

Well-Being and Elderly People in the European Union

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Contributor: Beata Bieszk-Stolorz , Krzysztof Dmytrów

One of the main demographic problems is the ageing of populations, especially in European countries. However, this process is not taking place equally in all countries and has a different impact on their socio-economic development.

population ageing

multidimensional scaling

linear ordering

cluster analysis

1. Introduction

Europe's population is ageing. Over the period 2002–2022, the share of persons aged 65 and over increased in all member states from 16% to 21% (5 percentage points). In the group aged 80 and over, their share increased from 3.5% in 2002 to 6.1% in 2022. At the same time, the young population is decreasing. Over the period 2002–2022, the share of young people (aged 0–19 years old) decreased in all member states from 23% to 20% ^[1]. On the one hand, the extension of life expectancy has a positive impact on economic growth in European Union countries ^[2]. On the other hand, there is a negative demographic impact on the annual economic growth resulting from population onus. The problem of population ageing also affects other high-income countries and Central Asian countries ^[3]. After analysing demographic data and numerous articles in this area, the following research problems arise:

- The ageing of populations is one of the main demographic problems.
- This problem applies to highly developed European countries in particular.
- This problem is not taking place equally in all countries and has a different impact on their socio-economic development.

The ageing of the population can be considered in terms of economic and social aspects. These aspects are interpenetrating and encompass a number of factors. Ageing is connected with disability and increased health problems. However, many elderly people subjectively evaluate their health positively and see ageing as a positive life period with increased maturity and wisdom. A person's well-being in later life is multidimensional and changes with time. As seniors age, they experience a decline in their sense of purpose in life and opportunities for personal growth, partly due to socio-economic factors ^[4]. Jivraj et al. looked at age-related changes in subjective well-being (SWB) later in life in their study. They showed that older cohorts had equivalent or better SWB than younger

cohorts on each measure of well-being [5]. This research confirms the results of the analyses previously carried out by Horley and Lavery [6]. Lee [7] analysed social exclusion and subjective well-being among older adults in Europe. His research indicated that older adults from the Nordic countries were more likely to score low on social exclusion and high on subjective well-being. Older people from Central and Eastern European countries were more likely to score low on subjective well-being and high on social exclusion.

Authors often use the terms “quality of life”, “happiness”, “well-being”, and “life satisfaction” interchangeably in their research. These terms all have a lot in common, but we should be aware that there are some differences between them. The literature review section presents the terms used by the cited authors.

Improving the quality of life in society is one of the main goals of sustainable development. It is assessed using a variety of indicators, with the environment being one of the main factors influencing quality of life [8]. Research by Zhou et al. [9] has shown that the positive impact of age-friendly environments on the quality of life of older people is stronger for mental well-being than physical well-being. It is important to emphasise that there is no agreement on the definition of quality of life [10]. Every society is characterised by unique social, historical, and economic conditions. On the one hand, it is difficult to fully understand the living conditions of older people in a given society solely by comparing their quality of life with that of older people in another society [11]. On the other hand, comparative analyses allow us to identify differences in the quality of life, which allows for the creation of appropriate policy in international terms. European comparative studies show different priorities among elderly people in various countries. For instance, there is a bigger impact on the role of the family in southern Europe compared to northern Europe [12][13]. Another example of differences in Europe is the greater influence of objective living conditions on subjective quality of life in the post-communist bloc, such as Hungary and former East Germany, compared to more developed and prosperous European countries [14]. In general, in European countries, older people pay the most attention to their financial situation when assessing the condition of their household, followed by life satisfaction and professional position [15][16]. Developmental changes in old age can have a negative impact on the objective quality of life. But at the same time, there are internal changes that can improve the subjective quality of life [17].

2. The Elderly Population in European Union Countries

The elderly population is growing much faster than the total population of the world. The world's population is ageing, but the population of European Union countries is ageing faster than the rest of the world [18]. In 2016, Luxembourg, Denmark, France, and the Netherlands had the lowest rates of people at risk of poverty and social exclusion; Bulgaria, Estonia, and Latvia had the highest ones. People living in Northern Europe had generally better health and well-being than in other European countries. Ruggeri et al. [19] analysed multidimensional psychological well-being (MPWB) in 21 European countries between 2006 and 2012. Denmark had the highest well-being, and Bulgaria had the worst. In Europe, women exhibited lower MPWB scores than men. Seniors were typically characterised by lower MPWB scores compared to younger age groups in Europe.

One important research area is the assessment of active ageing. Research of this type is gaining momentum in connection with the pursuit of sustainable development [20]. In their research, the authors show that when aggregating indicators, all classifications should take into account the specificity of individual countries. Similar studies were conducted by Ramia and Voicu [21]. They investigated the effect of active ageing on subjective quality of life in 27 European countries in 2016 in a group of older people (65+). Their research shows that being active in later life does not necessarily lead to improvements in one's own assessment of quality of life. Some may choose not to be active, while others may need to maintain certain levels and types of activity, which affects their well-being. Engaging in productive activities is beneficial to older people's well-being [22][23]. Research by Steinmayr et al. [24] indicates that gender has an impact on active ageing. In Poland, Estonia, and the Czech Republic, but also in Denmark, on average, women score higher than men, while the opposite occurs in Austria, Belgium, and Switzerland. In Germany, Slovenia, Sweden, and France, no major gender differences were found. Spatial and cultural aspects of assessing the levels of individuals' subjective quality of life are highlighted by Somarriba Arechavala and Zarzosa Espina [25]. Their analysis covered 28 European countries between 2011 and 2012. The ranking based on the Subjective Quality of Life Indicator was led by Denmark, Austria, and Finland. At the end of the ranking (looking from the end), there were Bulgaria, Latvia, and Greece.

Crisis situations can have a negative impact on the well-being and quality of life of older people. Ferreira et al. [26] analysed health-related anxiety levels and quality of life amongst Portuguese citizens under compulsory home quarantine due to the COVID-19 pandemic. Their research confirmed that one of the groups most at risk of the effects of quarantine were the elderly (60+). Garcia Diaz et al. [27] found that face-to-face interactions and support from family, friends, a healthcare provider, and the community alleviated the influence of social distancing restrictions at the time of the COVID-19 pandemic. The deterioration of the well-being of these support groups has had a negative impact on the well-being of older people during the pandemic. In contrast, a positive effect of group physical activity has been observed [28]. Research by Polinesi et al. [29] indicates that the European countries that experienced greater declines in well-being in the first year of the pandemic were France, Luxembourg, and Malta. In the second year of the pandemic, however, the Czech Republic, Spain, and Italy suffered the most. People living in northern Europe had better health and well-being overall than in other European countries [30]. The results obtained by Delhey et al. [31] indicate that in Germany and the United Kingdom, the developing pandemic did not increase inequality in well-being, and surviving the pandemic demanded psychological resources in the first place. A study by Socci et al. [32] showed that the active activities of older volunteers in Italy during the pandemic period had a positive impact on their overall well-being. In the Netherlands, younger individuals reported a significantly greater negative impact of the pandemic on physical activity and being active than the older participants [33]. Thus, the study shows that not all older people were equally susceptible to the effects of COVID-19, and some people even saw an improvement in their well-being [34].

The impact of socio-economic, health, and social factors on the quality of life among the senior population in the countries of southern Europe in the years 2014–2015 was analysed by Cantarero-Prieto et al. [35]. They found that these countries have a lower quality of life. They showed that older age, disability, and poorer health were associated with lower quality of life scores. The effect of gender was not significant. Secondary and tertiary education, being retired or employed, and living in rural areas contributed to higher quality of life ratings.

Healthy and active ageing can be considered in a socio-economic and cultural context. Factors that increase the well-being of the elderly include the opportunity to develop their interests and passions. Hence, universities of the third age are being established all over the world, enabling the further education of older people [36][37][38], and the senior travel market is growing [39][40][41][42]. Having a sense of life is one of the most important goals of older adults, whether they are formally affiliated with a religion or not [43]. Researchers also point to increased interaction with people or animals to improve the well-being of elderly people [44]. Public space, elderly population density, and services for seniors are positively connected with the well-being of seniors [45]. The connections between leisure consumption and well-being were also stronger for older people [46].

Research on happiness indicates that it changes with age and, in most cases, is an inverted U-shape. Analyses conducted by Laaksonen [47] have shown the existence of an age point when the happiness increase starts declining. It most often appears at a late age and is associated with the ageing process. European countries vary in size, which can affect the turning point. The fastest age point (under 60 years of age) occurs in Switzerland, Turkey, and the Netherlands, while France has the highest age point at 82.4 years. In countries recognised as stronger welfare states, the probability of living the happiest period declines more slowly with age than in countries recognised as weaker welfare states [48].

The subjective assessment of the quality of life of older people is influenced by their health status [49] and their financial situation [50]. The quality of life of older people, in particular those with disabilities, is improved by well-run and effective long-term care policies [51]. Improving the quality of life is often associated with the introduction and use of new innovative services and products based on new technologies. However, research indicates that older people rarely use such innovative products themselves [52]. This problem applies not only to industrial goods but also to food products. The vast majority of seniors indicate a variety of concerns about their quality and safety. However, in the case of the elderly, the process of education in this regard may be difficult due to well-established nutritional practices related to the purchase and consumption of products necessary for life [53]. The shopping behaviour of the elderly is influenced by the location of the store in relation to the senior's home, easy access to the store, low prices and price reductions, and the impact of brand awareness. The importance of these factors increases with age [54]. Researchers also point to the impact of energy poverty on the poor health and well-being of older people in Europe [55].

Akdede and Giovanis [56] analysed connections between the net migration rates and the subjective and objective well-being of the senior natives in Europe during the period of 2004–2017. The authors proved a positive impact of migration on the subjective well-being and wages of elderly natives and second-generation immigrants in the Northern, Western, and Eastern European countries and a negative impact in the Southern region.

The aim of many studies is to answer the question: What factors affect the improvement of the living conditions and well-being of elderly people? Research conducted by Mária Sováriová Soósová [57] indicates the need to create opportunities for the development and maintenance of social contacts and to engage seniors in various forms of spending free time and in various types of programmes or volunteering. The screening for and treatment of depression and anxiety also improves the quality of life of the elderly. Van Leeuwen et al. [58] draw attention to the

need for qualitative research. There is a lack of a systematic review of the opinions of older people themselves. Such knowledge is necessary to match the goals of care services to their expectations. An analysis of the life satisfaction indicator (LS) indicates that the debt of older people in Europe is significantly and positively related to low LS levels [59]. The opposite is true for the incomes of people aged 65 and over. Research by Neuberger and Preisner [60] indicates an ambiguous impact of parenthood on the quality of life in old age. It all depends on individual resources, the economy, and social service expenditures. In Europe, individual perceived autonomy, opportunity, and choice-enhancing societal conditions increase individual life satisfaction [61]. According to the cited study, six basic functionings (safety, friendship, health, financial security, leisure, and respect) exert a positive influence on individual life satisfaction. The relationship between these functionings and subjective well-being is attenuated by perceived autonomy and societal conditions. Objective income positions can be consistent with subjective self-perceptions, both good (well-being) and bad (deprivation), of people's income situation [62]. However, the situation varies across the various countries. The authors stated that the discrepancy between subjective feelings and objective situations is particularly evident in Latvia, Lithuania, and Estonia. In these countries, the subjective sense of financial problems is higher than the objective situation. In Western and Northern European countries, the objective situation of individuals and their subjective assessment are better matched (particularly in Luxembourg, Germany, and Austria). Sometimes the objective situation of financial insecurity outweighs even a subjective sense of financial problems. This has especially been observed in Denmark, Sweden, and Switzerland.

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