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## Quality of Life in the third age: a descriptive analysis

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### Abstract

The observed increase in life expectancy in Europe has reasonably caused an ongoing increase in the study of quality of life in the third age, giving special emphasis on finding those determinant factors that may establish or provide a high quality of life for the elderly. The present paper<sup>1</sup> investigates the measurement of the quality of life of individuals that are aged 50 and over, with data drawn from the latest available wave from the Share project and its possible relation to a number of socio-demographic variables for all participating countries.

**Keywords:** SHARE project, Quality of Life, CASP-12 scale

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<sup>1</sup> This paper uses data from SHARE wave 4 and 5 (DOIs: 10.6103/SHARE.w1.260, 10.6103/SHARE.w2.260, 10.6103/SHARE.w3.100, 10.6103/SHARE.w4.111, 10.6103/SHARE.w5.100), see Börsch-Supan et al. (2013) for methodological details.

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## **Περίληψη**

Η παρατηρούμενη αύξηση του προσδόκιμου ορίου της ζωής στην Ευρώπη έχει πολύ λογικά οδηγήσει στην ολοένα αυξανόμενη μελέτη της μέτρησης της ποιότητας της ζωής στην τρίτη ηλικία, που εστιάζει κυρίως στην εύρεση εκείνων των προσδιοριστικών παραγόντων που μπορούν να εγκαθιδρύσουν και να εξασφαλίσουν ένα υψηλό επίπεδο ποιότητας ζωής. Η παρούσα εργασία μελετά την ποιότητα της ζωής με δεδομένα που προέρχονται από το πέμπτο κύμα της έρευνας SHARE και τα πρότυπα που ενδέχεται να δημιουργούνται με βάση κάποιους κοινωνικο-δημογραφικούς παράγοντες.

**Λέξεις κλειδιά:** Έρευνα SHARE, Ποιότητα της Ζωής, Κλίμακα CASP-12

## **1. Introduction**

The observed increase in life expectancy in Europe has reasonably caused an ongoing increase in the study of quality of life of the elderly, placing a special emphasis on finding those crucial factors that may establish or provide a high quality of life (Hyde et al. 2003, Knesebeck et al. 2007, Wahrendorf 2006, Young and Schuller 1991, Motel-Klingebiel et al. 2004, 2009, Crimmins et al. 2001, among others). The basic aim of the present research is the measurement of the indicator of quality of life, as defined in the Survey of Health, Ageing and Retirement in Europe (SHARE-project), with raw data drawn from the latest available wave in order to investigate differences that might exist between the participating countries. Moreover, it is of importance to explore the relation between the indicator of quality of life and a number of socio-demographic variables such as gender, age, the number of children, the health state, the sense of depression or loneliness, the trust in people, but also the religious feeling and the political beliefs of the individuals.

The structure of the present paper is the following. Section 2 presents the data and variables that will be used later on in the analysis, whereas Section 3 and 4 provide respectively the results and the conclusions of the study.

## **2. Data and Variables**

The data that will be used in the present analysis is the raw data of the latest available data, i.e. the fifth wave of the Health, Ageing and Retirement in Europe Survey (SHARE-project), for all participating countries. More specifically, merged modules from the survey are used in order to access the necessary information. From the Activity (AC) module we draw the required information in order to measure quality of life, whereas from other modules (Demographic (DN), Physical Health (PH), Mental Health (MH), Expectations (EX), Looking over Children (CH) module), we gather evidence that concern a number of socio-demographic characteristics, such as gender and age (DN), and other critical variables such as health status (PH), the depression scale (EURO-S scale) and loneliness scores (MH), the trust individuals show in others, the frequency of preying, their political beliefs (EX) and the number of their children (CH). The EURO-D scale was generally developed to allow valid comparison of prevalence and risk associations between European countries.

## **3. Measuring Quality of Life**

The subjective measurement of quality of life in the third age is implemented through a scale that was introduced in Hyde et al. (2003), which actually measures the extent of satisfaction of the human needs of the individuals. This psychometric indicator of quality of life, called CASP-19, is based on 19 different items-questions. The SHARE-project uses a reformed, psychometrically validated instrument of 12 items-questions, the CASP-12 scale. The structure of this scale is actually based upon Maslow's pyramid of needs, i.e. on the hierarchy of human needs presented in Maslow's paper "A Theory of Human Motivation", published in 1943. The subsequent research of Doyal and Gough in 1991, extended the theory suggesting that in any case the satisfaction of the primal human needs makes up a fundamental requirement for social prosperity. It is Doyal and Gough's belief that the human needs

are not ideological constructions but are real and based on the theory of primal needs, that they must be wholly satisfied, the first two constructs of the CASP-19 and CASP-12 scales, were constructed (control and autonomy).

Generally, the indicator is based upon four constructs that are related to quality of life:

- Control: which relates to the ability of an individual to move effectively within his/her environment.
- Autonomy: reflects the ability to distance oneself from undesirable factors that act outside his/her environment.
- Pleasure: corresponds to the feeling of satisfaction that derives from desirable activities, and
- Self-realisation: is built through the satisfaction deriving from the personal evolution and success of an individual, the satisfaction, fulfilment or happiness as a result of fully developing one's potential. The self-realisation construct corresponds to the process of development of the individual that aims to deploy wholly one's abilities.

For each of the constructs, three questions are asked, and each one is rated by an ascending 1 to 4 scale. Therefore, the total score of the indicator records values that range from 12 to 48. Table 1 presents the questions that the individuals are asked to answer.

**Table 1** Quality of Life: CASP-12

Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think they apply to you.	SHARE-variable (1=often, 4=never)
<b>Control</b>	
My age prevents me from doing the things I would like to.	ac014
I feel that what happens to me is out of control.	ac015
I feel left out of things.	ac016
<b>Autonomy</b>	
I can do the things that I want to do.	ac017*

Family responsibilities prevent me from doing what I want to do.	ac018
	ac019
Shortage of money stops me from doing the things I want to do.	
<b>Pleasure</b>	
I look forward to each day.	ac020*
I feel that my life has a meaning.	ac021*
On balance, I look back on my life with a sense of happiness.	ac022*
<b>Self-realisation</b>	
I feel full of energy these days.	ac023*
I feel that life is full of opportunities.	ac024*
I feel that the future looks good for me.	ac025*

*\* Items reverse coded for scoring, AC module*

Apparently, to examine whether there are specific patterns of quality of life one needs first to estimate the sum scores among all countries and to reverse the values of all positively worded items, in order to achieve correspondence between the ordering of the response categories. Table 2 presents the CASP-12 scale's Cronbach's alpha for all countries participating in SHARE and the mean CASP-12 scores by country and gender for wave 5.

Differences between countries are highly significant at  $p < 0.001$ , (Independent Samples, Kruskal – Wallis Test). It can easily be seen that quality of life scores are comparatively high for Denmark, Switzerland and the Netherlands and comparatively low for Italy, Czech Republic and Estonia.

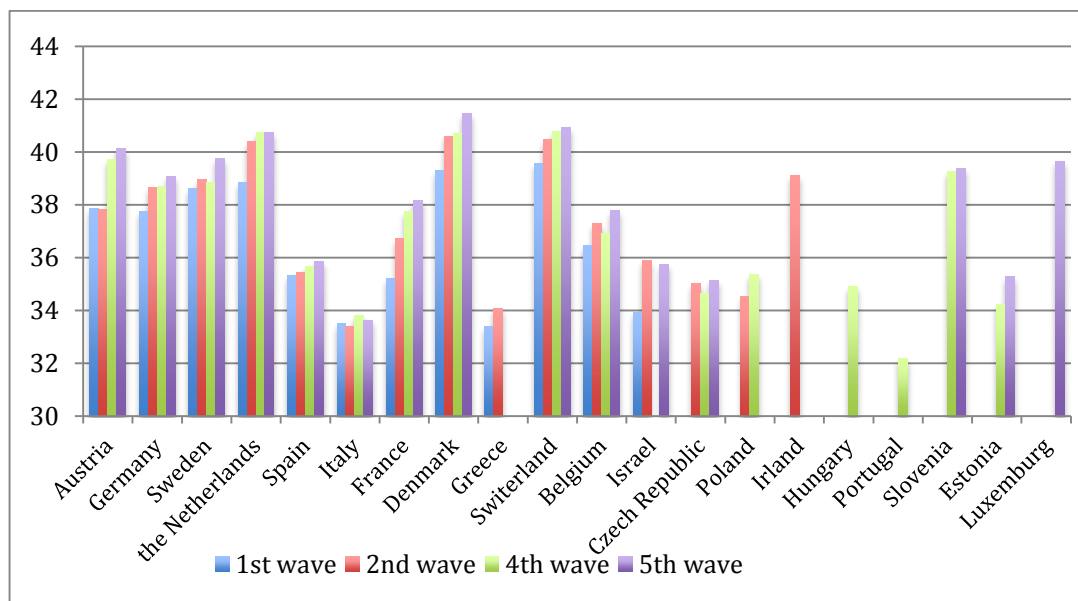
**Table 2** Cronbach's alpha and mean CASP-12 scores by country and gender, 5<sup>th</sup> wave

<b>Country</b>	<b>Cronbach's alpha</b>	<b>Mean CASP-12, Total</b>	<b>Mean CASP-12, Men</b>	<b>Mean CASP-12, Women</b>
Austria	0.811	40.13	40.15	40.13
Germany	0.796	39.06	39.02	39.09
Sweden	0.772	39.75	39.69	39.80
Netherlands	0.758	40.75	40.68	40.82
Spain	0.819	35.85	35.76	35.93
Italy	0.748	33.63	33.65	33.60
France	0.808	38.16	38.26	38.08
Denmark	0.780	41.46	41.66	41.28
Switzerland	0.770	40.92	40.80	41.02

Belgium	0.782	37.77	37.69	37.85
Israel	0.777	35.73	35.53	35.92
Czech Republic	0.770	35.14	35.04	35.23
Luxemburg	0.761	39.65	39.81	39.49
Slovenia	0.809	39.38	39.33	39.43
Estonia	0.798	35.28	35.22	35.35
<i>Total</i>	0.811	37.93	37.88	37.97

Πηγή: SHARE-project: sharew5\_rell-0-0\_ac.sav

Figure 1 reveals the differences between countries for all participating countries for all waves of the SHARE project.



**Figure 1** Mean CASP-12 scores by country for all waves

We proceed in categorising the countries in four geographical regions:

- Northern: Sweden, Denmark, the Netherlands
- Southern: Italy, Spain, Israel
- East: Czech Republic, Slovenia, Estonia, and
- West: Belgium, France, Germany, Austria, Switzerland and Luxemburg.

Table 3 presents the mean CASP-12 scores for these four geographical regions (Northern, Southern, East and West Europe) by gender, age categories, number of children, current health situation, the feeling of depression and loneliness that the individuals feel, the trust the individuals show in people, the frequency of praying as a measurement of their sense of religiosity and finally the self-rated political beliefs of the respondents.

**Table 3** Mean CASP-12 scores in relation to and socio-demographic factors by region

	<b>Northern</b>	<b>South</b>	<b>East</b>	<b>West</b>
<b>Gender</b>				
Male	40.67	35.63	36.30	39.38
Female	40.60	34.50	35.97	38.80
<b>Age</b>				
50-64	41.00	36.30	37.13	39.38
65-74	41.10	35.29	36.24	39.59
75+	39.02	32.43	34.00	37.59
<b>Health*</b>				
Excellent	43.29	39.34	41.71	42.65
Very Good	42.03	38.48	39.78	41.62
Good	40.75	36.57	38.10	39.85
Bad	37.94	38.10	35.13	36.55
Very Bad	33.75	39.85	30.60	31.95
<b>Number of children</b>				
0-2	40.38	34.99	35.86	38.79
3-5	40.41	34.36	35.93	38.85
6-8	39.81	32.86	35.27	37.24
9+	37.91	31.80	34.33	36.15
<b>Depression**</b>				
None	41.98	37.66	38.40	41.16
Little	38.36	33.55	34.63	37.28
Much	34.34	28.57	30.13	32.06
Very much	28.35	24.42	25.35	27.03
<b>Loneliness***</b>				
None	41.08	36.14	37.10	39.81
Little	35.80	30.10	31.73	33.98
Much	32.35	27.21	29.03	30.65
<b>Trust in people</b>				



None	38.00	33.03	34.04	36.69
Little	39.48	34.86	35.70	38.76
Much	41.29	36.01	37.20	40.45
<b>Frequency of Praying</b>				
Low	40.42	33.83	35.50	38.93
Medium	40.17	34.91	36.16	39.38
High	40.74	35.94	36.29	39.02
<b>Politics</b>				
Left	39.91	35.43	35.41	38.99
Centre	40.71	35.21	36.03	39.20
Right	41.20	35.42	37.40	39.49

Source: SHARE-project: sharew5\_re11-0-0\_ac.sav, \* Self-perceived health, \*\* EURO-D Depression scale, \*\*\* Short version of R-UCLA loneliness scale

## 4. Conclusions

As far as gender-based differences in quality of life are concerned we notice that only women in Northern countries score similar values as men, whereas in all other regions they score lower than men, with the Southern European countries exhibiting the higher difference.

In all four regions, as expected, individuals that are older (the ‘oldest old category’ of 75+) score lower than others, while the number of children doesn’t seem to influence quality of life, in the ‘zero to two (0-2) children’ category and the ‘three to five (3-5)’ one. In the other two categories of number of children (6-8 and 9+), we observe a drop in the mean CASP-12 scores in all four regions.

Another factor that seems to play a rather important part in quality of life is depression, since there is a significant drop in the CASP-12 scores if the individual feels depressed. Respondents that don’t feel depressed score higher in the CASP-12 scale. This is also true for the feeling of loneliness and the trust in other people for all regions.

As far the frequency of preying is concerned differences are observed only in the Southern European countries, where respondents that prey more frequently seem to score higher on the CASP-12 scale.

In these countries the political beliefs of the respondents don't seem to play a significant role. On the contrary, in the Northern and Eastern European countries individuals that place themselves left on the political scale are less satisfied with their life, whereas in the other two groups of countries the differences are not that obvious.

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