

Life satisfaction and real estate living conditions in late adulthood

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Suggested Citation:

Grum, D. K. & Grum, B. (2018). Life satisfaction and real estate living conditions in late adulthood. *Global Journal of Psychology Research: New Trends and Issues*. 8(2), 52–60.

Received from August 05, 2017; revised from September 30, 2017; accepted from May 08, 2018.

Selection and peer review under responsibility of Prof. Dr. Tulay Bozkurt, Istanbul Kultur University, Turkey.

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Abstract

The main goal of the research is to investigate the differences in life satisfaction of participants in late adulthood according to their real estate living conditions and care for the elderly. The instruments for measuring the participants' views are satisfaction with life scale and real estate living conditions and care questionnaire developed by Grum. A total of 357 participants of age over 65 years took part. The results show that participants who live in rural areas reflect the significantly higher level of life satisfaction than those who live in cities. Older people exhibit high attachment to their property and living environment, which provide them with the higher level of life satisfaction than the possibility of moving to another namely better quality environment. We suggest that housing policy should increase home care in living environment as well as accelerate the intergenerational transmission of real estate in exchange for better home care and coexistence.

Keywords: Life satisfaction, real estate living conditions, late adulthood.

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1. Introduction

World Health Organization (1997) defines life satisfaction as individuals' perception of their position in life in the context of the culture and value systems in which they live, and in relation to their expectations and standards. Life satisfaction can be affected by the person's physical health, level of independence, social relationships and relationships to salient features of his environment (Addae-Dapaah & Shu Juan, 2014). The global judgment of life satisfaction (Diener, Suh, Lucas & Smith, 1999; Veenhoven, 1996) and also the differentiated assessment of specific psychological domains, such as the sense of mastery and competence in managing the environment, have been found to be associated with health in later life (Ryff, 1989; Ryff, Singer & Love, 2004). In Slovenia, improving the quality of life has increasingly become a key political agenda as the country aspires to be an even more inclusive and vibrant city. As people age, housing modifications become important to compensate for and assist in their adaptation to declining functional capacity in order to maintain a sense of well-being and independence in daily life (AARP, 2005; Gitlin, 2003; Wahl, 2001).

The primary aim of this paper is to analyse life satisfaction and their real estate living conditions of the participants in late adulthood. According to World Health Organization (2011), most of the developed nations have accepted the age of 65 as the threshold for the group of people termed elderly. Therefore, an elderly person in this paper refers to one who is aged 65 years and above. One of the challenges of the demographic transformation that requires attention is the issue of housing for the aged. Addae-Dapaah and Shu Juan (2014) refers that housing is crucial to these elderly persons for two reasons: they need a secure and comfortable home; and second, an ideal housing option provides a social surrounding for these seniors to interact with others in the community (Addae-Dapaah & Shu Juan, 2014). In very old age in particular, the relationship between housing and health is significant, because older adults have an increased vulnerability to environmental challenges (Iwarsson, 2005). Rubinstein and De Medeiros (2004) referred that housing is linked to the existing sociocultural background of a person. Many researchers believe that housing satisfaction reflects the perceived quality of the home in terms of a broad attitudinal valuation (Aragones, Francescano & Garling, 2002; Weideman & Anderson, 1985).

2. Method

The main instrument for measuring the participants' expectations is the Real estate living conditions and care questionnaire (RELCCQ) (Grum, 2014). Of the two main types of questions (Keats, 2000), multiple-choice and rank ordering were used. Participants answered the questions using the Likert scale, where the value five indicated they completely agree with a statement (very satisfied) and the value 1 (very dissatisfied) that they completely disagree with a given statement. The data were collected via internet and via person correspondence (individually and collectively). The anonymity of the participants included in the survey was assured. Before entering data into the statistical program SPSS incorrectly completed questionnaires were removed. The number of these was 2.1% of all collected surveys. The study of the questionnaire was conducted in two phases (Kanji, 2006). In the first phase, we planned the creation of the questionnaire and determined the relevance metric characteristics of the questionnaire. To this end, we conducted a pilot study on an appropriate sample. The second phase was the central cross-type survey. We used a questionnaire designed in a pilot study. Statistical analysis of the first phase covering factor analysis of the questionnaire and analysis of the reliability of the questionnaire (Cronbach-alpha) in the second phase, descriptive statistics and analysis of variance were used.

The questionnaire includes 14 variables. We defined four factors, which explain over 60% of the total variation (Bastic, 2006). The Kaiser–Meyer–Olkin measure of sampling adequacy is 0.7. The Bartlett's test ($BT = 1037.1$), which is statistically significant, shows that defined factors can be interpreted. As a measure of life satisfaction we used Satisfaction with life scale (Diener, Emmons, Larsen & Griffin, 1985). The satisfaction with life scale (SWLS) is a short five-item instrument designed

to measure global cognitive judgments of satisfaction with one's life. The reliability of the questionnaire, established by the inner consistency method or the Cronbach's alpha coefficient indicates that the questionnaire expresses a high level of reliability. The Cronbach's alpha coefficient for the first set of the questionnaire is 0.89.

The survey was conducted in Slovenia. The sample includes participants who were selected according to gender, age (65–70 years, 70–80 years, more than 80 years), location (urban, rural, settlement), with whom they live (spouse, family, alone, etc.), type of estate (apartment, house, home for elderly, etc.), ownership of real estate (own, from relatives, rent, etc.), satisfaction with current living conditions. A total of 357 participants took part in the survey. Data collection lasted from January 2015 to May 2015. Structure of the participants according to their demographic characteristics is shown in Table 1.

Table 1. Structure of the participants according to demographic characteristics

Variable	Number	Percentage (%)
<i>Gender</i>		
Women	146	39.00
Men	229	61.00
Total	375	100.00
<i>Age</i>		
65–70 years	114	30.50
71–80 years	141	37.40
81 and more	120	32.10
Total	375	100.00
<i>Where do you live (location)</i>		
In the city centre	221	59.10
In a densely populated rural settlement	107	28.60
In a dispersed rural settlement	47	12.30
Total	375	100.00
<i>With whom you live</i>		
With a spouse	136	36.40
With children or grandchildren	63	16.60
Alone	120	32.00
Other	56	15.00
Total	375	100.00
<i>According to type of apartment</i>		
In block of flats	118	31.50
House	142	38.00
Home for elderly	112	29.70
Other	3	0.80
Total	375	100.00
<i>According to ownership of apartment</i>		
Owned or co-owned	209	55.90
Relatives	35	9.40
Market rent	15	3.70
Non-profit rent	20	5.30
Other	96	25.70
Total	375	100.00
<i>Satisfaction with current living conditions</i>		
Very dissatisfied	5	1.30
Dissatisfied	16	4.30

Moderately satisfied	18	4.80
Satisfied	207	55.30
Very satisfied	129	34.30
Total	375	100.00

Between participants dominated males. Some researchers (Bourque, Pushkar, Bonneville & Beland, 2003; Pinquart & Sorensen, 2000) have suggested that sense of life satisfaction is not determined by the same factors among men and women. Indeed, it has been shown (Pinquart & Sorensen, 2000) that life satisfaction is more strongly dependent on social integration for women than for men, and the reverse is true for socioeconomic status. Nonetheless, these results concern all older people, raising the question of the influence of living arrangements. In the age structure dominated the participants in the age range between 71 and 80 years (37.40%). Most of the participants live in the city centre (59.10%), in the house (38.00%), with the spouse (36.40%). We can see significant differences between participants with respect to ownership housing. There were significantly more homeowners (55.90%). We explain that with the structure of the proportion of homeowners in Slovenia, which is over 80% (Statistics Portal, 2014). Regarding satisfaction, the participants expressed high level of satisfaction (55.30%) with their current living conditions. We can explain that with survey in the case of Baltimore, were buyers and tenants observed, and after a year and a half found that customers' housing satisfaction is greater than the satisfaction of tenants (Rohe & Stegman, 1994). In a further 3-year study, Rohe and Basalo (1997) found that homeowners after a 3-year ownership are still more complacent as tenants. In doing so, complacency was defined as a combination of overall satisfaction with life, home and neighbourhood (Rohe & Stewart, 1996). Kleinhans and Elsing (2010) but note that there is a strong correlation between home ownership and a sense of independence, self-satisfaction and loyalty to one's neighbourhood.

3. Results and discussion

The results were statistically analysed by the analysis of variance. The analysis of variance is often used in research or statistical method, such as a t-test for independent samples, but in the analysis of variance, we can compare the average of three or more groups. As the dependent variable is selected a sense of life satisfaction regard to the basic demographic characteristics of the participants (gender, age, property location, ownership of real estate, type of residential real estate) and regard to real estate living conditions in late adulthood (satisfaction with current living conditions, resettlement in another environment because of better care, maintenance costs, the possibility of selling the property in exchange for better care, opinion about the facilities for the elderly). The results are shown in Table 2.

Table 2. Statistically significant differences according to the sense of life satisfaction with regard to the basic demographic characteristics of the participants and to real estate living conditions in late adulthood

Dependent variable		Sum of squares	df	Mean square	F	Sig.
Property location	***	6.000	2	3.134	2.353	0.037
With whom you live		5.144	3	1.715	1.281	0.281
Type of apartment	*	16.851	3	4.214	3.217	0.013
Ownership of apartment	*	14.458	4	3.614	2.746	0.028
Satisfaction with current living conditions	***	61.991	4	15.498	13.118	0.000
Attachment to the living environment	***	37.488	4	9.372	7.492	0.000
Resettlement in another environment	**	24.727	4	6.182	4.802	0.010
Maintenance cost	*	7.238	1	7.238	5.460	0.020
Selling the property in exchange for better care	**	23.03	4	5.757	4.456	0.002

*Difference is statistically significant ($p < 0.05$); **Difference is statistically significant ($p < 0.01$); ***Difference is statistically significant ($p < 0.001$).

The results show that there are statistically significant differences in the degree of sense of life satisfaction ($p < 0.05$) with regard to the property location, the type of real estate, ownerships and maintenance cost. The results show that there are statistically significant differences in the degree of sense of life satisfaction ($p < 0.01$) with regard to resettlement in another environment and selling the property in exchange for better care. Statistically significant differences ($p < 0.001$) are expressed with regard to satisfaction with current living conditions and attachment to the living environment. Average level of agreement to the sense of life satisfaction with regard to the basic demographic characteristics of the participants and to real estate living conditions in late adulthood are shown in Table 3.

Table 3. Average level of agreement to the sense of life satisfaction

Variables	Average level of agreement				
	Property location	Urban	Rural	Settlements	
	4.54	4.87	4.44		
Type of real estate	Apartment	House	Home for elderly	Other	
	4.68	4.92	4.40	4.20	
Ownership	Owned	Relatives	Market rent	Not-market rent	Other
	4.82	4.88	4.28	4.59	4.41
Satisfaction	Strong disagreement	Disagreement	Medium agreement	Agreement	Strong agreement
	3.35	3.70	3.68	4.63	4.10
Attachment	Strong disagreement	Disagreement	Medium agreement	Agreement	Strong agreement
	4.18	3.97	4.22	4.48	4.96
Resettlement	Strong disagreement	Disagreement	Medium agreement	Agreement	Strong agreement
	4.90	4.68	4.95	4.59	4.08
Maintenance cost	Agreement	Disagreement			
	4.43	4.76			
Selling the property	Strong disagreement	Disagreement	Medium agreement	Disagreement	Strong agreement
	4.93	4.86	4.65	4.33	4.16

The overall picture shows that the participants in Slovenia who live in rural environment expressed considerably higher sense of life satisfaction (the average level of agreement is 4.82) than those who live in urban areas (the average level of agreement is 4.54). The influence of the urban or rural environment in this regard is still not well understood in the scientific community (Oguzturk, 2008). Tavaros, Bolina, Dias, Ferreira and Haas (2014) in their research found that the elderly in rural areas had higher scores of quality of life than residents in urban areas both in most domains and facets. These data suggest that residing in urban areas may be negatively impacting the quality of life for seniors. But survey in Concordia-Santa Catarina noted that the social and health domains of elderly men from rural areas obtained more satisfactory results compared to those living in urban (Beltrame, Cader, Cordazzo & Dantas, 2012). The greater proximity between households and health facilities can improve to access to health services and the active search of the elderly through home visits. In Slovenia, along with the relocation of caretaking activities into the home environment, services must be carried out effectively and their quality must be ensured through adaptation of the built living environment, the introduction of new organisational procedures, and technical and technological solutions (Kerbler, 2013).

The results show that the participants who live in houses expressed considerably higher sense of life satisfaction (the average level of agreement is 4.92) than those who live in home for elderly (the average level of agreement is 4.40). The results also show that the participants who owned real estate

or who live with relative in their real estate expressed considerably higher sense of life satisfaction (the average level of agreement is 4.82 and 4.88) than those who live in rental property (the average level of agreement is 4.28 and 4.59). It has also been observed that people living alone are less satisfied with their life than those living with a partner (Jakobsson et al., 2004). For living alone or with a partner, taking part in leisure activities should be encouraged since it is positivity linked to life satisfaction.

Most of the participants expressed high level of agreement with regard to satisfaction with current living conditions (the average level of agreement is 4.63). Participants expressed extremely high level of agreement with regard to attachment to the living environment where they live (the average level of agreement is 4.96), but we note with surprise that they expressed medium agreement regarding possibility to resettlement in another environment because of better care (the average level of agreement is 4.95). As referred by Borges Luz, Sesar, Lima Costa and Augusto Proitti (2011) their population-based study provided empirical evidence that satisfaction with neighbourhood environment was directly associated with the health of the older elderly. These results support the potential importance of including this indicator in analysis of place and health among the elderly. As concluded, Borges Luz et al. (2011) also provide evidence supporting the need to develop area-based program and strategies related to the build environment. But in the other hand they expressed extremely high level of disagreement with regard to the possibility of selling the property in exchange for better care (the average level of disagreement is 4.93). We can explain that with finding of Stronegger, Titze and Oja (2010), who found out that neighbourhoods are the most important place to establish connections with other individuals, daily routine activities and consumption habits, therefore their physical and social environments affect the health and health behaviour of residents. As stated by Borges Luz et al. (2011) this can be particularly relevant for the elderly, given the combination of declines in physical and cognitive functioning that tends to accompany ageing, which leads to a greater dependence on the immediate residential neighbourhood for their health and well-being. Our definition of neighbourhood refers to a person's immediate residential environment. In this regard, however, it is important to remark that older adults tend to spend a greater proportion of their lives closer to home; therefore, their proximal environment could be more relevant to their health and well-being (Yen, 2009). Housing in later life acquires new meanings for elderly individuals as a result of the long duration of living in the same home, familiarity and processes of attachment (Oswald & Wahl, 2005; Rubinstein & De Medeiros, 2004). Older people seem to be particularly adept at adapting to different objective living conditions and sustaining high levels of housing satisfaction (Rowles & Watkins, 2004).

Most of the participants expressed high level of disagreement with regard to high maintenance costs (the average level of agreement is 4.76). In another vein, the pension reforms being implemented throughout Europe could have major consequences on the future well-being of persons living with a partner, for whom financial security is a priority (Gaymu & Springer, 2012).

4. Conclusions

The main goal of the research is to investigate the differences in life satisfaction of participants in late adulthood according to their real estate living conditions and care for the elderly. The instruments for measuring the participants' views are SWLS and RELCCQ developed by Grum (2014). A total of 357 participants of age over 65 years took part. The results show that there are statistically significant differences in the degree of sense of life satisfaction ($p < 0.05$) with regard to the property location, the type of real estate, ownerships and maintenance cost. The results show that there are statistically significant differences in the degree of sense of life satisfaction ($p < 0.01$) with regard to resettlement in another environment and selling the property in exchange for better care. Statistically significant differences ($p < 0.001$) are expressed with regard to satisfaction with current living conditions and attachment to the living environment.

The overall picture shows that the participants in Slovenia who live in rural environment expressed considerably higher sense of life satisfaction than those who live in urban areas. The greater proximity between households and health facilities can improve to access to health services and the active search of the elderly through home visits. In Slovenia, along with the relocation of caretaking activities into the home environment, services must be carried out effectively and their quality must be ensured through adaptation of the built living environment, the introduction of new organisational procedures, and technical and technological solutions. The results show that the participants who live in houses expressed considerably higher sense of life satisfaction than those who live in home for elderly. The results also show that the participants who owned real estate or who live with relative in their real estate expressed considerably higher sense of life satisfaction than those who live in rental property.

Most of the participants expressed high level of agreement with regard to satisfaction with current living conditions. Participants expressed extremely high level of agreement with regard to attachment to the living environment where they live but we note with surprise that they expressed medium agreement regarding possibility to resettlement in another environment because of better care. But in the other hand they expressed extremely high level of disagreement with regard to the possibility of selling the property in exchange for better care. The neighbourhoods are the most important place to establish connections with other individuals, daily routine activities and consumption habits, therefore their physical and social environments affect the health and health behaviour of residents. This can be particularly relevant for the elderly, given the combination of declines in physical and cognitive functioning that tends to accompany ageing, which leads to a greater dependence on the immediate residential neighbourhood for their health and well-being. Our definition of neighbourhood refers to a person's immediate residential environment. In this regard, however, it is important to remark that older adults tend to spend a greater proportion of their lives closer to home; therefore, their proximal environment could be more relevant to their health and well-being.

The results show that participants who live in rural areas reflect the significantly higher level of life satisfaction than those who live in cities. Older people exhibit high attachment to their property and living environment, which provide them with the higher level of life satisfaction than the possibility of moving to another namely better quality environment. We suggest that housing policy should increase home care in living environment as well as accelerate the intergenerational transmission of real estate in exchange for better home care and coexistence. As Smith (2001) points out, the elderly deserve to live their final years in dignity, understanding the relationship between health and (subjective) well-being in old age and that is of great socio-political importance. Moving elder care activities to homes demands that effective service provision and service quality should be adapted to the living environment as well as the implementation of new organisational procedures and technological solutions. The knowledge of these aspects can subsidise the elaboration of actions and policies more specific health, considering the different realities.

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