condition, and undertaking physical activities. Interests are connected with an individual's approach to searching for new information, a multitude of hobbies and involvement in satisfaction of one's own desires. The third dimension reflected in interpersonal relationships refers mainly to the number and frequency of meetings with other people, participation in various organizations and the satisfaction felt from social contacts.

There is no other development period in which an individual's lifestyle and activity would have such a distinct influence on human existence. In the period of late adulthood, people can be divided into two groups. Those who treat their old age as a 'waiting room' for death, and those who stay vital till the end. Thus, how to describe a vital person? A vital person is the one who knows how to enjoy his/ her life. Such a person cares about physical fitness by way of motor activity, diet and avoidance of stimulants. However, physical stimulation needs to be properly matched with the person's health condition. Overexerting oneself is not recommended at any stage of life.

- Physical activity as a dimension of vitality

The present-day reality influences acceleration of physical fitness regression. Urbanization has contributed to reduction of the everyday dose of exercise. Due to development of the public transport network and easier access to the possession of own car, the majority of distances are covered by the present-day people with the help of means of transport. Contemporary architecture makes our life easier, but has also an influence on reduction of the everyday amount of exercise. Along with acceleration of the pace of life, the frequency of sports, tourist and recreational activities decreases (Zych, 1995). People more and more often give up doing exercises due to lack of time. The consumerist lifestyle

persuades us to spend our free time in supermarkets instead of recreational activities which are favourable to our health. Preparation for late adulthood needs to take into account caring about physical fitness. Physical activity has an influence not only on physical fitness and health, but also on better mood of a given person. While analysing this issue, one should take into account not only the declared willingness for motor activity, but also the actual attention to physical fitness. Moreover, it should be checked how important the physical dimension is for a given person.

The level of physical fitness is related to independent functioning (Zych, 1995). Elderly people who care about physical fitness stay physically fit for longer and fall ill less often. Consequently, they stay independent of other people for longer. Self-reliance in everyday life has an influence on a given person's mood. Independence is also a value in itself.

- Mental activity as a dimension of vitality

A vital person, apart from physical fitness, is characterized by a high level of mental activity. Such a person takes part in various life events and is up to date with the changes taking place in the world. The development level of intellectual skills depends on a number of factors. It is influenced, among others, by the genes, level of education, professional qualifications, life experience and mental activation (Zych, 1995). The research conducted proves a significant relationship between mental skills and education and professional qualifications. The higher the education, the slower the regression of intellectual abilities in old age. The same relationship refers to professional qualifications. This means that the higher the qualifications of a given person, the longer the period of time in which mental ability is maintained. Another factor influencing mental ability is the place of residence. Staying in an environment which requires mental activity from elderly people has an influence on maintenance of mental ability. If the environment of an elderly person has a stimulating influence on this person's intellectual skills, the person maintains its mental ability for longer. If the environment of a given elderly person implies self-reliance, it also fosters maintenance of mental ability.

Another element of mental activity are interests. They have a direct influence on the level of functioning of a person demonstrating a cognitive approach. There are different ways of defining the notion of interest. An interest is defined, among others, as a tendency to selectively focus on certain objects, readiness to intellectually deal with a certain object or a desire to become acquainted with the surrounding world. The way in which a given person spends his/ her time has a direct influence on the level of his/ her mental activity. What counts here is the number of interests, but also the fact of satisfying them. A lot of elderly people, after retirement, give up their hobbies and, consequently, fall into passive going

through their free time. A vital person constantly looks for new information, is interested in the changes taking place in the surrounding world, satisfies its interests and looks for new forms of spending free time. Activity in this form does not have to be connected with education. One does not have to read top level books to realize one's interests. An elderly person who crochets or paints also demonstrates mental activity. Such a person spends his/ her free time in a creative way. Such a person is the opposite of a person who is not interested in or keen on anything. Such people spend their whole days sitting in an armchair, in front of TV or in the window (Wiśniewska-Roszkowska, 2003).

- Social activity as a dimension of vitality

The description of a vital person is also connected with the issue of interpersonal contacts. Meetings with other people are an important element of life. Elderly people feel the same need of get-togethers as younger people. However, it seems that the society marginalizes this need. Spending one's free time with friends in a cafe, restaurant or other places is by all means typical of the young. However, evening dance parties for the elderly, organized in some restaurants or clubs, usually enjoy great popularity. This may mean that the society does not offer elderly people sufficient possibilities of spending their free time with others.

Another problem is the fact that, along with age, the number of people who are close to us decreases. Frequently, retirement is connected with exclusion from the group of employees. The ties with former workmates often weaken as time goes by. Also, family ties weaken. This is due to different reasons. Many elderly people live alone due to the lack of family. Some of them have never started a family. Others have lost touch with their family due to weakening of ties or relatives' leaving their place of residence. Children, grandchildren or siblings leave for abroad or remote cities of the country. Some elderly people lost their closest relatives due to their death (Hrapkiewicz, 2005). In such situations old people have to find their reference group and find people with whom they will be able to identify and have a sense of belonging to.

One of the ways of overcoming loneliness is participation in voluntary service. Elderly people, due to their knowledge, experience and free time, can be of invaluable help for others. By way of voluntary service, the elderly significantly contribute to the life of the local community. Gratuitous work for other people brings mutual benefits. On the one hand, an elderly person stays active and feels needed and respected, and this person's interpersonal contacts are frequent and satisfactory. Due to focusing on other people, an old person is not so much focused on himself/ herself and his/ her disorders and problems. On the other hand, this person's environment gains invaluable help. Elderly people can offer their knowledge related to education. Lawyers can give advice, doctors can offer

consultations and teachers can give private lessons – all free of charge. Elderly people can support others also by way of helping the disabled or the ill. Another form of social activity is participation in classes offered by the Universities of the Third Age.

The issue of vitality is connected with activity in the major spheres of human functioning. Nowadays, the phenomenon of elderly people's vitality is becoming more and more frequent. A seventy-year-old man jogging to stay healthy, attending university classes or meeting his friends in a restaurant is not a surprising sight anymore.

## EVOLUTION OF THE APPROACH TO RETIREMENT

In Levinson's model of seasons of life, after the period of middle adulthood there is the period of late adulthood (60-65 years old). At this age an important life event is the end of career. For the majority of people retirement is a very stressful moment. It is connected with a change in the way of life and a new social role. Work is an important element of building the sense of one's own identity. In a number of cases organization of life after the career end is a serious problem. Such a person becomes cheerless and discouraged, and sometimes one can even notice the symptoms of depression. Retired people have a lot of opportunities to stay active and become involved in various activities. However, people in their late adulthood do not notice these opportunities. The picture of sad and passive retirement was present for a long time. Today, this vision seems to be outdated.

Anne-Marie Guillemard (2002) presents the change in approach to retirement and, what follows, to elderly people, using the term 'silent revolution'. According to her, life after retirement evolved from retirement defined as social death, through retirement as a form of rest, retirement as time devoted to family, retirement as the time of realizing one's own interests, to the notion of late adulthood – a stage of life which is active and aimed at other people. The author is of the opinion that the change in the attitude to life after the career end refers not only to retired people but also younger ones. Elderly people notice the opportunities of staying active in late adulthood, and the young, on the one hand, overcome the stereotypes concerning elderly people and, on the other hand, are aware of the need for preparing for their own retirement more often.

In the 1970s and earlier, **retirement** often meant **social death**. A person who ended his/ her career was deprived not only of one of the activities, but also of a very important source of information on his/ her own identity. Such a person was deprived of his/ her previous social role and did not have any prospects of undertaking another satisfactory social role. The end of professional activity



was also connected with losing the sense of usefulness and prestige, and losing the social and economic status (Caradec, 2004). The situation of a person who was not professionally active changed, and often radically. Such a person ceased to contribute to the increase of a given country's wealth but collected old age pension. The needs of people in their late adulthood were marginalized. Science and politics rarely dealt with elderly people's problems. In a number of countries the policy towards the elderly did not adequately protect their rights. On the other hand, the opinion of elderly people meant so little. Therefore, they usually remained passive and accepted this reality.

The next period in evolution of life after **retirement**, according to Guillmard (1982), was treating the time after the end of professional work as a well-deserved rest. Retirement was the period in which people did not have to take part in the fight for existence, promotion or respect anymore. Moreover, life after the end of gainful employment became less stressful due to family situation. Adult children do not need so much help and attention anymore and are financially independent, which is a relief for parents. According to the classification of stressful situations, the majority of such events take place in the period of adulthood. Elderly people have already gone through their education, the period of looking for work, gaining wealth and child rearing. The time after retirement can be the time of resting after all the important roles which a given person played in previous periods of life.

In the 1990s, in France, the research conducted by SOFRES<sup>3</sup> presented a change in the mindset of elderly people after retirement. The people surveyed defined **retirement** as time **devoted to family**. The belief that each person who has a family is a member of a community towards which he/ she has some duties but also has the right to receive help if needed became more and more popular (Wiśniewska-Roszkowska, 2003). The change in the attitude to the elderly was also contributed to by changes in the labour market. In the mid-1990s people started to devote more and more time to professional work. Women undertook gainful employment and spent less and less time at home. Grandparents started to play a more and more important role in the family's life. The research conducted in 1980 proved that 80% of elderly people lived within a 30-minute drive at the most from the place of residence of at least one of their children (Stuart-Hamilton, 2006). Elderly people became an indispensable help for their families. Taking care of grandchildren became a social standard. In this way elderly people started to have a more and more significant influence on the new generation. However, problems emerged as a result of living together, intergenerational conflicts, too little independence and lack of privacy (Wiśniewska-Roszkowska,

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<sup>3</sup> SOFRES is a French institute for marketing research and opinion polls.

2003). Living as part of an extended family requires the observance of certain rules. Elderly people need to feel fully-fledged members of a given community. Other people are obliged to respect the privacy of the elderly. The model of an extended family seems to be very advantageous, but all the family members need to respect their needs. Grandparents cannot replace parents. Their educational role should be limited to helping.

Another stage in the evolution of lifestyle after **retirement** was realization of **one's own interests**. Interests are an important element of human life. A retired person has a chance to devote more time to his/ her hobbies. Activity of elderly people, after the end of their career, can be connected with it or refer to a completely different type of activity. Elderly people take care of their allotments, travel, read books or fulfill themselves in other fields. They started to notice the need of activity after retirement. On the other hand, the society is trying to create conditions for satisfaction of this need. Various ways of spending their free time are offered to people in late adulthood. Elderly people are more and more willing to take advantage of the opportunities offered. And so, the number of people travelling abroad, attending classes offered by the Universities of the Third Age or participating in interest groups is increasing.

## ACTIVITY OF CONTEMPORARY OLD PEOPLE

Nowadays, elderly people not only devote their time to their families or realization of their interests, but also more and more often actively participate in the society's life. They participate in political life, act on behalf of non-profit organizations or become involved in other forms of voluntary service. And this way of activity seems to be the determinant in late adulthood. The society benefits from their activity, and, at the same time, elderly people stay fitter due to this form of activity. The influence of socially useful work on a given individual is significant. An elderly person feels needed and accepted. He/ she gains a new social role of an active individual who is indispensable in the community. The gratitude of the environment is connected with great satisfaction felt by elderly people. Performance of work for others is related to the possibility of constant physical, mental and social activity.

Therefore, the society has a chance to significantly benefit from the work of the elderly. The knowledge of elderly people is enriched with experience. Retired people can help their younger colleagues in their professional work. Some enterprises already have jobs for elderly people. People employed in these positions advise their younger colleagues who work in positions which were formerly occupied by elderly people. This is a form of preparation for retirement

or a form of work after the career end, as part of casual work. Another form of socially useful work is helping children from families in a difficult situation in doing their homework. Some elderly people can take care of the ill or the disabled, and retired teachers can give private lessons. There are a lot of opportunities in the field of socially useful activity.

## DIFFERENCES IN THE LEVEL OF ELDERLY PEOPLE'S VITALITY – CONDITIONS

While analysing the issue of vitality, one needs to distinguish the factors influencing the differences in the level of vitality. Relevant reference books often address the issue of elderly people's activity level depending on their place of residence (Szafraniec, Chrzanowski, Wasziewicz, 1973; Błachnio, 2002; Kaja, 2000). The material situation is a significant element influencing maintenance of activity. Some elderly people live with their families, others live on their own in their own households, and some have to or want to move to residential or nursing homes, and after all living conditions have a significant influence on human life.

The most controversial issue is staying in **residential or nursing homes**. The research conducted shows that the environment of residential homes often contributes to a decrease in mental, social and physical activity (Szafraniec, Chrzanowski, Wasziewicz, 1973). In residential homes activity is often limited to satisfaction of basic needs only. It happens that an elderly person comes to such a home in good general psychophysical condition, but after some time the process of aging accelerates. This is connected with a decrease in the level of this person's activity. Residents of residential or nursing homes do not have to perform activities connected with everyday life, such as preparation of meals, doing shopping or payment of bills. This often results in an exclusion of an elderly person from the previous course of life. Wiesław Wołoszyn (2000, p. 179) calls this inactivity the state of persistency. Moreover, the compulsion to stay in one place with strangers is burdensome. This situation results in elderly people closing in their own rooms and in their own memories. Attempts to deal with this unnatural staying in a residential or nursing home may lead to mental, social or physical deactivation.

Although over the recent years the conditions in residential homes have changed a lot and the majority of them offer **stimulating activities**, unfortunately, a lot of types of everyday activities vanish there. In residential or nursing home the initiative of elderly people is not stimulated. It seems that in comparison with residential homes, staying in one's family house to a greater

extent contributes to maintenance of activity. According to Jaroszczyk (1982, p. 130), elderly people demonstrate higher mental skills when they live in natural living conditions. Another problem refers to the elderly staying in uniform age groups. Such a homogeneous environment may contribute to deterioration of elderly people's functioning. On the other hand, living with younger people has a positive influence on their mental condition.

The majority of elderly people live in their **own households**. Elderly people living in extended families are becoming a less and less common sight today. However, living together with one's own family can be a good solution for the whole family community. Elderly people can take care of their grandchildren in the absence of parents. On the other hand, they have adequate help when they need it. Elderly people's living with their children makes everybody obliged to respect certain rights and duties.

Some elderly people live with their spouses or alone. Living alone cannot be confused with the feeling of loneliness as one can feel this way even when among people (Zych, 1995). Statistically, more women than men live alone. This is connected with over-mortality of men. Irrespectively of whether an elderly person lives with his/ her family, with his/ her spouse or alone, this person should demonstrate a higher level of activity as this person's material situation is related to their self-reliance. In comparison with residents of residential or nursing homes, people living in their own households are forced to satisfy their needs on their own.

One of the factors influencing the level of elderly people's activity is **attending classes offered by the Universities of the Third Age**. These classes are to activate the elderly mentally, physically and socially. The first University of Third Age was established in Toulouse in France in 1973. It was established by Professor Pierre Vellas. In Poland, the Universities of the Third Age began to be established in the 1970s. The first one was established in Warsaw in 1975 on the initiative of Halina Szwarc (Chrapkowska-Zielińska, 2000). At present, in the whole territory of Poland there are 110 such universities, jointly associating 25 thousand students. The classes offered by UTAs activate elderly people intellectually, socially and physically, and extend their knowledge. They make the students involved in actions conducted for the benefit of the surrounding environment, foster social ties and facilitate interpersonal communication. Elderly people attending UTA classes form a specific group as they are people who have looked for an opportunity to maintain activity on their own. Due to participation in such classes they have a chance to maintain a high level of activity. UTAs offer the elderly an opportunity to fulfill themselves in areas in which they have not demonstrated any activity so far.

## OWN RESEARCH

### Basic research aims

The basic aim of the research conducted was to recognize the connection between the level of vitality and satisfaction with life of elderly people. It was assumed that a high level of vitality is related to higher satisfaction with life. Moreover, it was assumed that the place of residence and participation in UTA classes are factors which influence the differences in the level of vitality among elderly people.

### Respondents

Own research was conducted on a sample of 75 people who are older than 60. The selection of people to be surveyed was purposive and was based on the following criteria: age, place of residence and participation in UTA classes. All the persons lived in the Kujawsko-Pomorskie Voivodeship. They were divided into **three groups**. The first group is comprised of people in late adulthood living in residential or nursing homes, the second one is composed of elderly people attending classes offered by the University of the Third Age, and the third group is comprised of elderly people who live in their own households but who do not attend UTA classes.

### Methods

The research used Bydgoski Kwestionariusz Żywotności (the Bydgoszcz Questionnaire of Vitality) which was compiled for the purposes of this thesis based on the levels of preparation for old age (Szarota Z., 1998) and the Satisfaction with Life Scale (E. Diener, R.A. Emmons, R.J. Larson, S. Griffin adapted by Juczyński).

#### Bydgoszcz Questionnaire of Vitality (BQV)

The first tool used in the analysis of the vitality level was constructed based on relevant reference books and own experience gained while working with elderly people. The lower the result achieved by a given person, the higher the level of vitality. The total result achieved by a surveyed person is the sum of points scored for answering all the questions (the minimum result is 34 points and the maximum result is 216 points). Moreover, partial results related to individual scales have been calculated.

The tool's reliability has been estimated with the use of the Cronbach's coefficient of internal consistency. For the **physical fitness** scale the Cronbach's alpha amounted to 0.92, and the split-half reliability amounted to 0.92. For the interests scale the Cronbach's  $\alpha$  amounted to 0.93, and the split-half reliability

amounted to 0.95. For the **interpersonal contacts** scale the Cronbach's  $\alpha$  amounted to 0.89, and the split-half reliability was 0.80. All the results were statistically significant.

The tool's adequacy was estimated with the use of the method of competent judges (Kendall's coefficient of concordance). The coefficient of concordance for the physical fitness scale was 0.62 with  $p < 0.001$ , for the interests scale it was 0.58 with  $p < 0.001$ , and for the interpersonal contacts scale it was 0.58 with  $p < 0.001$ .

## ANALYSIS AND INTERPRETATION OF OWN RESULTS

The statistical analysis used descriptive statistics. The distribution of the results achieved was tested with the Shapiro-Wilk test. In order to verify the relationship between the place of residence, participation in the Univeristy of the Third Age classes and the level of vitality the Kruskal-Wallis test was applied. In order to assess the strength of the relationship between the level of vitality and the level of quality of life, and between the level of vitality and satisfaction with life the Spearman's  $r$  coefficient was used. For the purpose of calculations the STATISTICA package was used.

### Results of the vitality level measurement

Results of the vitality level variable measurement are included in Table 1.

Tab. 1. The level of vitality

Variable	N valid	Median	The minimum	The maximum	Geo-metric mean	Standard deviation	Skewness	Kurto-sis
Vitality	75	84.00	37.00	181.00	77.46	37.26	0.74	-0.15

The majority of respondents achieved low results in the Bydgoszcz Questionnaire of Vitality, which means that the majority of respondents are characterized by a high level of vitality.

### Assessment of materiality of differences between the compared groups in terms of the level of vitality

There are substantial differences between the three analysed groups<sup>4</sup>, with regard to the level of vitality (Table 2). People living in residential homes

<sup>4</sup> In the analysis, the first group was comprised of people living in residential or nursing homes, the second one was composed of people attending UTA classes, and the third group were people who live in their own households but do not participate in UTA classes.

achieved the highest results, which denotes the lowest level of vitality. People attending UTA classes achieved the lowest results, which is connected with the highest level of vitality. The greatest range of results was achieved for people living in residential homes. The most similar results were achieved by people attending classes offered by UTA. People who live in their own households and do not participate in UTA classes achieved medium results.

Tab. 2. Kruskal-Wallis test for the level of vitality

<b>H=46.20, p&lt;0.001</b>		
Respondents	N valid	Sum of ranks
Group 1	25	1400.50
Group 2	25	375.50
Group 3	25	1074.50

There were no statistically significant differences in the level of vitality between the respondents due to their sex, living in the countryside or in a town/city and due to their education.

**Assessment of materiality of differences between the compared groups in terms of the level of satisfaction with life**

Tab. 3. Kruskal-Wallis test for the level of satisfaction with life

<b>H=45.72, p&lt;0.001</b>		
Respondents	N valid	Sum of ranks
Group 1	25	464.00
Group 2	25	1497.00
Group 3	25	889.00

Substantial differences were found in the level of satisfaction with life measured with the SWLS tool (Table 3). In this case also, people living in residential homes achieved the worst results, and the students of UTA represent the highest level of satisfaction with life. Just like in the two previous cases, the results of residents of residential homes are the most diversified ones, and those of people participating in UTA classes turned out to be the most similar ones.

### Assessment of the strength of relationship between the variables

For the assessment of the strength of relationship the Spearman's  $r$  correlation coefficient was used.

Tab. 4. Correlation between the level of vitality and the level of satisfaction with life

Pair of variables	N valid	Spearman r	t(N-2)	Level of p
Vitality and satisfaction with life	75	-0.84	-13.44	<0.001

The statistical analysis showed a statistically significant correlation between the level of vitality and the level of satisfaction with life (Table 4). The achieved negative correlation means that the higher the level of vitality, the higher the level of satisfaction with life. This is connected with the fact that the lower the result achieved in BQV, the higher the level of vitality, and the higher the result in SWLS, the higher the level of satisfaction with life.

## DISCUSSION AND CONCLUSIONS

Human life becomes longer from generation to generation<sup>5</sup>. Old age is a natural and subsequent stage of human development. Aging is a process which brings more and more achievements. This stage is as important as any other one. The period of late adulthood does not denote social death. For an elderly person who learns how to overcome difficulties emerging in this period, old age will be another stage of life which will be equally rich as the previous ones.

The own research conducted proved the relationship between the level of vitality and the level of satisfaction with life. It was found that the higher the level of vitality, the higher the level of satisfaction with life. Correlation between the analysed variables, defined with the use of the Spearman  $r$  coefficient, was significant and strong. Therefore, the own research conducted proved the existence of a significant relationship between own activity and satisfaction with life. These findings are consistent with the results achieved by other researchers (Zych, 1995).

It was found that the level of vitality, in a statistically significant way, is different in the three analysed groups. Elderly people living in residential or nursing homes achieved the lowest results in comparison with people living in their own households and people attending classes offered by the University of the Third Age. This may be connected with the fact that the environment of residential homes is focused on provision of care, which may inactivate the

<sup>5</sup> At the beginning of 1900 the average life expectancy was around 50 (Stuart-Hamilton, 2000, p.13).



elderly. Residential homes offer various forms of activity, but elderly people can only participate in them – they are not the creators of these actions. They do not have opportunities to suggest or initiate activities. An important thing in stimulation of activity is the role of an elderly person in selection of its forms (Szafraniec, Chrzanowski, Wasziewicz, 1973).

It is also worth paying attention to the role of helping others by the elderly. In residential homes elderly people are focused, above all, on themselves. They rarely undertake types of activities oriented on the welfare of other people, and it rarely happens that residents of such homes organize any forms of help. Depriving people in their late adulthood of socially useful roles and providing them only with short-term help does them more harm than good. Old people need to maintain activity and participate in the course of life. It would be worth undertaking further research in this field in order to thoroughly explain the activity undertaken by residents of residential homes and its importance for vitality and well-being.

At this stage high diversity among people living in residential homes in terms of the level of vitality has been proved. This may be connected with different reasons for staying in residential homes. Some people live in residential or nursing homes due to their health condition, others are not able to survive on their own, and still others have decided to live there on their own accord. The reason for living in residential homes can be a factor diversifying the respondents.

The highest level of vitality is demonstrated by people participating in classes offered by the University of the Third Age. It is a specific group of respondents. People attending UTA classes, due to the very fact of doing so, have demonstrated a certain level of vitality and a search for activity. These people form the most homogeneous group analysed.

People living in their own households have achieved medium results in the BQV. However, none of the respondents from this group has achieved such a low result in the BQV as in the two remaining groups of respondents. This means that nobody from the third research group represents such a high level of vitality as in the other groups.

It should be highlighted that the majority of elderly people achieved low results in the BQV, which denotes that the majority of respondents demonstrate a high level of vitality. In spite of the commonplace opinions, elderly people try to maintain their physical, mental and social activity.

Substantial differences have been found in the **level of satisfaction** among the elderly. Similarly to vitality, residents of residential homes demonstrate the lowest level of the quality of life and satisfaction with life, while participants of UTA classes – the highest one. These results correspond to numerous studies.

The research conducted has not proved any relationship between the level of vitality and the size of the place of residence. However, the analysed

group of elderly people living in the countryside is much smaller than those living in cities. This is connected with reluctance of elderly people living in the countryside to take part in research. On the other hand, the chances of establishing cooperation with people in their late adulthood living in the countryside are also lower than in cities. Nevertheless, one should think what the reasons for the lack of substantial differences among the respondents living in the countryside and in cities are.

Living in a big city, as one can suppose, contributes to a higher level of vitality due to easier access to various activities. In cities there are numerous centres which activate the elderly. People in late adulthood can take advantage, for example, of classes offered by the Universities of the Third Age, fitness classes for seniors, foreign language lessons for the elderly or computer classes. Senior's clubs and other institutions for the elderly usually operate in big cities. In small towns or villages the number of such classes is limited.

In cities the number of architectural barriers is also significantly lower. Obstacles hindering the elderly's self-reliance in everyday life are more and more often fought against. In buildings or means of public transport physical barriers are removed. Moreover, the importance and influence of stereotypes concerning old age are more often limited in cities than in the countryside. Simultaneously, the elderly are starting to think in a different way about their situation. They are not embarrassed to take part in sports classes, wear fashionable clothes or participate in social life.

However, in the countryside the elderly remain physically active for long as this is what is required by the specificity of their work. In an interview which preceded the research, people in their late adulthood also emphasized the fact that they stay active, because their environment requires this from them. On the one hand, everyday activities related to running a household imply activity, but on the other hand, the social environment often induces the elderly to help as part of their families. The elderly look after the youngest children in their families and teach them various abilities, such as sewing, gardening or how to make preserves. Perhaps the elderly living in the countryside are physically fit for longer, because the living conditions there require people to be self-reliant.

Moreover, the elderly living in the countryside emphasize the importance of family ties or ties with neighbours. They visit and are visited by their relatives and local inhabitants. This has a significant influence on their vitality in terms of interpersonal contacts. It is possible that people living in the countryside have closer relationships with a greater number of people than people living in big cities in which loosening of social bonds is observed. On the one hand, family members more and more often live far away from one another, a lot of young people leave for abroad or are devoting more and more time to their careers.

This contributes to solitude among the elderly. On the other hand, interpersonal contacts with acquaintances or even neighbours become weaker. The new virtual reality can also contribute to lower frequency and quality of interpersonal contacts (Szpunar, 2007).

Moreover, no differences were found with regard to realization of one's own interests between people in late adulthood living in cities and those living in the countryside. Certainly, the type of interests of people living in small towns and in the countryside often differs materially from the interests of the elderly living in cities. However, the BQV does not differentiate the types of interests. People living in the countryside reported on high involvement in realization of their own fondnesses and hobbies.

Based on the own research results the following **conclusions** can be drawn:

- There is a connection between the level of vitality and the level of satisfaction with life among the elderly respondents.
- The higher the level of vitality, the higher the level of satisfaction with life among the respondents.
- The residents of residential or nursing homes taking part in the research are characterized by a lower level of vitality in comparison with other respondents.
- The elderly respondents attending UTA classes demonstrate the highest level of vitality (in the analysed groups).
- There were no substantial differences found among the respondents due to the role of their sex, place of residence or education in the level of vitality.

Due to the increasing number of people in late adulthood, it is necessary to continue the research on the determinants of their mental and physical fitness.

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## INTRODUCTION

Interpersonal relations are of great importance in the life of every human. They influence our mood, our feeling, the realization of personal potentials and vice versa, what is important, they are a source and determinant of the perception of the sense of life (Baj, 1989; Borko, 1996; Borko, 2007). The significance of interpersonal relations with family, friendship has been widely brought to us recently, especially in relation to the problems of psychological and sociological research (Arych, 1976; Dymek, 2007; Jankuła, 2006; Jankuła, 2008; Jankuła, 2010).

Contact with another person, close personal and interdependence has become a big element in the past relationships. A great number of data from gerontological research (Jankuła, 2006; Jankuła, 2008) confirm the importance of family, friends, circle, friends, circle, circle in later adulthood. A human being becomes both the creator and product of social environment, associated with other people, forming specific rules, patterns that govern the culture and social activities with the things on the subject of research and existing terms, processes (Borko, 1996; Jankuła, 2007). Interpersonal relations, especially with family appears to be an important determinant of psychosocial development of a person in connection with others which contribute to the development of mind and personality with an orientation of the external world. They prove to be the reasons for which it is possible to create successful relationships with other people, especially with other family members (Dymek, 2006; Jankuła, 2008). The significance of interpersonal relationships at all stages of life is also confirmed by the research

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