

The Understanding of Life Quality by Latvian Seniors Nowadays

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Abstract: An increase in the average life expectancy and, hence, the number of elderly but still able-to-work people, and the relatively low assessment of lifelong learning on the increase of life quality indicate the topicality of the point of view of the representatives of the gerontogenesis period. The main aim of the article is to clarify the perceptions of the Latvian seniors on the quality of life, its contributing and restrictive aspects. In order to verify the understanding of life quality by seniors in today's situation, questionnaires with incomplete sentences were created. Hundred sixty seniors aged 70 to 95 with and without higher education were surveyed. Although a popular opinion among seniors is that the quality of life depends on the person himself, on his integrity, on his attitude towards other people and life in general, of his ability to choose the right job for himself and work hard, as well as of his care for his health and willingness to socialize, the restrictive aspects on quality of life are largely observed in external factors. For many seniors, their perception of life has been affected by a significant loss experience. Besides health and financial problems seniors mention an irresolvable existential problem, namely, "lost" time. In comparison with young people, seniors consider as aspects for having a good life – health, physical activity, satisfaction with work to be done (not related to remuneration), living space, nature and access to the environment – relatively more often, while less often – self-improvement and education. There are also several significant differences in the notion of life quality for seniors with higher education and seniors without higher education.

Keywords: old age, quality of life, personal understanding, experience, adult education.

Introduction

Both the general convention on the value of cultural heritage for society of the Council of Europe (Council of Europe..., 2005) and the National development plan of Latvia (National Development Plan..., 2012, 13) consider ensuring quality of life as a priority. The need to improve and harmonize the quality of life for people and society is also highlighted in the memorandum on lifelong learning as formulated by the European Commission's working group (A memorandum on..., 2000). However, according to the results of the research on the life quality of the population of Latvia, the evaluation of lifelong learning in own quality of life is relatively low (Bela-Krumina et al., 2006, 24). It poses the question of the perceptions of different generations about their quality of life and the importance of education in increasing it. Taking into consideration the average life expectancy and consequently the increase in the number of elderly but still able-to-work people, the European "oversight of nations" and the massive emigration of young and middle-aged people from Latvia abroad, the views of the representatives of old age are not only relevant in the context of lifelong learning, but also in the context of the development of human resources of the state. Despite the fact that the general trend of an aging population is not changeable, negative or ageist attitudes towards older people are widespread and they negatively affect older people's physical and mental health (Officer et al., 2016). This points to the need to pay particular attention to the current issues of gerontogenesis (growing old) period and to review stereotypes of the seniors.

So far, it has been discovered that for elder people with higher age, the evaluations of their quality of life for Latvian population is getting worse (Bela-Krumina et al., 2006, 23). One of the problems of social inclusion for the older generation is also employers' views about the falling work efficiency of seniors (Burceva, 2009). In a healthy aging process, it is important for a person to maintain the position of the lifespan, rather than to change it by 180 degrees, turning it into a care object and public money waster. Many seniors want to organize their own living, to structure their daily lives, to take care of their quality of life, including health and its maintenance. In general, a senior often feels like an active, full-time employee who wants to realize his accumulated knowledge and experience in his specialty for a job that is important for society and whose potential has not yet been fully exploited. Thus, the consumer's position of the senior is in some way imposed. In turn, the results of A. Grīnfelde doctoral thesis indicate that the factors affecting the quality of life of the retired people in Latvia's regions are the material

security, health and links with family, friends and neighbours, and that the retired people with a higher degree of education are less concerned about their wellbeing and income (Grinfelde, 2010).

Taking into account the importance of human resources, including the potential of retired people in the future of a country and the relevance of its quality of life, the author puts forward the research aim: to clarify the comprehension of life quality and its contributing and restrictive aspects among the seniors in Latvia nowadays.

Methodology

Although the average life expectancy in Latvia among the EU member states is the lowest, in the last ten years it has continued to grow and over the last decade the average age of death in Latvia has exceeded the age of 70 (Demography: collection of..., 2016, 89). This determined the choice of the basis for the research – those representatives of old age who were 70 or older were selected for the study. According to the cluster random sampling, seniors from seven boarding houses and associations as well as individuals not involved in any associations in Latvian cities and rural areas were invited to participate in the study. Overall, responses were collected from 160 people aged 70 to 95 (median – 77 years). Eighty of them have higher education, eighty respondents have secondary, secondary vocational, elementary or incomplete primary education. Sixty-three percent of respondents are women. The fact that there are more women in the study was affected by the proportional distribution of women in the respective age group in Latvia – according to the data of the Central Statistical Bureau 70 % of all Latvians are women in the age group of 69 or older (Women and men..., 2016, 8).

Taking into account that human satisfaction with life can be different in the same objective circumstances, and, therefore, relatively independent of them, the subjective understanding of the quality of life of individuals is revealed using an empirical study. A comparison of the results of the previous studies on the quality of life suggests that using different standards in the research the results of subjective assessments of quality of life can vary significantly (Wrosch, Scheier, 2003). This justifies the abandonment of standardized methods in this study and the choice of unfinished sentences. In order to determine the comprehension of life quality among seniors nowadays, a questionnaire was created with 3 incomplete sentences: 1) “I believe that the human life is of good quality if...”, 2) “The quality of my life is promoted by...”, 3) “The quality of my life is limited by...”. Seniors were asked to complete these sentences according to their own preconceptions. Respecting the age and health of the respondents, seniors were offered the opportunity to answer the questions verbally, while the author wrote down their answers. The wish of the seniors, people with special needs and palliative patients were also respected by listening to their stories in a narrative mode of their own life and difficulties. Before the survey respondents were informed that the aim of the study was to summarize their perceptions of the quality of life, that the participation in this study is anonymous and voluntary and that respondents’ answers will be used only in an aggregated form. Oral informed consent was asked at the meeting, when presenting the research questions. In addition to this information, at the nursing homes the seniors were informed that refusal to participate in this study or discontinuation of participation in the survey will not have any adverse effect on the quality of health provided to the patients. During the content analysis of the questionnaires, categories on quality of life were determined and the frequency of how often these were mentioned was clarified. Non-parametric inferential χ^2 test was used to compare the frequency of the categories and the statistical significance of the relationships between variables.

Results and Discussions

Comparing the frequency of the categories of quality of life identified in the study, the χ^2 test in the seniors’ group did not show statistically significant differences between the genders ($p = 0,906$). In some categories, there are statistically significant differences between seniors with and without higher education. They are listed in the description of the particular category. The graphics display only those categories that were mentioned by 10% or more of the total number of seniors questioned.

When finalizing the first sentence: “*I believe that the human life is of good quality if...*”, most of the seniors (e.g., 41 %) mentioned the importance of the inner human potential or one’s personality traits (Figure 1). Life is good if the person himself is good – he has a good character and is good to others, he lives in harmony with himself and the world, is able to appreciate what he has, if he “manages to balance the practical side of his life with his spiritual interests”, combine his interests and official work. A person

lives a qualitative life, if he is joyous, independent, internally calm and honest (“going according to the right line”), if his life is not immoral: “without addiction” and “bad habits”.

The second most frequently mentioned category of life quality is material security (27 %). Material security for seniors basically means a good pension and sufficient purchasing power. This is important for seniors “because medical treatment requires money”. Seniors’ responses show a link between the material security and the ability to be independent, namely, from care provided by social organizations and children. This category has been noted more often by seniors without higher education ($p = 0,02$).

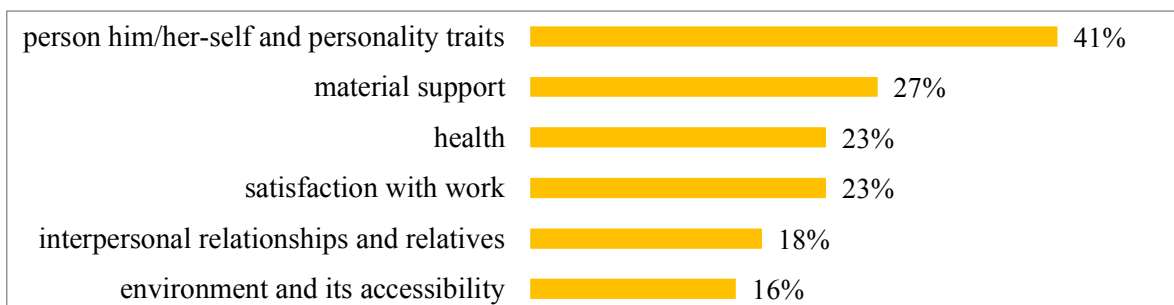


Figure 1. Most frequently mentioned life quality categories when completing the sentence
“I believe that the human life is of good quality if...”

(statistically significant differences between the frequencies, according to the χ^2 test with $p < 0,001$)

Satisfaction with their work seems to be significant for seniors – both in terms of professional and social activities (23 %). (In this category, statements about one’s sense of satisfaction with the progress made, satisfaction with work itself, rather than the financial gains, were grouped.) Life is qualitative if “one does his work with love”. Working in the profession, or at least fulfilling social duties in old age, is still important because it means being socially active, participating in life and “standing on one’s own feet”.

Health is as significant for seniors (23 %), moreover, not only physical health, but also mental health – so that a person is “able to think”. Most often, seniors simply highlight the existence of health, but in some cases its significance is associated with lack of pain. Health makes life better because one can “walk” and “serve himself”, that is, health gives the person an opportunity to be independent. It is interesting to note that seniors without higher education mentioned this category three times more often than seniors with higher education ($p < 0,001$). People of old age find important not only their own health, but also the health of their children and grandchildren. This, in turn, is one of the aspects of the fifth most frequently mentioned category of life quality (interpersonal relationships and relatives – 18 %). This category is based on the perceptions that in order to have a good life one needs to have his loved ones “feel good” and that he can expect to receive support from them, that “everything is good in the family”, that there is satisfaction, and that the children are happy.

As a separate indicator on life quality one can identify in seniors’ responses the environment and its accessibility (16 %). It is both an appropriate space for living and environmental security, which inter alia involves social and medical care, as well as the most necessary things in life – good food, fresh air, the possibility to get out of the house when the sun is shining (this may be related to, for example, the presence of a lift, a wheelchair), contact with living nature, etc. In rural areas, transport is noted as an important aspect of environmental accessibility. Self-improvement and education, emphasizing the desire to learn and not avoid one’s experience, is mentioned as important factor for life quality by 14% of seniors with higher education, but only 3% of seniors with secondary education ($p = 0,025$). Less often, finishing the first sentence, quality of life is related to youth, pleasure, luck, lack of suffering, adequate time planning, travel, self-realization and trust in God.

The endings of the second and the third sentence specify the content and importance of the life quality aspects mentioned in the first sentence. These endings reveal a few other essential categories of quality of life, and more clearly outline the impact of life experience on the perceptions of quality of life, which is manifested in comparison with the understanding of the quality of life expressed by young people aged 20-24, completing the same unfinished sentences (Veide, 2016).

Half (49 %) of all the seniors, when completing the sentence *“The quality of my life is promoted by...”*, mention interpersonal relationships and relatives (Figure 2). The presence of children and grandchildren

for seniors means “someone to live for”. Often, the contact with them is not so frequent, but also such individual cases when, for example, “the son comes from to visit from Ireland”, is enough to mention it as the first aspect on promoting the quality of life. Communication with children and grandchildren provides a lot of positive emotions. More often, the help and support of relatives, their children or close colleagues is noted, especially their emotional support, because they are intelligent, joyful and “cosy”. Less frequently this category refers to their own ability to take care of and support the loved ones. As often as communication with family, seniors also mention socializing opportunities outside the family, good attitude from the surrounding people (in a nursing home or in a community) and interesting conversations with “wise people”. Seniors with higher education mention social contacts in good relationships more often than those without ($p = 0,007$), in this respect, less distinct from the students.

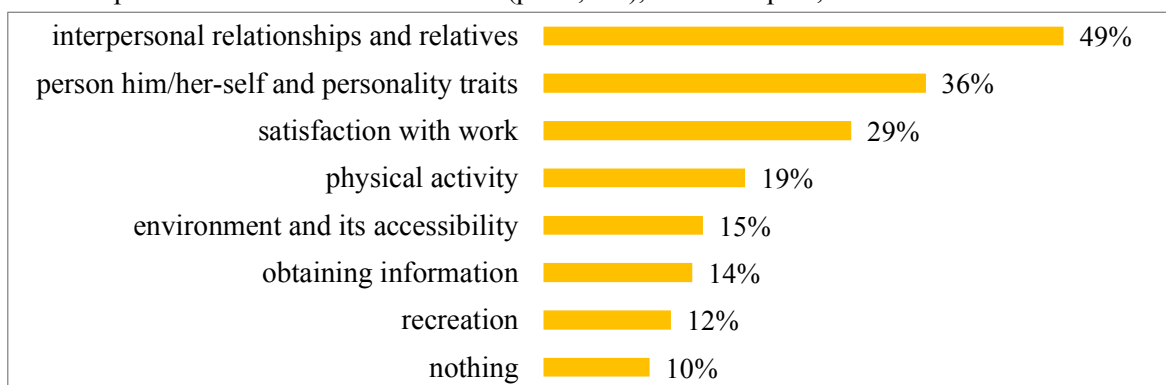


Figure 2. Most frequently mentioned life quality categories when completing the sentence
 „The quality of my life is promoted by...”

(statistically significant differences between the frequencies, according to the χ^2 test with $p < 0,001$)

Similar as in the group of students, slightly more than third (36 %) of all seniors consider themselves, their attitudes and their personality traits, such as optimism, friendliness, and inner freedom, as promoting their quality of life. However, content wise this category reveals three differences when compared to the completed sentences by seniors and students. First of all, seniors can indicate their interest and certain commitment, but they do not mention “purposefulness” or “ability to realize goals”. Secondly, honesty appears in the seniors’ group as one of the most frequently mentioned qualities that promotes life quality. It concerns both the moral lifestyle and the ability to recognize own mistakes. This is postulated as the result of the personal experience of “what will you sow, you will mow”. And thirdly, the topicality of the ability to service oneself can be noted in the seniors’ group. The “awareness that I can” is no longer relevant with regards to some ambitious professional goals, but to a more mundane social functioning. Apparently, seniors who are focusing on the professional success in their lives are aware that professional goals have already been achieved as much as possible, while other goals, which have not been achieved, most likely will not be reached. The achievement is evidenced by the fact that when talking about promoters of life quality seniors mention their professional activities, that is, satisfaction with their work (29 %), twice as often as young people. Some seniors also very directly and with satisfaction highlight the success at their work (because “not everyone is good at it”), their sense of contentment for a qualitatively done job. Often this is a retrospective view, as for the majority of the respondents the active part of their career is already over. However, this does not mean that the quality of life for seniors, in their opinion, is promoted only by the good memories of the achieved things at work. For most seniors, the satisfaction related to work is linked to the continuation of the activities – at home, in the garden, doing rural work, or focusing more on creative activities – undertakings that these seniors previously did not have time for. The feeling of high-quality living is also associated with social work, when the main motive becomes the opportunity to serve others. In some cases, evidence is given that only now – after age of 70 – “finally one can do what he has been interested in for all his life and that he could not do earlier due to work or children” or grandchildren, and have a real pleasure in doing that. Twice as often as the young people seniors mention physical activities (19 %) as important promoters of life quality. Their motives can be pleasure for the ability, regardless of age, to preserve the body’s mobility, therapeutic care for one’s health and additional opportunities for socializing, such as attending dance classes.

In order to experience life as a good one, an important factor for seniors is the environment and access to it (15 %). Basically, a satisfactory place for living is mentioned (it can be both a house and a room in

a nursing home) – when it is warm, clean, peaceful and calm, as well as the available nature – not just a “flower that grows right outside the window” and that “the sun shines and the birds are tweeting”, but also the opportunity to go to the countryside without any restrictions on movement. If every second student mentioned self-improvement and education as a promoter for the quality of life, then only one in ten seniors with the higher education aged 70 or more will mention this aspect. Instead, seniors mention more often gaining and accumulating general information that is not directly related to personal experience and personality development (14 % of all seniors). For a good life in this case for seniors it is enough to be interested in public events, watching television broadcasts, listening to the radio news or reading news from the press, while less often – reading books of various kinds. Although less frequently mentioned than the opportunity to work and the pleasure of active work, an important category for promoting good life quality for seniors is also recreation (12 %) – the fact that there is no need to work anymore, there are no worries and one can relax. More often seniors mention the possibility to relax by visiting various cultural events, exhibitions, theatre performances, etc.

The ten percent limit has been exceeded by such an addition of the sentence as “nothing”, that is, slightly more than one in ten seniors believe that their life quality is no longer promoted by anything. In most cases (3/4 of all the answers of “nothing”) such an answer can be explained by the fact that in the senior’s perceptions quality of life is good if the person is healthy, but the state of own health is unsatisfactory. In other cases, life quality is associated with the family, relatives (their existence and support), but they are no longer there (all of them are either dead or emigrated to another country and do not keep in touch) or with youth that is irreversibly over. The comparison of the frequency of “quality of life is promoted by nothing” in the two senior subgroups reveals that it is more common among seniors without higher education ($p = 0,003$). Among other things, seniors also mention the following promoters of quality of life: the possibility to travel, playing a musical instrument or singing in a choir, medicine – good treatment and attentive attitude of the medical staff, or own personal health care, belief in the teachings of the parents and grandparents, as well as thinking about life and preparation for the further life. Only in the group of seniors without higher education, in 10 % of cases, the belief in God or the presence of God, which gives them the ability to get through difficulties, is marked as a promoter for good life quality. Material security as a factor promoting quality of life does not appear at all in the seniors’ group. This may mean that a large part of the retired people in Latvia are poorly secured and their material condition is not satisfactory, while those who have achieved a good financial position and have enjoyed it do not consider it to be a promoter for a good quality of life.

A different picture can be observed when reviewing the most frequently mentioned categories that have been used to complete the third sentence “*The quality of my life is limited by...*” (Figure 3).

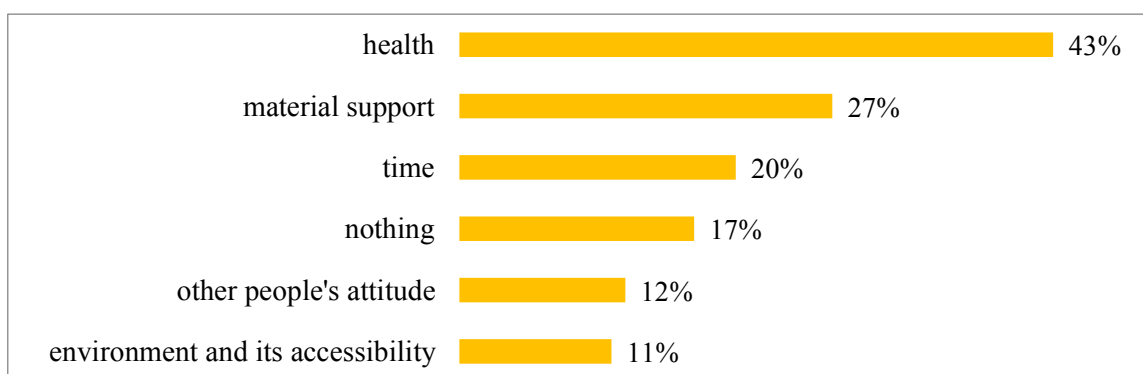


Figure 3. Most frequently mentioned life quality categories when completing the sentence „*The quality of my life is limited by...*” ...”

(statistically significant differences between the frequencies, according to the χ^2 test with $p < 0,001$)

Here material security appears as the second most frequently mentioned aspect of quality of life (27 %). Most often, this category refers to an unfair financial distribution and a small pension. “Chronic lack of money” is suppressing, because it does not give the opportunity to help own children. However, aspects of material security are overcome by health problems (43 %). It must be noted, however, that these categories are partially interlinked due to, among other things, the lack of financial resources to buy healthier food or the necessary medical products and services. When it comes to the limitations on

quality of life, seniors mention health-related aspects twice as often as when referring to the conditions of life quality in general. Apparently, especially health is evaluated as a factor promoting good life when it fades away. The health problem category most often involves complaints of poor eyesight (although during interviews bad hearing turns to be more problematic, seniors mention it less often), pacemakers, prosthetics (especially when they are multiple), difficulty standing up, broken hips, back pain, general exhaustion, and previously experienced strokes and infarcts. In some cases, an illness of a close relative (often a child), such as “the son’s stroke”, is also contributing to the limitations on the quality of life. In fact, seniors without higher education mention health problems twice as often as limiting aspects ($p < 0,001$). Significantly more often respondents in this subgroup relate the restrictions in the health category to external factors, namely, unsatisfactory medical support – “doctors do not help”, “one has to wait for the operation for 3 years”, etc. From the fact that seniors with higher education mention health problems less often, one cannot unequivocally conclude that they feel healthy significantly more often. This difference can be explained by the greater responsibility of oneself and the corresponding linking of the diseases not to the external factors, but rather to oneself, own lifestyle (the differences in the category “own personality, personal traits”) or “attributing” health problems to the age (cat. “time”).

Seniors with higher education mention time as often as the financial limitations (27 %), but seniors without higher education – less often ($p = 0,018$). In general, for all seniors, time is the third most frequently cited category related to the quality of life restrictions (20 %). It is not so much associated with the lack of time as for the younger people who are occupied on a daily basis, but more with aging as an objective phenomenon – with “years that pass ahead” and the fact that “it was better in the past”. The feeling that time almost continuously disappears somewhere changes with the feeling that time has already been irreversibly lost... In some statements, the notion that the most significant time is something that has already passed away and is no longer returnable is revealed quite literally. For example, when the main limitation of life quality is currently referred to as “the past – time that prevented the use of one’s abilities” or “waste of time due to torment”. Other pronouncements are more laconic and may consist of only one word: “age”. In any case, it sounds like an unresolvable problem, unlike the “lack of time” every day when it is possible that “when ...” (a diploma paper will be written, errands will be done, children will grow up, etc.), the situation may still improve. The reason why “age” in seniors’ statements appears as a limiting aspect is also due to the concerns about deteriorating memory and the loss of self-sufficiency (“I do not want to be a burden”).

In the seniors’ group, there is not only some kind of hopelessness in terms of promoting life by completing the sentence “*The quality of my life is promoted by...*” with “nothing”, but also accepting the existing current life as it is by answering to the limitations on the quality of life with: “Nothing limits!” (17 %). Such respondents who believe that their quality of life is not limited by anything are linking the quality of life with the personality traits of a person, his physical and mental activities, with consciousness, self-realization (servicing others) and with the existence of the most necessary things for survival. All young people have mentioned some (at least one) quality of life promoter and the same – at least one factor limiting the quality of life. Hence, the opinions of seniors about the fact that quality of life is not restricted by anything, as well as opinions that nothing promotes quality of life suggests that with age the subjective assessment of the quality of life tends to be polarized.

As the fourth limitation, seniors mention the attitude of other people (12 %). The most disturbing attitude in the social environment is the indifference: “I as a history” am no longer “interesting for the younger generation”. Other people’s bigotry, intolerance, and envy is also mentioned. In some cases, frustration is felt with regards to “bad friends”, but more pain is felt in the statements about irresponsible relatives, and especially about children who are “addicted”, drinking alcohol, smoking, not studying, not going to school, not working, and “being difficult to raise”. Negative life assessment for seniors can be caused not only by disputes with relatives but also by their absence (8 %): when children and grandchildren “are away”, i.e., have moved to live in another country or have died, or when either a divorce has been experienced from a spouse or his or her death (“both wives are already dead”, “husband died long very early”). The fifth limiting category is the environment and its availability, that is, either the dissatisfaction with the available environment or the unavailability of the desired environment (11 %). As a result of the difficulty to move, “too much time has to be spent in enclosed spaces”. The inability to change the environment results in a prisoner’s experience and routine, leads to “tumultuous everyday life”, a life in which “there is no freedom”, and a dislike of the current environment, in which one may have everything in terms of material

things, but still might feel unsatisfactory because one has the feeling like in a prison. If more than one third of all seniors consider own personality as a promoting category of qualitative life, then only 5% believe it is a limiting factor. Comparatively more often (14%), seniors with higher education assume the responsibility for their own character or lifestyle imperfections ($p = 0,009$). Lack of self-motivation, impatience, sedentary lifestyle and excessive drinking are mentioned as inherent disadvantages of limiting a good living. Relatively less often seniors mention conditions – events that do not seem to be dependent on oneself or some other person, such as annoying weather conditions.

In general, the unfinished sentences completed by the respondents confirm the findings of the previous studies that the quality of life of seniors is influenced by maintaining the position of the lifespan, satisfaction with the completed things, material security, health and the relationship with family and friends. Furthermore, retired people with higher level of education are less concerned about their wellbeing and income. Nevertheless, the unfinished sentences, or the absence of any responses previously provided, have made it possible to distinguish between generally accepted, often cliché impressions of good life and identify the difference between promoters and limitations on the quality of life from the seniors' perspective.

Conclusions

- The readiness of the seniors to assume responsibility for the quality of life manifests itself in the notion that it depends on the person himself, from his honesty, his attitude to other people and life in general, from his ability to choose the right job for himself and to work hard, as well as from his own health and readiness to socialize, especially – participating in different physical activities. Nevertheless, the limiting aspects of life quality are largely not being related to oneself, but are rather found in external factors.
- In the context of lifelong learning, one must note the unpopularity of self-development and education as a promoter for quality of life. This category, which is one of the most frequently noted ones by students, is only mentioned by a few seniors with higher education. The fact that seniors prefer to obtain information from mass media suggests that many seniors during their lives (or already during school years) have developed a statement about the importance of being informed rather than learning from own personal experience as a personal lifelong development.
- Although there are apparent similarities among seniors and young people in their most frequently mentioned categories on the quality of life, the results of the seniors' survey reveal the impact of a longer life experience. Seniors relatively more often appreciate the following good life promoting aspects: health, physical activity, satisfaction with the work to be done, living space, nature and the availability of the environment. Many seniors' perceptions of life have been influenced by the experience that contact with some individuals may not only be unsatisfactory but also no longer possible – when relatives, including children, are lost.
- Time as a constraint on the quality of life in seniors' responses appears relatively less often than as indicated by the young people, however, if it does, then mostly as an unresolvable problem. Time problem for seniors is also linked to their understanding of own autonomy – due to the time that has passed (the “years of strength” that are gone) their fears to become dependent on caregivers are aggravated.
- To a lesser extent one can sense dissatisfaction among seniors related to the misunderstandings between generations. If young people feel the need to fight the standards and norms of the older generations that prevent them from finding and being themselves, then seniors feel that they have already found themselves, but do not receive the desired recognition from the younger generations.
- Unlike young people, the old age group includes individuals who believe that nothing no longer promotes the quality of life and those who do not feel any limitations on the quality of life. It can be said that when people become older, there is a certain polarization in their attitude towards life. Focusing on own personality traits, physical and mental activities, self-awareness and self-actualization, which can be influenced by oneself, can relieve over course of time from a negative life assessment. In its turn, relatives and health lost during the years, as well as the material goals that have not been reached, which have proved to be much less influenced, can

lead to hopelessness. The dissatisfaction is based on the fact that there are still some things that cannot be controlled in life – in this case, even the weather can start to seriously annoy.

- There are several significant differences in the perceptions of the quality of life for seniors with higher education and seniors without higher education. Seniors with higher education are significantly less concerned about their own health, they attach greater importance to self-development, willingness to learn, more often take responsibility for their shortcomings, more often talk about time constraints, but less often – about faith in God or the sense of God's presence. In general, the perceptions of the seniors with higher education are closer to the perceptions of students aged 20-24, which suggests that there is some kind of interest that does not change over the life span.

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