

LIFE SITUATION OF POLISH SENIORS – THEIR SUBJECTIVE ASSESSMENT

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Abstract

Research background: Seniors wield influence across a spectrum of social spheres. Understanding their attitudes, needs, challenges, and expectations emerges as imperative for shaping effective social policies and social inclusion. Their significant heterogeneity necessitates the repetition and deepening of analyses for an objective picture possible.

Purpose: The main aim of our studies was to broaden the knowledge about seniors, their life situation, life satisfaction, quality of life and everyday problems and challenges.

Research methodology: Two rounds of pilot studies were conducted. The first taking place in the Q1 2020, and the second in the Q1 2024. The same interview questionnaire for both rounds was used. Sampling for each study was conducted using the snowball method.

Results: The image of seniors depicted in our research aligns with that of seniors across the EU. While there have not been many changes observed over time, we observed their increased willingness to engage in social interactions post – COVID-19 pandemic.

Novelty: The study's significance stems from its direct engagement with seniors, enabling candid discussions wherein they shared insights into numerous facets of their lives. We discovered seniors' aversion to self-identifying as 'seniors' and their reluctance towards utilizing services explicitly aimed at their demographic age group. The study underscored the imperative of addressing seniors' needs holistically, as exemplified by Stanimir's House of Seniors' Needs framework.

Keywords: seniors quality of life, pilot survey, empirical approach, elderly people, ageing societies

JEL classification: C8, D6, I3, R2

Introduction

The issue of ageing populations is affecting all countries of the European Union. As seniors constitute an increasing social group, not only their needs become noticeable, but also the difficulties they face. Changes in the structures of societies affect all aspects of social life. They have an impact on health care systems for instance. Besides, there is a necessity to adjust products and market services as well as to consider the impact of this growing social group on the results of local government and parliamentary elections. Therefore, a broad analysis of various aspects of seniors' lives is necessary.

The main aim of our study was to broaden the knowledge about seniors. Given the pilot nature of our research, the aim can be realized by offering an initial description of the life circumstances of seniors, serving as a foundation for future studies. We believe that supplementing or even replicating previous research can facilitate a deeper analysis of this social group. Two pilot studies were conducted: the first in January–March 2020 and the second in January–March 2024. Thanks to such research, we received ever more extensive information, which enabled us to observe, understand and control the progressing social changes. Based on the acquired reliable knowledge, decisions can be made to support seniors.

The conducted study is part of the need to learn more about the preferences, needs, limitations and challenges faced by seniors. An undoubted advantage of the study is direct contact with the majority of our respondents. We could see what questions seniors had problems with and what were the comments on the individual parts of the survey.

We can confidently admit that the time devoted to talking to seniors was rich in information and gave us enthusiasm for further work.

Our paper includes the following parts: literature review, presentation of data and methods used and research conclusions.

1. Research Background and Literature Review

The demographic structure of societies has an impact on the conditions of the labour market, as well as determines the demand for social services (e.g. health protection, social assistance, education, etc.), and shapes the structure of consumer demand for goods and services. The issue of the impact of ageing societies on the socio-economic area of countries was raised in many publications (e.g. Golimowska, 2008; Mahmood, Dhakal, 2023; Maier, 2015; Nagarajan et al., 2021; Nyce, Schieber, 2011; Polakowski, 2012; Salam, 2023; Shaik et al., 2024). In these publications, the authors indicate the necessity of launching programs

allowing access to specialized social and health services conducive to healthy ageing. The need to take action to make the lives of seniors socially and economically useful has been recognized. The ageing of European societies is a phenomenon that has been observed for many years (López-López, Sánchez, 2020; Steams, 2024; Timonen, 2008; Zaidi, 2008). This is undoubtedly related to an improved standard of living and progress in medicine (Polakowski, 2012). The forecast for 2014–2050 indicates that the ageing process of the population will continue (Główny Urząd Statystyczny [Statistics Poland], 2021; WHO, 2022). The high growth rate of the elderly population affects not only highly developed countries. As research shows (Nagarajan et al., 2021; Phillips, Gyasi, 2021) demographic ageing has generally stabilized in the populations of many higher-income countries; by contrast, it is gathering pace in many low- and middle-income countries. In these areas in particular, ageing presents profound challenges for families, social welfare and support services, health systems, and the well-being of older people (Phillips, Feng, 2018). Protecting older people from adverse social and environmental conditions, optimizing opportunities for health, and enhancing the quality of life during older age have long been key tenets of social policies (Beard et al., 2016; Fang et al., 2023; Grinin et al., 2023). Governments should develop policies to foster a society with a high level of social inclusion, social capital, and social diversity, to achieve further advancement in social cohesion (Chauhan et al., 2022). The results of the research on the life situation of seniors are, therefore, a source of necessary information being the basis for defining and implementing the goals of social policies. They also allow comparisons to be made with other countries, allowing for remedial measures to be taken within social cohesion activities. Hence, in so many ways, these studies are undertaken by various institutions, organizations (e.g. Główny Urząd Statystyczny [Statistics Poland]; Eurostat; HelpAge International) and scientists (Baranowska, 2017; Błędowski et al., 2012; Dąbek et al., 2024; Kaczmarczyk, Zrałek, 2013; Przybysz, Stanimir, 2023a; Przybysz, Stanimir, 2023b; Ribeiro-Gonçalves et al., 2023; Śmiłowska, Włodarczyk, 2010).

It is worth noting that there are structural changes in the generation of old people. On the one hand, people in the so-called early old age (according to the World Health Organization, age 65–74 years old means early old age, young old, 3rd age; 74–89 years old – mature old age, old, 4th age, 90 years and more – longevity oldest old, lifelong), compared to people from previous generations, are distinguished by better education and are more often professionally and socially active. Due to the advancement in medicine, we are much more likely to deal with healthy seniors who do not require the care of third parties, are physically active and financially independent (Ayoubi-Mahani et al., 2023; Engelen et al., 2022; Kumar et al., 2023). Noteworthy

is the growing awareness of seniors, thanks to which an increasing number of them care about their health and intellectual condition. This, in turn, enables their independence and optimal quality of life (Dragan, 2011; Manchana, 2023). On the other hand, there is a growing share of people in late old age who suffer from infirmity so they require assistance. They suffer from loneliness caused by social alienation and they are in an increased need for medical care. Therefore, actions taken for seniors should be multifaceted and should allow for the diversity of the population of old people. It is connected with the necessity of a thorough analysis and diagnosis of the conditions in which seniors function (Levy et al., 2022; Śmiłowska, Włodarczyk, 2010).

This paper is part of current research and concerns the analysis of the living conditions of seniors in Poland. The analysis is based on a questionnaire – pilot studies conducted on a sample of 57 seniors (60+) from large, medium and small towns in South-West Poland (in the first part 2020) and 55 seniors in the first part of 2024. The respondents were selected by the snowball method. Due to restrictions related to the COVID-19 pandemic, we were unable to extend our research to a larger sample of respondents. Although the pandemic officially ended on May 16, 2022, the epidemic threat period persisted until it was lifted by the Minister of Health in July 2023. Consequently, we decided to repeat the pilot studies in the first quarter of 2024, allowing us to assess whether there were significant changes in seniors' responses post-pandemic. This process enabled us to determine whether any changes were needed in the questionnaire, either in the wording of the questions or their order. It was essential to our future plans for conducting a study on a representative sample of seniors.

2. Description of the study

The term *life situation* is a complex concept that is difficult to define unequivocally (Bowling, Zahava, 2007; Drabowicz, Petelewicz, 2016). The reason may be its interdisciplinary nature. It touches upon aspects of economics, sociology, and demography, and it also directly relates to politics (Murawska, 2013; Power, 2020). Research relating to the standard of living usually uses objective information, based on income, ownership status, and expenditure on various groups of goods and services (Diamond, Moretti, 2021; Gulbakhor, 2023; Kaczmarczyk, Zralek, 2013; Power, 2020). On the other hand, living conditions can be considered a category narrower than the quality of life, the study of which also takes into account subjective factors influencing the life of the studied individual, e.g. a sense of happiness, meaning of life, etc. (Eastman et al., 2020; Panek, 2015).

Life situation in relation to a particular social group such as seniors is described using the same variables as for the general public. It is worth noting, however, that in a later age, some of them become more important (Wilmhelson et al., 2005). The international framework of social policy lists health, social commitment and safety as three pillars, the proper functioning of which is able to ensure the dignified ageing of societies (Everingham et al., 2010; Indrawati et al., 2023).

In their work van Leeuwen et al. (2019, p. 2), they made a meta-analysis of publications on the quality of life of seniors. According to them: “While numerous definitions and theories of quality of life have been proposed, a systematic overview of the opinion of older adults themselves is missing. Knowing what older adults themselves find important in life, is necessary to align the goals of care services to their expectations. Also, knowing what quality of life is from the perspective of older adults themselves is necessary for assessing the content validity of existing quality of life measures. Qualitative studies can help researchers and decision makers to understand what quality of life means to older adult.” Based on the analysis of the results of many studies (the studies together included more than 3,400 older adults, who were living in 11 different countries), the authors identified nine categories of quality of life: autonomy, role and activity, health perception, relationships, attitude and adaptation, emotional comfort, spirituality, home and neighbourhood, and financial security. Each of the presented domains is additionally divided into many subdomains, which depend on the detail of the research being conducted. This approach to the quality of life leads to diverse and multi-aspect research in this area. Each of these aspects can be assessed separately, but only a holistic approach allows an objective picture of the life situation of seniors.

The research proposed in this paper is based on such a comprehensive approach to the issue of the life situation. The analysis of the statements of Polish seniors made it possible to relate their life situation to the situation of seniors in other countries.

The main aim of our study was to broaden the knowledge about seniors. Supplementing or even duplicating the research to date may help in an in-depth analysis of the life situation of this social group.

In our research hypothesis, we assumed that the situation of Polish seniors is similar to that of their peers from EU countries. To verify the hypothesis, we conducted two pilot studies in two time periods. The first one was conducted in January–March 2020 and then repeated in January–March 2024, based on the same interview questionnaire.

Thanks to the conducted study, it was possible to describe the similarities but also to detect the differences. The questionnaire was constructed in such a way that it was possible to collect

information on as many areas of seniors' lives as possible. Hence, questions on the Lickert scale were most often constructed. The construction of the questionnaire was accompanied by the following research questions:

1. What factors influence the activity of seniors (activity understood broadly i.e. social, relational, tourist, physical, cultural, hobby etc.) – learning about these factors will open the possibility of introducing adjustments into social policy resulting in a change of passive attitudes into active ones?
2. Do seniors take advantage of offers prepared especially for this social group? If not, what factors determine non-use – knowing the reasons for both using and not using offers for seniors can support the creation of new, specific and purposeful (and therefore more effective) projects?
3. Do seniors understand the need for healthy eating and do they consciously plan their diet? If not, what factors determine this attitude? – healthy eating is an integral part of staying healthy. For older people, staying healthy is a major factor in increasing their standard of living.
4. What is the opinion of seniors about basic and specialized medical care? – if we know the problems, we can counteract them. If these problems are pinpointed will our actions be more precise?
5. How do the older part of society understand the concept of a senior and do they identify with it? – our interests have a psychological background. We want to know how the elderly think about themselves. Is it positive or negative? It is known that a positive attitude towards one's age and the limitations associated with it, is reflected in positive assessments of life satisfaction.

Therefore, we asked them about their activity, the use of services addressed to their particular age group, active search for information, participation in cultural and sports events, but also their reasons for not participating. The questions also concerned the assessment of life areas related to health care and amenities for seniors. Another area was questions about ways of spending free time and using tourist offers.

3. Results

The structure of the respondents is presented in Table 1. The number of men participating in the survey reflects the changes in the demographic structure with the ageing of the population. So, our respondents were dominantly women (in both years). Mostly people under the age

of 74 participated in the study, although we were also able to obtain information from people over 80. Half of the respondents were married in 2020 and nearly 60% in 2024, and over 30% were widowers or widows in both years. Almost 20% of the surveyed groups of seniors, in both years, were single people and people who did not live with their families. Less than 20% of the respondents had lower than secondary education.

Table 1. Respondents' profiles

Demographic characteristics	2020		2024	
	frequency	percent of total	frequency	percent of total
Gender				
Female	43	75	45	82
Male	14	25	10	18
Age (years)				
65–69	25	44	28	51
70–74	15	26	15	27
75 and above	17	30	12	22
Marital status				
Single	28	51	32	58
Not single	29	49	23	42
Level of education				
Higher education	24	42	30	54
Other	33	58	25	46
Place of residence				
Small town	26	46	20	36
Medium town	20	35	25	46
Big city	11	19	10	18

Source: own elaboration.

3.1. Incomes

For most respondents, the source of income was retirement pension or disability pension, which for half of the respondents amounted to between PLN 1,500 and PLN 2,500. In 2020 the monthly amount of the average pension paid by the ZUS (Zakład Ubezpieczeń Społecznych – Social Insurance Institution) was PLN 2,279.02 (Monitor Polski [M.P.], 2020, pos. 197).

For comparison, the mean equivalised net income of people aged 65+ in the European Union in the pilot period was 18,843 PPS (purchasing power standard), while in Poland it was 12,889 (interestingly, this disproportion decreases when the group of people over 75 is taken into account). There are income inequalities among seniors in Poland, but compared to other EU countries, they are at a medium level – 3.42, when the average of all EU countries was 4.

In 2024, respondents also often indicated the pension range as PLN 1,500–2,500. However, more people than in 2020 indicated a higher range, i.e. PLN 2,501–3,000. In 2024 the monthly amount of the average pension paid by the ZUS (Zakład Ubezpieczeń Społecznych [Social Insurance Institution]) was PLN 3271,84 (M.P., 2024, pos. 234).

Although this could indicate an improvement in their financial situation, seniors indicated a significant deterioration of their financial situation caused by the increase in prices in their free entries in the questionnaires. The economic situation of Poland in 2022–2023 significantly deteriorated, as in many other countries around the world. Inflation was 3.4% in 2020, 5.1% in 2021, 14.1% in 2022, and 11.4% in 2023 (compared to the previous year's rates) (GUS, n.d.).

3.2. Free time

Social inclusion, also of seniors, is one of the top priorities of European social policy (Davies et al., 2021). It can be implemented in various areas of life, from the way of spending free time, through participation in activities in the local community or access to information or non-discrimination (Burholt et al., 2020). For this reason, our study included questions about ways of spending free time.

Free time is an attribute associated with the later period in life. In many studies, seniors emphasize that the freedom to decide how to spend their free time is very important for them (Kim et al., 2020; Levasseur et al., 2009; Wiebe et al., 2020).

Almost 70% of seniors from our pilot project 2020 quite rarely, because once a half a year or once a month, participate in home get togethers with friends. A similar frequency concerned meeting friends in a park or cafe, although in this case about 16% declared such events happening once every two weeks. This is a different result than the one obtained in our previous research (Grześkowiak et al., 2021), based on data from Eurostat (2021, ilc_scp09), where Poles seniors meeting friends several times a month accounted for 25.8% of the total number of respondents (the EU median was 21.3).

A large percentage of seniors (about 60%) go to concerts or to the cinema or theater more often than once every six months. This is confirmed by a large number of people declaring participation in cultural events in the first part of the questionnaire. In their spare time, participants of the study relatively often go on short trips or go for walks (55%). Only less than 30% of seniors in our study practice some kind of sport once a week or more, with individual sports being more popular than organized activities.

The pandemic period did not significantly alter the perception of Polish seniors as participants in their social life. Nevertheless, it is notable that there has been an increase in the

proportion of individuals meeting friends (22% meet at least once a month). This upturn may stem from the acquired ability to navigate the threat of COVID-19 infection through measures such as wearing masks, the availability of hand hygiene products, and vaccinations. Respondents tend to meet their families outdoors and in café gardens much more frequently than they do with friends. An important and recurring sentiment among older seniors when selecting social interactions was: “Covid has taught us that we cannot afford to miss out on gatherings with friends.”

However, trips to the cinema and concerts were limited (see Figure 1). Only 45% of respondents participated in such activities at least once a month. The number of people engaging in sports at least once a month remained unchanged at 30%. Additionally, in 2024, physical activity is further supported by more frequent walks and short trips. Sixty-five percent of respondents engaged in this type of activity at least once a month.

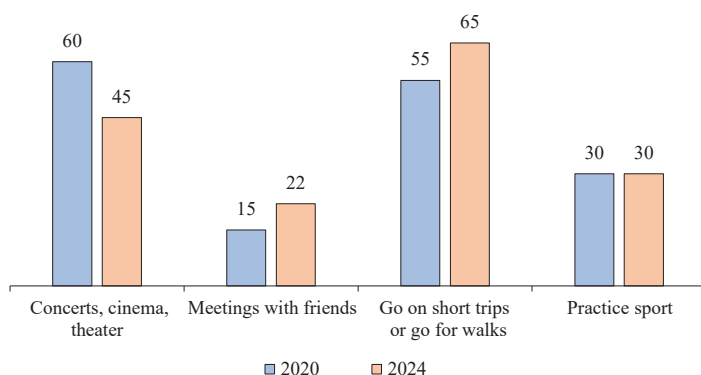


Figure 1. How seniors spend their free time (activity shown at least once a month) (%)

Source: own elaboration.

Hence, services for the older generation could present an offer to motivate seniors to pursue their interests and become more active and leave home (Dąbek et al., 2024). As services dedicated to seniors, we have indicated, among others, learning foreign languages, health, art, hobby, legal and economic or new technology workshops, University of the Third Age and senior citizen clubs. The surveyed group of seniors are people who are active at many levels, especially in terms of culture, tourism and recreation. Compared to 2020, interest in tourism increased even further in 2024, rising from 20% to 36%, respectively. Almost 53% of respondents use publicly available cultural events both in 2020 and 2024. It is worth noting that only a few – less than one third – participate in cultural events dedicated to

seniors. In 2024, approximately 35% more people will take advantage of cultural offers for seniors. This trend may be attributed to the typically lower prices offered to seniors. A similar situation is observed in the case of questions about tourism and recreational offers. Here, too, the majority of respondents choose from generally available offers, and not from those aimed solely at seniors. In 2024, seniors' preferences in this area were similar to those in 2020.

This high activity of the respondents in the areas described above is not reflected in the use of services offered to seniors. Nearly half of those asked about learning foreign languages replied that they did not take advantage of such an offer, and over one fifth declared that they were not interested in (in 2024, 24% of seniors were interested in learning foreign languages). The same was true for the question about health-related workshops. In 2020 almost half of the respondents did not use this form of services, while nearly 20% reported a lack of knowledge about whether they were available in their place of residence. In 2024, seniors' interest in such workshops increased to 36%. The most frequently chosen services for seniors were, in our group of respondents, in order of the most frequently chosen ones: cultural, physical activities and tourism (almost 30%, 24.6% and 21% of respondents respectively). The greatest lack of interest concerned the artistic, economic, legal and hobby workshops. Neither the University of the Third Age or Senior Clubs were popular among the respondents. In 2024, sports, cultural, and tourism activities were the most frequently cited activities dedicated to seniors and utilized by respondents. Similarly, classes at the University of the Third Age remain popular. However, senior clubs were less often chosen.

We have detailed the study on leisure time into tourist trips for seniors. Three quarters of the respondents visit their family or children living in another city, and one third go to see their family abroad. Then we asked about domestic and foreign holidays and trips: half of seniors go on domestic holidays, one third on holidays abroad, and almost 75% on short domestic trips. Due to the location of the studied regions near the Polish border, participation in short trips abroad also seemed interesting. However, only one third of the respondents take part in this form of recreation. Another type of travel is related to health tourism. Half of the respondents have their health resort stay funded by the National Health Fund, while about one-fifth of respondents finance their stay themselves. In 2024, compared to 2020, the mobility of seniors increased slightly in each of the considered variants. However, it is noteworthy that seniors often prefer domestic trips over foreign ones, including both short trips and extended stays. Only in the case of trips to a sanatorium, where seniors bear the expenses themselves, was a decline in interest observed compared to 2020. Ten percent of respondents chose this form

of tourism, possibly influenced by the previously mentioned high level of inflation observed in Poland for the past several years.

When deciding on tourist trips, half of the respondents organize everything on their own and in 2024 it was even 60%. Only 25% of the respondents outsourced an organization to travel agencies in 2020. However, in 2024, there were even fewer people using the services of travel agencies – 20%. In both 2020 and 2024, domestic and foreign trips typically lasted at most two weeks and are undertaken most often once a year. Seniors tend to choose new locations for domestic and foreign holidays each time. In this regard, the requirements and needs of seniors do not differ before and after the pandemic.

3.3. Local activity

Another aspect of the social life of seniors that we asked about, concerned activities for the local community. Social activity is, as described above, one of the features that guarantees no exclusion and thus successful ageing. As activities for the local community, we indicated: charity and social organizations, church associations, projects (e.g. civic budget), organization of cultural, educational and sports events, volunteering. In terms of involvement in the life of the local community, seniors in 2020 and 2024 were similar. Among the most common activities for the local community, our respondents mentioned: activities for the protection of the environment, cleaning up their local area and meetings of their housing estate and city councils. According to Erikson's concept of generativity, it could be assumed that these activities are undertaken with future generations in mind (Erikson, 1950). However, the vast majority of respondents were not interested in any of these activities. This was, on average, 25% of seniors in 2020 and 22% in 2024. Perhaps this poor participation of seniors results from the shortcomings in access to information, indicated by on average 10% of the respondents in 2020 and 8% in 2024. They claim they have very little knowledge about the services dedicated to them. It is worth emphasizing that access to information is an element of the social inclusion priority policy. It has an important impact on the functioning of this social group (see, for example, MIPAA – The Madrid International Plan of Action on Ageing). The reason may also be historical, as Poles who are now seniors, spent their youth in an oppressive country. This situation may not have fostered active involvement in social life, resulting in a lack of developed habits for participating in social activities.

3.4. Health and health service

Numerous studies (Fernández-Jiménez et al., 2022; Timoszyk-Tomczak, Bugajska, 2013) show that health is of paramount importance for the elderly. Good health ensures independence from others, the ability to decide about oneself, mobility, activity and, of course, influences the perception of the quality of life.

In our study, we also referred to health-related aspects. We asked respondents how they assess their health and access to health care. Research for the European population by country has shown that Poles have a rather negative assessment of their health. Less than 20% of the respondents declared satisfaction in this matter, while the average for all countries was 37% (Grześkowiak et al., 2021). The results of the conducted pilot study are consistent. The respondents assessed their health condition rather poorly – over 63% from among the respondents assessed it as three or four on a seven-point scale. It could be expected that after the COVID-19 pandemic, seniors would rate their health even worse, but the number of people who rate their health as good increased from 28% in 2020 to 33% in 2024. This may be due to the fact that, in light of the large number of illnesses and deaths caused by the SARS-CoV-2 virus, the personal situation of being unaffected seems good. Life expectancy seems to be in opposition to poor health assessment. In this case, the assessment of Polish seniors does not differ from the European average. With regard to primary health care, the opinions of seniors are similar. Most of them emphasize not only problems with registration to doctors, but also long waiting times for an appointment. Unfortunately, in 2024, these problems are even more emphasized by respondents. A similar situation is observed in the case of specialist doctors and therapists. In 2020 few reported problems with communicating with a doctor or medical staff. Seniors agree that the elderly require special medical care, but also believe that the level of its provision is insufficient. Unfortunately, this conclusion is also repeated in 2024.

The health of seniors is also related to their diet. For this reason, we included questions about these aspects in the survey. Most of our respondents are familiar with the concept of the food pyramid, and over 50% of them in 2020 and 55% in 2024 carefully read the labels of the products they buy. Our results are consistent with the research of Głowacka et al. (2024). It is worth emphasizing, however, that for 22% of respondents in 2020 and 2024, the ingredients of the products are not important. In turn, 22% of respondents indicate that the criterion more important than the ingredients is the price. In 2024, one should once again anticipate the impact of inflation on the household expenditures of retirees, as indicated by as many as 31% of respondents, who highlighted that the composition of purchased products is not as significant

as their price. This is also confirmed by the structure of answers to the question about the purchase of organic products. Their price is too high for more than 50% of the respondents in 2020 and for 58% in 2024, in both study years more than 25% of seniors declare that they do not pay attention to whether a given product is ecological. Seniors, when asked about the composition of meals in their households, declared a variety of consumer products, with dairy products, vegetables and fruits mentioned more often than meat, bread or pasta.

3.5. Life satisfaction

Erikson's (1950) theory of psychosocial development introduces the concept of ego integrity. According to the psychologist, people who are satisfied with their lives cope better with the problems of old age. Life satisfaction is a general assessment of a person's life satisfaction compared to personal standards. It promotes activity and better coping with difficult situations (Gregorczyk-Prosicka, 2021). In this approach, we can conclude that apart from health, life satisfaction for seniors is a key aspect of successful ageing. In our survey, we asked about several components influencing the level of life satisfaction, such as family and social life, assessment of the use of life and active spending of free time. Over 80% of the respondents assessed their family life as good or very good, while the assessment of social life was not much worse - the majority gave scores from four to six. Slightly lower results were observed in 2024, which may be the result of the pandemic. Despite this, over 37% of people declared that they fully enjoy life in 2024, whereas in 2020, it was 35%. In 2020, the majority (51%) adopted a neutral attitude towards this question. In 2024, the number of people who indicated that they do not fully enjoy life increased to 18% (in 2020 – 14%). A similar situation (in both years) was observed in the question about active spending of free time. However, as indicated in the answers to the previous questions, our respondents were quite an active group.

In the responses regarding life situations, a greater differentiation of responses due to the size of the respondent's place of residence, was noticed than in the remaining questions (Figure 2). On a scale from 1 to 7, the respondents gave their answers as they assessed their: access to healthcare (5.1), health status (5.2), financial situation (5.3), financial and social independence (5.4), housing situation (5.5), offer of services for seniors in their place of residence (5.6), access to information for seniors (5.7), labour market for seniors (5.8), social life (5.9), family life (5.10).

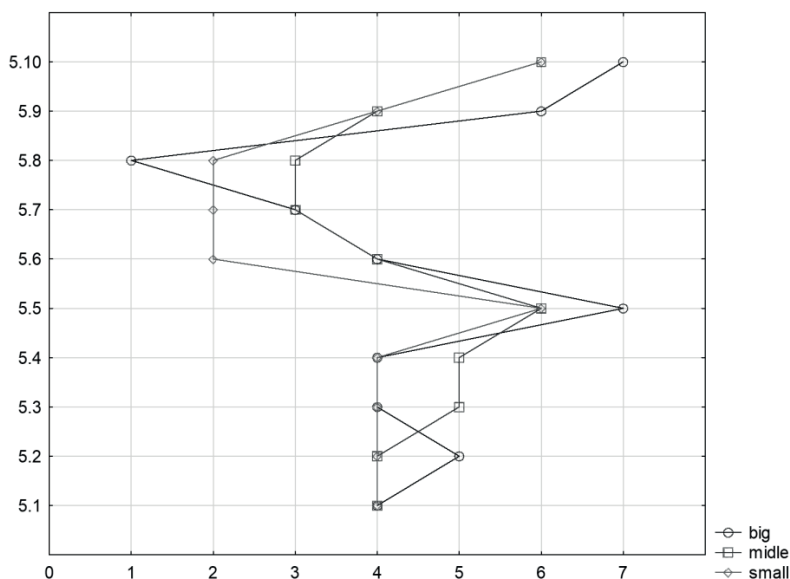


Figure 2. The semantic differential concerning questions about life satisfaction in 2020 (questions from 5.1 to 5.10)

Source: own elaboration with the use of Statistica 13.

One means a very bad score, seven a very good score. As can be seen, in many respects there are differences in the ratings given by respondents from small, medium and large cities. People from big cities are very satisfied with their family and social life as well as their housing situation, while they assess the worst, the situation on the labour market for seniors. People from medium-sized cities are the most satisfied with their housing and family life. For this group of people, there were no extremely negative assessments, but moderately bad ones in terms of accessing information for seniors and the labor market for seniors. In the group of people living in small towns, a bad assessment of the offer of services for seniors, access to information for seniors and the seniors labor market can be noticed. Seniors from small towns gave good scores to the housing situation and their social life. Other aspects were rated average. We obtained similar (almost the same) results in the 2024 study. They have not been presented in the graph to maintain good clarity of interpretation.

3.6. Discrimination

The fight against discrimination is part of the cohesion policy in the European Union. Our previous research indicates that Polish seniors from younger age cohorts experienced

gender discrimination more often (Przybysz et al., 2021). No such differences were found in the studies in 2020 and 2024, which shows that seniors rarely encounter age discrimination. It is hard to believe that they refer to doctors and medical care as discriminatory situations. There are frequent cases of justifying the occurrence of disease symptoms with age (doctors) or patronizing (medical staff).

4. Discussion

The image of a Polish senior, emerging from the results of our pilot projects 2020 and 2024, does not differ much from the results of the research conducted in relation to other countries of the European Union (Bieszk-Stolorz, Dmytrów, 2023; Grześkowiak et al., 2021). We received answers to how older people think about themselves and whether they identify with the term senior. Despite the fact that seniors assessed their financial situation as well as financial and social independence quite average (most of them gave scores between three and five on a seven-point scale in both periods of our pilot studies), they emphasize the fact that a senior is a retired person with extensive life experience and a stable economic situation. Noteworthy is the lack of identification of a senior with a professional activity. Almost all respondents associated the term senior with the end of their professional career. When asked about the assessment of the labour market for seniors, everyone unanimously gave negative answers. At this point, it is worth emphasizing the need to create social programs aimed at keeping older people active in the professional field. Compared to other European countries, the situation in Poland is one of the worst – the percentage of working people between 55 and 64 years of age in 2021 was 54.7 and 57.9 in 2023 and was only higher than in Romania, Luxembourg, Greece, Croatia, Slovenia and Italy (Eurostat, 2024; [lfsi_emp_a]). Based on our research questions, we can conclude that the majority of older people perceive the concept of *senior* rather negatively and identify it with people older than themselves. The reason may be the fact that in our studies in both years, the majority of our respondents were under the age of 70. This means that, according to the World Health Organization, they belong to the early old age group called young old. This indicates the previously signalled need to conduct research taking into account the differences in the age structure of this social group.

Our respondents declare satisfaction with their housing situation. Most of them (over 77% in 2020 and 75% in 2024) rated it five or more on a seven-point scale. Such a perception certainly has an impact on the assessment of one's independence and therefore raises the assessment of life satisfaction. The situation is different nationwide in the light of other studies,

where Polish seniors, compared to their peers from other EU countries, had one of the worst housing conditions (Grzeškowiak et al., 2021). Here, too, one should look for the reason in the rather younger age of our respondents. This, in turn, explains the relatively high activity of the respondents in terms of social meetings or cultural events. The pilots' results from both periods, indicate that lack of information may be one of the factors of non-participation in activities. In our study, the assessment of access to information for seniors was very low – 65% of respondents in 2020 and 67% in 2024, gave two to four points on a seven-point scale. Considering the above, senior policy should take advantage of the willingness to take action by seniors from younger age cohorts by expanding the offer addressed to them and disseminating information at the same time. This can significantly change the attitudes of seniors from passive to active.

Offers addressed specifically to seniors were not popular among the respondents. When asking the research questions, we emphasized that a negative attitude towards the term senior may affect the assessment of the quality of life. Meanwhile, it turned out that our respondents do not identify themselves with this concept at all. A discovery that changes the approach to constructing this type of offer, may be the fact that our respondents did not identify with the term senior. This would indicate that in order to meet the needs of older people, the services offered should be called differently, because, in this case, the word senior may be a factor that causes the offer not to be used.

The results of the conducted research clearly indicate serious problems in accessing health care both at the primary level and in the area of specialist care. Also in this respect, the policy for seniors should be subject to a deeper revision, because without sufficient access to doctors or diagnostic tools, the health of seniors will deteriorate. Consequently, implementing the assumptions of the EU strategies dedicated to seniors will be hindered.

An important aspect revealed by the conducted studies is the need to promote a healthy diet. Although a fairly large group of our respondents does not pay attention to the labels of purchased food products, many of them see this need, but in many cases, it is not implemented due to financial constraints. Perhaps the suggestions of culinary workshops tailored to the financial capabilities of seniors and regarding their nutritional needs, could affect the consumer awareness of older people. It might be helpful to promote a healthy diet as a driver of good health and, as a result, a longer healthy and independent life. Taking into account the results of the research presented by Fisher in 1995, life satisfaction appeared to represent basic needs, whereas successful ageing corresponded more closely to higher order needs such as self-understanding, helping others, and feeling like one has made a difference. Therefore, Maslow's

theory of needs shows that as long as the basic needs are not met, successful ageing will not be possible. Observation of the elderly population suggests some modification of Maslow's assumptions. The main point here is that the lifetime left to seniors to use is by definition much more limited. On the other hand, the change in the social role of a senior, gaining life experience and income stability mean that basic and psychological needs coexist and can be realized in parallel, not necessarily in a hierarchical system (Grabowski, 2011). Hence, the proposal by Stanimir (Grześkowiak et al., 2021), the so-called retirement home, which takes into account all the assumptions described above (Figures 3 and 4).

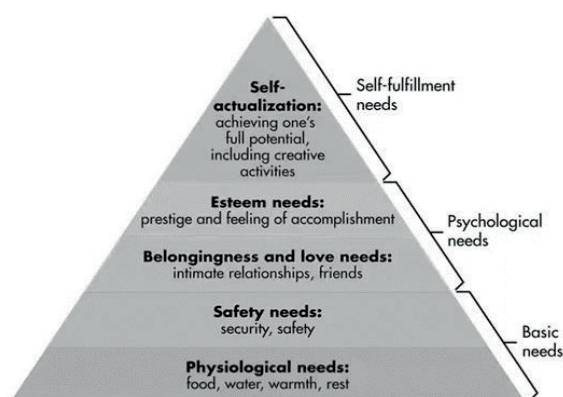


Figure 3. The pyramid of needs according to Maslow

Source: own elaboration.

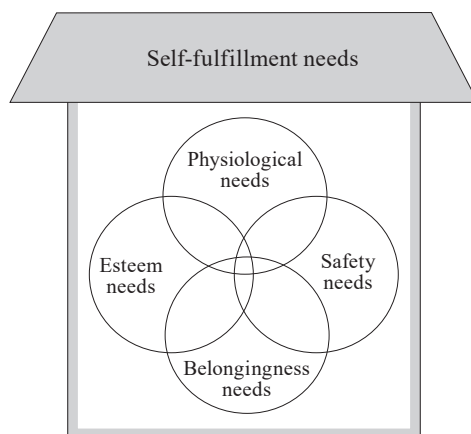


Figure 4. The house of the needs of seniors according to Stanimir

Source: Grześkowiak et al. (2021).

We would like to point out that the fulfillment of needs according to the *Retirement Needs Home* scheme was disturbed during the COVID-19 pandemic. The need to separate those in need of special care, contributed to the feeling of loneliness, lowering the level of happiness and the feeling of alienation of the elderly (Colucci et al., 2021; Kowalczyk et al., 2022).

5. Limitations and future suggestions

The conducted research, although it was completed at the pilot stage, provided a lot of interesting information. The obtained characteristics of seniors allowed us to define the premises for further research, which will include a larger number of respondents from different areas of Poland and will be the basis for comparisons against other European countries. In particular, the problem of heterogeneity of the social structure of the population aged 65+ should be addressed and the differences in the situation of women and men should be identified. Research on individual age groups distinguished from the senior population, in-depth and according to the gender category, will certainly contribute to the identification of the existing socio-economic differences. The results will enable a construction of less general senior policy instruments directed at the specific needs of specific age groups. Additionally, since we had direct contact with most of our respondents, it is worth considering the possibility of conducting in-depth interviews. In particular, it would be important to identify the reasons for non-participation in particular forms of activity. This would help to construct offers that meet the actual needs of seniors, we identified a few of them, but it would be worth specifying what is hidden behind the answer: 'I'm not interested in it'. We suppose that checking this option will help to discover more factors that determine the passivity of seniors. An important aspect, revealed as a result of our pilot project, is the difference in perception of different areas of life, depending on the place of residence. In-depth analysis in terms of regions and due to the size of the respondent's place of residence seems to be a necessity. Extending research to other EU countries would be a natural step. There are, however, time and financial constraints (we are currently trying to get financial support).

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