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The relationship between life satisfaction and health behaviours in people over 65 years of age, General Practice (GP) patients

Związek satysfakcji z życia z zachowaniami zdrowotnymi osób powyżej 65 roku życia, pacjentów Podstawowej Opieki Zdrowotnej (POZ)

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Abstract

Introduction. *Life satisfaction in late adulthood is a complex and multifaceted aspect, determined by many factors including health conditions, well-being and the fulfilment of individual needs and expectations.* ***Aim of research.*** *Analysis of the relationship between life satisfaction and declared health behaviours in people over 65 years of age, General Practice (GP) patients.* ***Material and methods****. The research was conducted from July to September 2013 among 505 people aged over 65 in randomly selected 5 general practice units (GP) in the Lublin province using the Satisfaction with Life Scale (SWLS) and the Health Behaviour Inventory.* ***Results.*** *The average level of life satisfaction in the study group was 19.09 (SD = 7.05). As much as 39% of respondents were characterized by a low level of life satisfaction. The statistical analysis of the collected material allowed to conclude that the level of life satisfaction determines health behaviours of respondents ($p < 0.001$).* ***Conclusions.*** *Seniors characterized by high and medium level of life satisfaction more often presented a higher level of healthy behaviours. (Gerontol Pol 2018; 26; 167-171)*

Key words: *life satisfaction, health behaviours, people over 65, primary health care*

Streszczenie

Wstęp. *Satysfakcja życiowa w późnej dorosłości to aspekt złożony i wielopłaszczyznowy, determinowany wieloma czynnikami m.in. kondycją zdrowotną, samopoczuciem i czy spełnieniem indywidualnych potrzeb i oczekiwań.* ***Cel pracy.*** *Analiza związku satysfakcji z życia z deklarowanymi zachowaniami zdrowotnymi osób powyżej 65 roku życia, pacjentów Podstawowej Opieki Zdrowotnej (POZ).* ***Materiał i metody.*** *Badania przeprowadzono od lipca do września 2013 r. wśród 505 osób w wieku powyżej 65 roku życia w losowo wybranych 5 jednostkach Podstawowej Opieki Zdrowotnej (POZ) na terenie województwa lubelskiego przy użyciu Skali Satysfakcji z Życia (SWLS) i Inwentarza Zachowań Zwrotnych.* ***Wyniki.*** *Średni poziom satysfakcji z życia w badanej grupie wynosił 19,09 (SD = 7,05). Wśród badanych, aż 39% miało niski poziom satysfakcji z życia. Przeprowadzona analiza statystyczna zebranego materiału pozwala stwierdzić, że poziom satysfakcji z życia determinuje zachowania zdrowotne badanych ($p < 0,001$).* ***Wnioski.*** *Seniorzy z wysokim i średnim poziomem satysfakcji z życia częściej prezentują wyższy poziom zachowań sprzyjających zdrowiu. (Gerontol Pol 2018; 26; 167-171)*

Słowa kluczowe: *satysfakcja z życia, zachowania zdrowotne, osoby powyżej 65 roku życia, podstawowa opieka zdrowotna*

Introduction

Determinants of life satisfaction in late adulthood constitute a complex and multifaceted aspect, determined by many factors (subjective and objective), as well as it is highly individualised, similarly to the aging process itself [1,2].

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Research by Orzechowska et al. distinguished a list of determinants conducive to life satisfaction connected with a healthy aging such as: maintaining the independence, financial security, housing situation, the opportunity to learn, maintaining social bonds and the possibility of staying as they are [3].

There is no clear definition of life satisfaction. Juczyński states "the assessment of life satisfaction is the result of comparing one's own situation with the set standards. If the result of the comparison is satisfactory, it results in a feeling of satisfaction" [4].

Studies by Jaracz et al. [5] regard life satisfaction as a quality of life criterion and consider it as a conscious judgment, the result of an evaluation and valuation of spheres of life and life as a whole. Similarly, Bauman [6] considers the individual's sense of satisfaction in the context of the normative concept of the quality of life associated with one's systems of values, aspirations and expectations adopted by the individual. He indicates that the concept of the quality of life is dynamic, changing in time and space, inextricably linked to the satisfaction resulting from the awareness of satisfying emotional and social needs, self-realization needs, etc. In the holistic quality of life model proposed by Peace [7], life satisfaction, understood as psychological well-being, a positive self-image, becomes one of the quality of life areas next to: personal autonomy, social integration, physical and mental well-being, socio-economic situation, environmental quality, social indicators, intended activity or social integration.

The aim of the study

Analysis of the relationship between life satisfaction and declared health behaviours of people over 65 years of age, General Practice (GP) patients.

Material and methods

Study design

The research was conducted between July and September 2013, among 505 people over 65 years of age, who were patients of 5 general practice units (GP) located in the Lublin province: three of them located in the city of Lublin (NZOZ "ANI-MED", NZOZ "UNI-MED" and a specialist and occupational disease clinic located in the Institute of Rural Medicine), and two outside Lublin area (NZOZ GPin Turobin and NZOZ Goraj GP in Goraj). Patients were randomly recruited to the study from people over 65 years of age, who visited the practice. The inclusion criteria comprised the age of 65 and over, psychophysical condition enabling the research to be carried out and the consent of seniors to participate in the study. A diagnostic survey constituted the research method.

Study population

The study group was constituted of 505 respondents, over 65 years of age, patients of the Primary Health Care, living in the Lublin province. The majority of the group were women (62.38%) and people aged 65 and 75 (48.12%) and those living in the city (65.94%). Detailed results of participants' socio-demographic features are presented in table I.

Table I. Respondents' socio-demographic characteristics

Variable	Category	Number of people (N = 505) N(%)
Sex	Women	315 (62.38)
	Men	190 (37.62)
Age	65-75	243 (48.12)
	76-85	166 (32.87)
	> 85	96 (32.87)
Place of residence	City	333 (65.94)
	Country	172 (34.06)
Education	No education	69 (13.66)
	Primary	96 (19.01)
	Vocational	85 (16.83)
	Secondary	136 (26.93)
	Higher	119 (23.56)
Marital status	In a relationship	250 (49.50)
	Alone	255 (50.50)

Ethics approval

The research procedure was approved by the Bioethical Commission of the Medical University of Lublin no. KE-0254/242/2012 and in accordance with the Declaration of Helsinki.

Questionnaires

The Satisfaction with Life Scale (SWLS) by Ed. Diener & Lab., Robert A. Emmons, Randy J. Larsen and Sharon Griffin was used (Polish adaptation: Z. Juczyński). The questionnaire contained 5 statements to which the participants responded on a 7-point scale: 1 – I totally disagree, 2 – I disagree, 3 - I rather disagree, 4 – I neither agree nor disagree, 5 – I rather agree, 6 – I agree, 7 – I totally agree. The psychometric properties of SWLS are satisfactory. The original questionnaire had a high

content validity (Cronbach's alpha 0.87). while the correlation between the results of the two studies, carried out at the interval of two months, was slightly lower [4].

In order to assess health behaviours, Z. Juczyński-'s Inventory of Health Behaviour (HBI) was used. The tool consisted of 24 statements defining various types of health-related behaviours and the 25th statement named "others", where a respondent could enter their own statement, which was not among the above-mentioned. Respondents were to assign an appropriate number (between 1-5) depending on how the statement related to their lives: 1 – almost never, 2 – rarely, 3 – from time to time, 4 – often, 5 – almost always. Given the frequency of behaviours indicated by the tested individual, the intensity of healthy behaviours was determined and the severity of the four categories of health behaviours, i.e. the correct eating habits, preventive and health practices, and a positive mental attitude. The findings were calculated to obtain a general indicator of the severity of health behaviours. Acquired values were within the range of 24-120 points; the higher the score, the greater the level of declared health behaviours. Then the obtained results were converted on the sten scale proposed by the authors of the tool. The reliability of HBI (Cronbach's alpha) was 0.85 for the entire Inventory, and for its four subscales it ranged 0.60-0.65 [4]. The questionnaire also included a metric in which the socio-demographic characteristics of the respondents were assessed: gender, age, place of residence, education and marital status.

Statistical analysis

The obtained results were subjected to the statistical analysis. The values of the measurable parameters were presented using mean value, median and standard deviation, and for the non-measurable – by the number and the percentage. The non-parametric Kruskal-Wallis test together with the post-hoc NIR test were used to investigate differences in measurable parameters. A significance level of $p < 0.05$ was set indicating the existence of statistically significant differences or dependencies. The database and statistical analyses were based on the Statistica 9.1 computer software (StatSoft, Poland).

Results

Health behaviours (HBI) in researched group.

The results of the study indicated that in the assessment of health behaviours for the examined group, the average HBI amounted to 76.49 points. (SD = 15.94). Based on a standardized unit, among 505 respondents - 43.17% (n = 218) obtained the result between 1-4 sten, constituting a low value; 36.43% (n = 184) obtained results 5-6 sten, being an average value, whereas only 20.40% (n = 103) of respondents achieved a high-level value of health behaviour, within the limits of 7-10 sten. When analysing particular categories of health behaviours, the most rated included: prophylactic behaviours (mean (M) = 20.44, SD = 5.23), i.e. such behaviours as: compliance with health recommendations and obtaining information on health and disease. In the second place were health practices (M = 19.06, SD = 4.09), i.e. everyday behaviours associated with the appropriate amount of sleep, physical exercise or spending free time. The third category of health behaviours in terms of order was a positive mental attitude (M = 18.66, SD = 4.84), including such behaviours as: avoiding too strong emotions, stress and tensions or distressing situations. The lowest--rated category of health behaviours was normal eating habits (M = 18.33, SD = 5.33), i.e. the type of food consumed, namely: the frequency of consuming wholemeal bread, fruits and vegetables, salt, avoiding food with preservatives, etc.

Satisfaction with life (SLS) in the study group.

The average level of life satisfaction in the study group was 19.09 (SD = 7.05). Among the respondents, as much as 39.0% (n = 197) had a low level of life satisfaction (1-4 sten), 33.87% (n = 171) seniors presented an average level of life satisfaction (5-6 sten), and 27.13% (n = 137) – high level (7-10 sten).

Correlation between life satisfaction and health behaviours of people over 65 years of age.

The statistical analysis of the collected material shows that the level of satisfaction with life determines the overall level of health behaviours and four categories of health behaviours (table II). The respondents who were characterized by a high level of life satisfaction had significantly higher scores in the overall assessment of health behaviours and in the following categories: correct eating habits, preventive behaviours and a positive psychological attitude.

It was only in the category of health behaviours, in particular health practices, that people who had an average level of life satisfaction received higher scores in comparison with respondents whose life satisfaction was low and average (figure 1).

Table II. Relationship between life satisfaction (SLS) and health behaviour (HBI) of people over 65 years of age

SLS / HBI	Low level (I) M ± SD	Average level (II) M ± SD	High level (III) M ± SD	Statistical analysis
Level of health behaviours (HBI)	65.13 ± 15.17	82.23 ± 11.29	85.66 ± 11.71	H = 171.899 p < 0.001* (ID: I–II, I–III, II–III)
Correct eating habits	14.99 ± 4.75	20.38 ± 4.39	20.58 ± 4.72	H = 126.344 p < 0.001* (ID: I–II, I–III, II–III)
Prophylactic measures	18.00 ± 5.67	20.80 ± 4.22	23.49 ± 3.81	H = 83.994 p < 0.001* (ID: I–II, I–III, II–III)
Positive mental attitude	15.09 ± 4.28	20.09 ± 3.56	22.00 ± 3.48	H = 186.823 p < 0.001* (ID: I–II, I–III, II–III)
Health practices	17.05 ± 4.27	20.96 ± 3.29	19.59 ± 3.41	H = 85.832 p < 0.001* (ID: I–II, I–III, II–III)

M – mean; SD – standard deviation; H – Kruskal-Wallis test score, p – level of statistical significance, ID – intergroup differences.

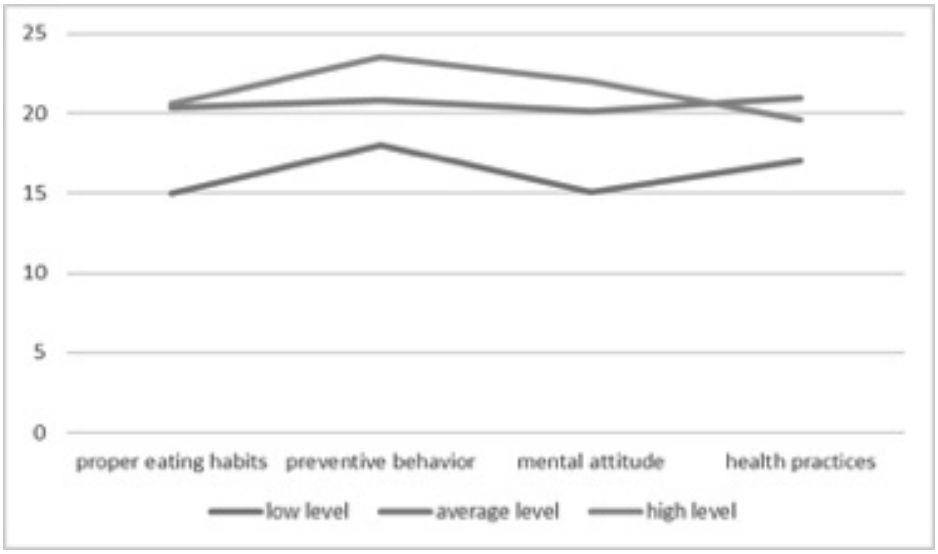

Figure 1. Relationship between life satisfaction (SLS) and health behaviour (HBI) people over 65 years of age

Discussion

The presented research aims to find the answer to the question of what role the overall life satisfaction plays in health behaviour of people over 65. The question of life satisfaction in people over 65 and its impact on health-related behaviours seems especially highly justified as the society is ageing. It is also an important gerontology goal to combine the constantly increasing life expectancy with the satisfaction with the present life, which can only be achieved by learning and strengthening pre-existing health behaviours that positively affect one's health state. However, maintaining good health facilitates ageing that is free of diseases and helps preserve high physical fitness for many years [1].

The health condition, well-being and self-esteem of one's health are undoubtedly important determinants of life satisfaction [2]. In our research, merely over 27% of respondents had a high level of life satisfaction and almost 34% an average one. Slightly better results were obtained in the assessment of life satisfaction among students of the University of the Third Age (UTA) in research by Zalewska-Puchała et al. [2]. As many as 109 respondents (24.8%) were characterized by a low sense of satisfaction, 42.2% - an average one, and 33% - high. Higher results obtained by UTA students could result from the fact it was a very active group, while our research was conducted among patients in primary health care, and the participants did not take active part in various forms of activities dedicated to seniors.

Physical and mental fitness, as well as social and family contacts, are important resources for the elderly in the late years of life. Knowledge about prophylaxis and shaping proactive attitudes is also becoming important. This is confirmed by the studies of Wróblewska et al. [8], where the respondents, most often mentioned so-

cial rejection and loneliness among the causes related to health disorders, while economic considerations and illnesses were only referred to in later positions. Additionally, they recognized social acceptance and good family relationships as factors that ensure their mental health and balance; financial stability and physical health were referred to in later positions. These results show that the course of aging is largely conditioned by the social situation and the circumstances in which a person found themselves at the beginning of their old age. All the above mentioned determine life satisfaction, thus indirectly affect health behaviour. According to our research, satisfaction with life had a significant relationship with the assessment of health behaviours in the general dimension as well as in the four categories of health behaviours. People who possessed higher satisfaction with life were also characterized by a higher indicator of health behaviours. Connections between life satisfaction and some behavioural health determinants (mainly nutritional) were also confirmed by Chilean research [9,10]. Furthermore, studies conducted among teachers from Wielkopolska showed that a higher level of life satisfaction was associated with lower BMI values and a more favourable diet [11]. Research on the analysis of life satisfaction with health behaviours in older groups is not frequent, hence the comparison of own research results to other groups has been problematic.

Conclusions

The presented findings allow to conclude that seniors with high and medium level of life satisfaction more often present a higher level of healthy behaviours. The sense of life satisfaction is one of the basic human health resources that is closely related to seniors' good health behaviours.

Conflict of interest
None

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