

Housing policies for the elderly: why should we care?

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Abstract. *In aging societies, housing responses for the elderly are of increasing importance. The article analyzes the impact of the place of residence and deals with the problem of housing policies from the perspective of an elder person. The study suggests that community dwelling elderly have significantly higher quality of life and experience less loneliness. In view of these results, there are reasons to believe that a well-designed context-adapted quality homecare system for the elderly could be beneficial in that it would allow to age at home while maintaining social bonds. The study sheds light on consequences of social responses and contributes to the discussion on future directions in housing policies for the elder population.*

Keywords: *housing policies, elderly, quality of life, loneliness, satisfaction with life.*

Raktažodžiai: *apgyvendinimo politika, vyresnio amžiaus žmonės, gyvenimo kokybė, vienišumas, pasitenkinimas gyvenimu.*

Introduction

Aging has become a major challenge for health and pension systems and for public debt management in modern societies (Irmén and Litina 2017, 2-5). Projections for the European Union indicate an intensive population aging until 2030 with old-age share of 25.6% and its further increase to 29.5% in 2060 (European Commission 2014). In Portugal, the elderly represent the largest and the fastest growing population group. It is estimated that the number of Portuguese aged 65 and above will reach 26.8% in 2030 and 34.6% in 2060 (European Commission 2015). Estimates show that 80% of the elderly have at least one chronic illness and

50% have two turning imperative to reflect on the relation between disease, disability and health care costs (Kanasi, Ayilavarapu and Jones 2016, 13-18). An increasing demand for complex and multidisciplinary care services has been confronted with scarce resources challenging public health policies (Andreasson and Winge 2010) and accompanied by ongoing changes in social values and traditional patterns of care provision. In view of these factors, problems of social isolation and loneliness among the elder population have raised an increasing concern.

Loneliness, quality of life and satisfaction with life in aging societies

Loneliness is a complex phenomenon that is related to experiences of perceived limitations in a social network (de Jong Gierveld 1998, 73-80). Social isolation, sadness and disappointment with unresolved past issues may intensify perception of loneliness (Kumari 2015, 332-330) that may not only mean the person is alone, but feels alone. However, persons with good social relationships can also experience loneliness. That happens when they find themselves not fully accepted or understood by the members of their network or do not identify themselves with them. Hence, while the fact of being alone is clear and objective, loneliness is a subjective state that compromises quality of life (Musich, Wang, Hawkins, and Yeh 2015).

Quality of life (QoL) is a broad, multidimensional concept influenced by the degree of independence, psycho-emotional and physical health, existing social interactions, economic capacity, beliefs, spirituality, among other constructs (Bowling, Banister, Sutton, Evans, and Windsor 2002; Felce and Perry 1995; Serra et al. 2006). It is a dynamic concept that changes throughout person's life what makes it more difficult to capture and measure. One of universal determinants of quality of life is health (Netuveli and Blane 2008, 113-126), which in the elderly is vital to maintain routines and ensure activities of daily living (World Health Organization 2015).

Satisfaction with life is seen through a perception of person's place in life, and their age, education and economic resources, which allow them to have lifestyles according to their aspirations (Eurostat 2015). Satisfaction with life presumes person's perception, evaluation, reflection, and appreciation they make of all the dimensions of their existence. Health condition and social networks are told to be strongly related with satisfaction with life. Health status of the individual is considered the factor particularly affecting satisfaction with life (Eurostat 2015).

Problem statement

Confronted with an increasing share of elder persons accompanied by social, epidemiologic, economic and cultural changes, policymakers are urged to provide housing policy responses that would dynamically adapt to population and country-specific housing needs, expectations and preferences. Approaches to housing policies for the elderly have differed across countries. Evidence shows that different indicators and guidelines have been used to implement and evaluate programs. Social indicators are today widely used in public management especially in what concerns the effectiveness and the efficacy of government programs in a pursuit of sustainable development (Merkys, Brazienė and Kondrotaitė 2008, 23-38).

The present work seeks to examine the unique effects of living arrangements (facility versus community dwelling) on quality of life, satisfaction with life and loneliness. While acknowledging challenges the elderly are facing when living in the community, we postulate that this setting brings a protective impact in terms of social relations resulting in experiencing less solitude and enhancing quality of life and satisfaction with life. The research analyzes the impact of loneliness on satisfaction with life and quality of life in its several domains.

The study brings empirical evidence contributing to the discussion on the direction of housing policies for the elderly, which have become of great importance for policymakers in light of population aging, household size decrease, social movements and social values changes.

Methods

We recruited persons over 65 years old living in care facilities and in the community of the municipalities of Aveiro and Ílhavo, Portugal, without diagnosed cognitive problems, not laid up and who provided informed consent

Instruments

Loneliness was measured with the UCLA (University of California Loneliness Scale). The UCLA is a self-report measure of loneliness and social isolation, with 16 items in the version validated to the Portuguese population (Pocinho, Farate and Dias 2010). The instrument provides four response options from “never” (1) to “frequently” (4), a higher score indicating more loneliness.

Quality of life was measured with the WHO-bref (World Health Organization Quality of Life - abbreviated version) measure of QoL, containing 26 questions and validated by Serra and colleagues (2006). Two items evaluate general perception of QoL and the others comprise physical, psychological, social relations, and environmental domains. Responses are given in a five-point Likert scale.

Satisfaction with life was measured with the SWLS (Satisfaction with Life Scale) validated for the Portuguese population by Simões (1992). The instrument has five questions from “strongly disagree” (1) to “strongly agree” (5). A higher score indicates higher satisfaction with life.

Study hypotheses

The hypotheses of the study derived from available literature on importance of person’s dwelling for their overall well-being perceptions. Persons living in the institutional setting without visits of family members or relatives tend to experience more loneliness than persons who live in the community and maintain social relations (Berg, Mellström, Persson, and Svanborg 1981, 342-349). The study of Berg and al. (1981) has precisely shown that loneliness is a problem and seriously affects life of 24% elder women and 12% elder men living in facilities. Hence, we propose:

H₁. Persons living in facilities experience more loneliness than those living in the community

Quality of life is a multidimensional concept (Felce and Perry 1995, 51-74). In case-control study among individuals with spinal cord injury living in the institutional setting and in the community, nursing home residents affirmed lower QoL in multiple domains (Putzke and Richards 2001, 404-409). Trotter et al. (2000, 49-61) have employed the HUI, a generic multi-attribute health status system that has been used to report health-related QoL. They have found that persons with severe disability accounted for 5% of community-dwelling as compared to 20% of institutional residents suggesting higher QoL of the first group. Therefore, we propose H₂. Community-dwelling persons have higher quality of life than those living in institutions:

H_{2a}. in the physical domain

H_{2b}. in the psychological domain

H_{2c}. in the social relations domain

H_{2d}. in the environmental domain

H_{2e}. in the general domain

Uma Devi, KavithaKiran and Swachita (2015, 57-59) have found that older adults who lived in the community with their relatives had higher satisfaction with life than if residing in care facilities. A follow-up study of Gueldner and colleagues (2001, 232-240) comprising a group of the elderly in institutions and in the community in the United States has concluded that the first group was more prone to have lower levels of life satisfaction. Therefore, we propose the following:

H₃. Community-dwelling persons have higher satisfaction with life than those living in facilities

Loneliness the elderly may experience is a result of age-related changes and life events (Smith 2012, 293-311), of which death of spouse is perhaps one of the hardest. Empirical evidence has indicated loneliness an important factor in studies on QoL. Theeke, Goins, Moore and Campbell (2012, 155-171) have shown that higher loneliness is correlated with lower QoL, lower social support and particularly lower emotional support from people's social network. In a large study on the impact of loneliness on QoL and patient satisfaction, physical and mental components of QoL were found to be significantly reduced by loneliness (Musich, Wang, Hawkins, and Yeh 2015). Hence, we propose H₄. Loneliness has a negative impact on quality of life:

H_{4a}. in the physical domain

H_{4b}. in the psychological domain

H_{4c}. in the social relations domain

H_{4d}. in the environmental domain

H_{4e}. in the general domain

Demakakos, Nunn and Nazroo (2006, 297-338) have shown that all dimensions of loneliness influence people's life satisfaction, regardless of age and gender. We therefore propose:

H₃. Loneliness has a negative impact on satisfaction with life

Data analysis

Data analysis comprised t-test and Mann-Whitney tests for independent samples and linear regression. Pearson correlation coefficient (r) and Cohen's d have been used as measures of effect size. Cohen's d suggests a small effect size with $d=.20$, an average with $d=.50$ and a large with $d=.80$ [11]. On the other hand, $r=.10$ suggests a small, $r=.30$ an average and $r=.50$ effect size (Field, 2013). Data were analyzed with SPSS v. 23.0 software (IBM Corporation).

Results

From 11 contacted institutions, three refused to participate, including to the group 103 participants. In the community-dwelling group, from the initial 116 persons, 13 refused to participate, resulting in the sample of 103 participants. Application of the instruments took in average 20 minutes.

The entire study group (N=206) comprised individuals between 65 and 98 years old, of an average age of 77.1, mostly women (72.8%), widowed (49.5%) or married (39.3%), with basic education (67.3%). The average household income varied, from 200 to 400 euro (39.4%) to over 1000 euro (12.5%), with quite a large number of the participants who did not know or did not want to respond to that question.

In groups comparison for loneliness, statistically significant differences suggested that the participants living in the facilities experienced more loneliness than the participants living in the community ($p=.002$) supporting H₁. However, effect size value ($r=.20$) shows low practical significance of this difference.

Community-dwelling elderly reported higher QoL scores than those living in the institutional context. More specifically, there were statistically significant differences in the physical ($p<.001$), social relations ($p<.001$), general ($p<.001$), psychological ($p<.001$) and environmental ($p<.001$) domains. These results support all items specified in H₂. Moreover, effect size values suggest high practical significance in the social relations domain ($d=.85$), and average practical significance in the physical ($d=.69$), general ($d=.51$), psychological ($r=.32$) and environmental domains ($r=.37$).

No statistically significant evidence was found to support the hypothesis that elder persons living in the community have higher satisfaction with life than person living in facilities ($p=.323$) thus H₃ was not supported.

Individual linear regression models were fit with loneliness as independent variable and the physical, psychological and environmental domains of QoL and satisfaction with life as dependent variable. Loneliness explains in a very limited way the physical domain of QoL ($R^2=0.063$) and each unit brings a decrease of 0.436 in QoL. In the psychological domain, each unit of loneliness leads to a decrease of 0.846 of QoL explaining 33.0% of the variance. Finally, 28.1% of the variance of the environmental domain can be explained by loneliness ($\beta=-0.540$).

All these models are statistically significant ($p < .001$), supporting H_{4a} , H_{4b} and H_{4d} respectively. Assumptions of linear regression were not met for the social relations and general domains of QoL, therefore H_{4c} and H_{4e} remain inconclusive.

The last regression model indicates that 7.8% of the variance of satisfaction with life can be explained by loneliness and that loneliness has a negative impact on satisfaction with life ($\beta = -0.132$). The model is statistically significant. ($p < .001$) Thus, H_5 is supported.

Discussion

Aging process is neither uniform nor experienced in the same way. For a professionally active person, retirement is an important life event associated with an increasing likelihood of suffering some age-related losses, such as health condition or loss of social ties (Singh, and Misra 2009, 51-55), which are not easy to accept. Over time, other social interactions are affected bringing experiences of loneliness and repercussions on quality of life and satisfaction with life (Winningham and Pike 2007, 716-721).

Opinions of social responses and housing policies to population aging vary. In several countries, the elderly tend to live in their households, either as a consequence of death of spouse or because of family relations, or as a choice. The last alternative is supported by those who consider living alone is a synonymous to freedom and autonomy. Countries such as Denmark, Sweden or Norway have prioritized the community setting and developed advanced patient-centered responses of domiciliary care (Gibson, Gregory, Pandya, 2003). There are voices supporting the view that aging should be lived and experienced at home as it is a place where a person has spent a large part of their life, replete with memories and own history. "Aging in place" concept aims to provide conditions to age safely, autonomously and comfortably at home (McCunn and Gifford 2014; Song and Chen 2015) while preserving social network. The model is told to be cost-effective for the system (Song and Chen 2015) and to increase person's quality of life. However, the fact is that many elder persons who live alone experience loneliness and are often of poor health and have economic difficulties. Of whatever reason the option to live alone were, preventive and educational community actions that would promote quality aging at home are necessary in this perspective.

A successful transition into the institutional context can be approached by a degree of integration into the institution and its structure. Effective integration means a person seems the facilities as home while maintaining bonds with their origins. A part of existing social relations, including some of family relations, will suffer from the change. However, it is necessary to work on them because their lack negatively influences person's self-esteem (Pereira 2008, 6-10) and satisfaction with life (Eurostat 2015).

The role of the institution in this process is strategic in order to create a warm, hospitable environment, providing respect to person's past and choices. Integration

should also involve interventions enhancing the individual's empowerment as it conveys a sense of personal control. Empowerment is at the same time hampered by the living arrangements and limitations in activities of daily living since several personal care and nutrition elements can be provided by the institution. This idea goes in line with that of Dias, Carvalho and Araújo (2013, 127-138) who found that the elderly living at home are more independent and perform more activities than those living in the facilities.

Conclusions

1. Approaches to and experiences with housing policies for the elderly differ across countries but they themselves are a common challenge for aging societies pressured by social and economic problems. Developed countries have been facing changes in social roles and values resulting often in social and emotional distance from the closest ones and driven by intense social mobility and sociocultural shifts.
2. In the studied population of elder adults living in care facilities and in the community we found evidence of higher quality of life and experiences of lower levels of loneliness among community dwelling persons.
3. Social isolation and loneliness the elderly experience are likely to affect their quality of life and overall well-being. Housing policies should combine cost-effectiveness with elder persons' preferences and perceptions.

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Vyresnio amžiaus žmonių apgyvendinimo politika: kodėl turime rūpintis?

Anotacija

Senstančiose visuomenėse vyresnio amžiaus žmonių apgyvendinimo problema tampa vis svarbesnė. Straipsnyje yra nagrinėjama apgyvendinimo politikos problema iš vyresnio amžiaus žmonių požiūrio ir analizuojamas gyvenamosios vietos poveikis. Tyrimo rezultatai rodo, kad bendruomenėse gyvenantys vyresnio amžiaus žmonės žymiai labiau yra patenkinti gyvenimo kokybe ir patiria mažiau vienišumo. Atsižvelgiant į šiuos rezultatus, yra pagrindo manyti, kad gerai suorganizuota, kokybiška namų priežiūros sistema vyresnio amžiaus žmonėms gali būti naudinga, nes tai leidžia senti namų sąlygomis, tačiau palaikant socialinius santykius. Tyrime atsipindi socialinių atsakų pasekmės ir prisidedama prie vyresnio amžiaus žmonių ateities apgyvendinimo politikos kryptį diskusijų.

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