

Case Report

The Impact of Place of Residence on the Sense of Coherence of Population Aged 60–89: Evidence from Poland

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Abstract: Place of living is one of the most important socio-demographic factors which characterizes the lives of older people. The importance of with whom and under what conditions older adults live to a large extent determines their health and standard of living. The goal of the study was to find the relationship between the place of residence and housing condition of older adults in Poland and their sense of coherence and health problems. The 29-item Antonovsky SOC questionnaire was used. In the research 303 people (76% women and 24% men) aged 60–89 were evaluated: 158 lived in their own houses/flats, while 145 resided in Daily Homes of Social Assistance (DPS). The overall result for the sense of coherence was 129.65 for older adults living in their own homes and 126.48 for these living in DPS. Statistical dependence between the place of residence and sense of manageability and meaningfulness was found. There is no dependence between gender and the overall score, nor the three components of the sense of coherence. Statistical dependence was determined in the criterion of age. A higher level of meaningfulness was observed in people aged 60–74. Taking into account the place of residents, 52% of the respondents living in their own houses/flats experience loneliness and among the people living in Daily Homes of Social Assistance, 46% experience loneliness. The type of place of residence is one of the most important personal factors affecting the sense of coherence, chronic health problems, and sense of loneliness. The last factor, especially, can adversely affect community sustainability and undermine social cohesion.

Keywords: older adults; coherence; geriatric problems; place of residence; housing conditions; Daily Homes of Social Assistance



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1. Introduction

Place of residence is one of the most important socio-demographic factors which characterizes the lives of older adults [1]. The significance of with whom and under what conditions older adults live to a large extent determines their health and standard of living. This influence is greater than in the case of young people since the people aged 60–89 spend up to 80% of their time at home. The home not only fulfils their basic needs, biological and security, but is also a place of everyday activities and spending free time. Unfortunately, it is also a place where one can experience loneliness. Moreover, it is a place of struggle against potential illness or other age-related conditions. In the psychological dimension, it is a place of reflection, retrospection, and reliving memories. Residential conditions are most often a result of two factors—the material situation and the health of the older adults. In Poland, every fourth person is over 60 years old, and according to demographic projections, the number of people over 60 will be 29% of the population in 2030 and reach over 40% in the year 2050 [2]. These projections do not differ greatly from countries such as the Czech Republic, Slovakia and Hungary (Visegrad Group) [3], as well as from Europe-wide

trends [4]. In this context, the conditions in which this ever-growing age group currently lives are of greater importance.

The sense of coherence (SOC) is influenced by many factors. Among these factors is age (the level of SOC rises with age) [5]. Another factor is the educational level (the level of SOC rises with educational level) [6]. Marital status also affects SOC. Single people have higher levels of SOC [7]. Belonging to disadvantaged groups, such as being an ethnic minority, results in lower SOC scores [8].

There are also ambiguous factors such as gender. Some studies show that it matters [9], others that it does not [10], and still others that gender marginally affects SOC [11]. Another factor is material status. Some studies prove that it ensures a high level of SOC and major financial changes (deterioration) lower the sense of SOC [5]. Some indicate that this factor has no effect on coherence [12].

Despite many studies from many centers on factors affecting SOC, they do not consider the impact of place of residence on SOC, especially in Poland. The goal of the present study was to obtain a response to a question of whether and how a place of residence of a person aged 60–89 impacts coherence and other personal characteristics. This issue is important as a part of community sustainability. It is related to the life activity of older people. That in turn, affects the quality of life, social bonds and social integration. We have conducted a cross-sectional and comparative study, the first in Poland, which would show the importance of the place of residence of older adults for their sense of coherence. Apart from this principal goal of the study, we also wanted to learn:

- What is the global level of SOC and its three elements among older adults living in their houses/flats and Daily Homes of Social Assistance?
- Which socio-demographic factor has the most significant influence on the level of coherence?
- Do older adults living in their houses/flats experience similar health problems to those living in Daily Homes of Social Assistance?

Regardless of their place of residence—own flat/house or living in an institution—the older adults are subject to specific stressors and changes in everyday activities. People residing in their own homes must deal with loneliness, living solo, the departure of children and grandchildren, and must also accept the role of a pensioner. In addition, they deal with chronic diseases. The people over 60 who live in Daily Homes of Social Assistance experience similar difficulties, which are additionally strengthened by the necessity to stay away from home, in a strange place, living with strangers, and needing the help of other people. Considering all of these factors, it seems valid to use the Antonovsky salutogenic theory to compare the personal psychological resources of dealing with the challenges of old age.

Personal characteristics cannot be modified. Health in the old age is also obviously difficult to modify, especially if they have chronic diseases that they must live with for the rest of their lives. However, the place and conditions of residence can be modified in such a way for the older adults to enjoy a high standard of living and comprehensive care.

1.1. *The Residential Situation of People over 60 Years Old in Poland*

The characteristic features of households inhabited by the people over 60 years old in Poland (when it comes to the older adults, the most statistical data for Poles is collected and available for the group over 60, without further division into age groups) are:

1. People over 60 more frequently live in cities (27.4%) than in villages (22%) [2].
2. Feminization: there is a greater number of women among people over 60. The feminization coefficient for people over 60 is nearly 150 women for every 100 men, and it continues to increase with age [2]. The feminization coefficient is higher in cities than in villages, resulting from a greater life expectancy for women living in cities. A similar situation is visible in other European countries [4,13].
3. Singularization: Among people over 60, 78% of the men and 42% of the women are married, the rest of the people over 60 live alone, without a spouse and / or without

children and grandchildren. According to the estimates of the Central Statistical Office of Poland in 2030, 53.3% of single-person households will be managed by people at least 65 years old [14]. In comparison in Europe, 28% of people over the age of 60 live alone, which is the highest percentage on all continents [15].

4. The financial situation of households inhabited by people over 60 in cities is better than those living in villages. Households of people over 60 in cities have an income that is 26.8% higher than rural households. The expenses of urban households are also 18.9% higher than rural households [16]. Among the general expenses of people over 60, whose primary income constitutes of pension, the second-highest expense is the one connected with flat or house (21.2%) and energy carriers (13%) [17]. The residential situation depends also on the region of the country [18].
5. As much as 2/3 of the people over 60 live in multi-family buildings (which is generally connected with living in the city).
6. On the other hand, people over 60 who live in rural areas live in single-story houses (mainly built before World War II or immediately after), or having a ground floor and a first floor (buildings built between 1960–1990). This second group of buildings is the effect of the economic realities of Poland and neighboring countries (including Visegrad Group) from the 70s and 80s, when the current 70 and 80-year olds, who were then at the beginning of their professional careers, often decided to build relatively large houses, which would guarantee (in the future) a roof over the head of subsequent generations [19].

Over 1/3 of the flats of people over 60 are located in buildings with architectural barriers making access to the flat more complicated. Generally, this was a problem experienced more often by people living in cities (35.5%) than in villages (19.7%) [2]. The reason being multi-family housing from the 50s, 60s, and 70s of the XX century, which did not take into account the needs of people who are limited in their mobility [20,21].

1.2. Institutional Help for People over 60 in Field of Housing

People who, due to their age, multiple morbidities, or disability, are not able to independently fulfil their needs or perform their daily tasks at home can take advantage of various forms of aid. Long-term care in Poland is available in two forms of services: Daily Homes of Social Assistance (Polish abbreviation: DPS) and nursing homes (Care and Treatment Facility—Polish abbreviation: ZOL). The first of these is used to provide aid with everyday activities, while the second is targeted at improving health. These services are provided either inside a facility or at home. Depending on the health of the senior and his/her material and family status, the older adults can live in:

- Daily Homes of Social Assistance, family care centers, and adult day care centers (Day-time Social Assistance Homes; Polish abbreviation: DDP)—financed by senior and/or his family or social aid institutions or co-financed by senior and social aid institution;
- nursing homes, providing medical services on-site, either general health or psychiatric;
- hospices;
- private facilities paid for by the older adults themselves and/or their families.

The older adults may also choose to remain in their own homes, where aid, if they need it, is provided by families, neighbors, and volunteers. Such a form of aid is the most common not only in Poland (non-formal assistants provide 80% of such support, generally by women between 50–60 years old), but also worldwide—for instance in the USA it is estimated that 90% of all long-term care services is provided by non-formal assistants [22,23].

In Poland, in 2019, there were 1837 stationary social welfare facilities and the most popular among these are Daily Homes of Social Assistance (there are 875), which constitute 69.7% of all facilities and houses, and which house 72.2% of the people who cannot live in their own homes due to illness, disability, or poverty [24].

Despite the fact that there are not enough places in stationary welfare facilities in relation to people needing those places [22], we can observe the phenomenon of “bed-

blocking”—a situation similar to the one that occurs in hospitals. Similarly to hospitals, placing older people in such institutions is a result of the social and family situation more often than health [25].

1.3. The Sense of Coherence

The sense of coherence is a multidimensional concept consisting of many different factors [26]. The most important role in the concept proposed by Antonovsky is played by the ability of individuals—an active, conscious subject who takes responsibility for his/her health—to use the available resources. This ability is connected with a central salutogenic construct, meaning the sense of coherence. Coherence allows for the recognition and use of the available resources for specific stressors, which leads to being able to deal with stress. The sense of coherence understood as a global life orientation is a principle thanks to which the generalized resistance resources are explained.

The sense of coherence is a variable consisting of three correlated components: the sense of comprehensibility, manageability, and meaningfulness. According to Antonovsky, this sense of coherence is a principal term in the theory of salutogenesis.

The sense of comprehensibility occurs when a person perceives stimuli are coming in from both the external and internal environment as orderly, comprehensible, coherent, and not as “noise—meaning chaotic, disorderly random, accidental, and unexplainable information” [27]. A person possessing a strong sense of comprehensibility in a situation of coming face-to-face with an unwanted stimulus for the first time can understand it, plan his actions, and deal with it or classify it as something and explain by already known categories. The sense of comprehensibility is a cognitive variable.

The sense of manageability is the conviction to what degree a person perceives the available resources as sufficient to deal with the requirements which inflowing stimuli place in front of him, thanks to which we do not feel like victims of certain events. People with a high level of manageability do not feel that life is unjust. Therefore they effectively transform various unbeneficial life situations, finding an effective solution with a high probability of success.

The sense of meaningfulness shows a person’s motivation to act, defines the degree to which life makes sense, indicates that it is worth putting in the effort, involvement, and sacrifice to deal with long-term challenges. A person with a high degree of meaningfulness perceives problems as challenges and gladly puts in the effort to deal with them, he/she does not avoid even the most difficult ones and treats them as desirable. Meaningfulness is an emotional and motivational component. This is the most important motivational component of the sense of coherence, which strengthens the remaining two [27–29].

2. Methods and Materials

2.1. Methods

There were used questionnaire constructed with two parts in the study: Sense of Coherence Scale (SOC-29) by Antonovsky [27] and author’s questions. The particular items are described in Tables A1–A3 in Appendix A. Each question in the SOC-scale has from 1 to 7 points, and every studied person could receive an overall score 29–203 points. Moreover, the range for the sense of comprehensibility of obtainable results was 11–77, manageability 10–70, and for meaningfulness questions 8–56. The high result implied strong SOC. We calculated according to the SOC-29 scale key. The overall scale SOC-29 score defines the level of coherence: the range of 51–100 indicated a low sense of coherence, in the range of 101–152—an average sense of coherence and over 152 points—a high sense of coherence.

The second part of the questionnaire contained questions about personal characteristics: gender, age, type of place of living, education level, marital status and health status (the question concerned chronic diseases). We also asked about sense of loneliness.

2.2. Ethical Issues

Consent of the Bioethical Commission: Studies were conducted after receiving the consent of the Bioethical Commission. Bioethical Commission consent form number: 88/KBL/OIL/2018 from 8 May 2018. The study fulfilled the criteria used in the Helsinki Declaration. The study was voluntary and anonymous.

2.3. Procedures

With the use of the 29-item SOC questionnaire, as well as questions regarding personal characteristic two basic assumptions were made (1) the criterion of the place of residence—performing the study among two groups of seniors: one living in their own homes, the other in Daily Homes of Social Assistance; (2) age criterion—performing the study among people between the ages 60–89 years old.

2.4. Recruitment Process

Inviting the group of people aged 60–89 to the research, we were guided by the typology assuming three distinct stages of old age commonly used in Poland: (a) from 60 to 74 years—called early old age, (b) from 75 to 89 years—the late old age, and finally (c) 90 years of age and over—advanced old age [30,31]. The above division concentrates mainly on health aspects of aging, opposite to statistical (demographical) factors. In Poland women retire at 60 and men at 65, however this is not appropriate for the coherence studies.

The following criteria were used in including the older adults in our study:

- lack of mental disorders and disturbances in cognition (obtaining more than 23 points in the MMSE test (Mini-Mental State Examination);
- age criterion: from 60 to 89 years old;
- at least two chronic diseases;
- consent to participate in the study given by the senior;
- consent of Daily Homes of Social Assistance management to the study.

The selection of the age group 60–89 was based on the health condition as well as perception abilities which allowed for independent filling out of the questionnaire as well as the place of residence—a majority of people over 90 years old lives in their houses/flats, however, this group is characterized by a very low level of participation in social life, which in turn causes difficulties with access to such people.

2.5. Data Collection

The older adults who stay in Daily Homes of Social Assistance were evaluated after obtaining the consent of the management of the institution. This consent was required in order not to destabilize the work of the Daily Homes of Social Assistance and not to hinder the treatment process as well as the occupational therapy and rehabilitation of the residents. The first step was to hand out the MMSE questionnaires to the patients, then after acquiring 23 points, surveys along with the SOC-29 questionnaire were given out. In a situation where the residents had severe problems with their vision (inability to read the text), aid was provided in the form of reading the questions along with the answers.

People in Daily Homes of Social Assistance were given 185 surveys with the MMSE test, and based on these surveys, 145 persons were included in the study proper. Participation in the study equaled 100%—all the people who fulfilled the qualification criteria expressed their willingness to participate in the study. Residents of 4 DPSs in the city of Cracow were evaluated.

People who lived in their houses/flats were tested through social organizations to which they belong: universities of the third age, senior clubs, parish organizations (these are the three organizations to which older adult Poles most often belong) as well as in Daytime Social Assistance Home. They were located in the city of Cracow and the surrounding Cracow County in the Lesser Poland Voivodeship and concerned both people living in the city as well as villages. Participants received 600 surveys, while appropriately filled out surveys were returned by 158 people (survey return rate equaled 183, while 159 people

fulfilled the criterion of 23 points on MMSE, however, one person did not appropriately fill out the coherence questionnaire. The percentage of participants equaled only 26%. Seniors were given questionnaires in paper form.

2.6. Data Analysis

The software Statistica version 13.3 [32] were used for statistical analysis. Firstly all results were developed in Microsoft Excel. Next descriptive statistics were calculated: amounts, arithmetic mean, standard deviation and median. After checking normality by Shapiro–Wilk test, Mann–Whitney U-test and H Kruskal–Wallis test were used to identify the significance of intergroup differences in the values of analyzed measurable variables. The Pearson correlation and the chi-quadrat test with the Yule-phi coefficient were used for qualitative variables. A statistical significance $p < 0.05$ was adopted.

3. Results

In the research, 303 people between the ages of 60–89 were evaluated, among which 158 (52%) lived in their own houses/flats, while 145 (48%) resided in Daily Homes of Social Assistance. Characterization of the evaluated group is shown in Table 1. In the Appendix A there are shown results of the sense of comprehensibility (Table A1), manageability (Table A2) and meaningfulness (Table A3). The data in bold in Tables 1–3 reflect statistical dependence.

Table 1. Characterization of the evaluated group taking into account place of residence ¹.

Qualitative Variable		Own Place of Living N (%)	Living in the Institution (Daily Homes of Social Assistance) N (%)	Score for All Respondents N (%)	χ^2 ; df; p-Values; Fi (Fi Was Counted for $p < 0.05$)
Gender	Women	128 (81%)	104 (72%)	232 (77%)	3.63; 1; 0.056
	Men	30 (19%)	41 (28%)	71 (23%)	
Age	60–74	114 (73%)	68 (47%)	182 (60%)	20.81; 1; 0.000; 0.262
	75–89	43 (27%)	77 (53%)	120 (40%)	
Education	Primary	10 (6%)	37 (26%)	47 (16%)	66.99; 3; 0.000; 0.470
	Vocational	18 (11%)	45 (31%)	63 (21%)	
	Secondary	43 (27%)	42 (29%)	85 (28%)	
Marital status	Higher	87 (55%)	21 (14%)	108 (36%)	5.66; 1; 0.017; 0.136
	Married	71 (45%)	85 (59%)	156 (51%)	
	Single	87 (55%)	60 (41%)	147 (49%)	
Economic situation	Bad	78 (49%)	38 (26%)	116 (38%)	28.72; 2; 0.000; 0.307
	Average	4 (3%)	25 (17%)	29 (10%)	
	Good	76 (48%)	82 (57%)	158 (52%)	

¹ Results in which the statistical relationship is significant are marked in bold.

Table 2. Socio-demographic factors influencing global SOC levels ².

Global SOC Score	Overall Score	Sense of Comprehensibility	Sense of Manageability	Sense of Meaningfulness
Mean score for all respondents (SD)	128.13 (22.88)	46.82 (10.56)	45.72 (8.76)	35.58 (6.89)
Own home/flat	129.65	46.13	46.30	37.20
Daily Homes of Social Assistance	126.48	47.57	45.08	33.81
U Mann–Whitney test (U; p-values)	100,067.00; 0.068	10,729.50; 0.341	9911.00; 0.042	7779.50; 0.000
Aged 60–74	126.94	46.42	46.00	36.40
Aged 75–89	128.82	47.42	45.22	34.29
U Mann–Whitney test (U; p-values)	10,310.00; 0.411	10,299.50; 0.403	10,277.00; 0.386	8766.50; 0.003
Women	128.50	47.66	46.04	34.80
Men	128.02	46.57	45.62	35.82

Table 2. Cont.

Global SOC Score	Overall Score	Sense of Comprehensibility	Sense of Manageability	Sense of Meaningfulness
U Mann–Whitney test (U; <i>p</i> -values)	7946.000;	7558.500;	7718.000;	7492.000;
	0.654	0.294	0.423	0.249
Primary	132.19	51.10	45.93	35.14
Vocational	116.65	42.61	42.52	31.50
Education	127.86	46.48	45.54	35.83
Secondary	133.28	47.69	47.63	37.95
Higher				
H Kruskal–Wallis test (<i>p</i> -values)	0.000	0.000	0.001	0.000
Regression (r)	0.0605	0.0549	0.2430	0.3766
Marital status				
Married	128.94	47.36	45.81	35.78
Single	127.27	46.27	45.62	35.37
U Mann–Whitney test (U; <i>p</i> -values)	11,281.50;	10,946.00;	11,358.00;	11,160.50;
	0.809	0.495	0.887	0.688
Bad	133.36	49.09	47.55	36.72
Economic situation				
Average	116.55	42.87	42.06	35.31
Good	126.42	45.87	45.05	35.49
H Kruskal–Wallis test (<i>p</i> -values)	0.002	0.003	0.001	0.001
Regression (r)	0.1687	0.2679	0.2068	0.6423

² Results in which the statistical relationship is significant are marked in bold.

Table 3. Health problems of older people who live in their own houses/flats as well as Daily Homes of Social Assistance (results do not add up to 100%, since the respondents were able to mark more than one illness) ³.

Type of Chronic Disease	All Subjects N = 303 (100%)	Older Adults Living in Own Home/Flat N = 158 (100%)	Older Adults Living in Daily Homes of Social Assistance N = 145 (100%)	χ^2 ; df; <i>p</i> -Values; Fi (Fi Was Counted for <i>p</i> < 0.05)
Cancers	22 (8%)	14 (9%)	8 (6%)	1.25; 1; 0.262
Metabolic diseases	106 (36%)	49 (31%)	57 (39%)	2.28; 1; 0.130
Psychiatric disorders	58 (19%)	13 (8%)	45 (31%)	25.40; 1; 0.000; 0.289
Cardiovascular diseases	162 (56%)	88 (56%)	74 (51%)	0.660; 1; 0.416
Mobility problems	27 (9%)	17 (11%)	10 (7%)	1.39; 1; 0.238
Huge Geriatric Problems	213 (72%)	85 (54%)	128 (88%)	98.80; 5; 0.000; 0.571

³ Results in which the statistical relationship is significant are marked in bold.

As shown in Table 1, the strongest statistical dependence is between place of residence and education level—four times as often older adults with higher education lived in their own places. Surprisingly we noticed strong statistical dependence between the place of residence and economic situation—twice as often older adults living in their own flats/homes declared poor material situation compare to people living in Daily Homes of Social Assistance. Strong dependence is also noticed between the place of residence and age: in the Daily Homes of Social Assistance lived older people of investigated group.

Table 2 presents results for the overall SOC score compare to personal factors. There is no dependence between gender and the overall score nor 3 components of coherence. In the age criterion statistical dependence was found. A higher level of meaningfulness was observed in people aged 60–74.

In the case of place of residence, two differences were found: older adults living in own homes/flats have obtained higher results in the sense of meaningfulness and the sense of manageability. Moreover we noticed differences between sense of coherence and coherence components and financial (material) situation. Surprisingly, the results indicate that poorer seniors have higher sense of coherence.

The type of place of living is associated with not only the sense of coherence but also the occurrence of health problems among people aged 60–89 (Table 3). As can be seen, much chronic illness as psychiatric diseases and The Huge Geriatric Problems are present among seniors, who were living in Daily Homes of Social Assistance. The term Huge Geriatric Problems is used in polish geriatric literature; this term is known in English as Geriatric Giants [33]. It is possible that living outside own home and having one, two or

a few diseases out of The Huge Geriatric Problems generate psychiatric disorders, but it should be examined in the next study.

The respondents were also asked if they experience loneliness. From among the whole group, 49% experience loneliness every day (12%) or sometimes (37%), and 51% do not experience loneliness. Taking into account the place of residents, 52% of the respondents living in their own houses/flats experience loneliness: 8% of them experience loneliness daily and 44% sometimes. On the other hand, among the people living in Daily Homes of Social Assistance, 46% experience loneliness: 16% daily and 30% sometimes. Consequently, statistical dependence between the place of residence and feeling of loneliness was seen $p = 0.015$.

4. Discussion

Many previous studies were targeted at checking the correctness of the assumptions included in Antonovsky's concept. The effect of these works was establishing the dependencies which occur between SOC and health [34–36]; its quality [37], as well as life satisfaction. The newest research [38] proves that a high level of coherence not only improves life satisfaction but also decreases the death risk in adults independent of the cause of death while also lowering the level of death depression [39]. This may be of significance, especially when it comes to seniors.

Our studies indicate that seniors most often (72%) suffer from conditions that are part of The Huge Geriatric Problem group, and in addition, the older adults living in Daily Homes of Social Assistance experience these conditions twice as much as those living in their own homes. The people aged 60–89 also equally as often experience diseases of the cardiovascular system. In the study conducted among 870 Polish women aged 90 and above [40], it was shown that only 9% do not experience any of The Huge Geriatric Problems, while 31% have two Huge Geriatric Problems, 27%—three, and 11%—four. Two-thirds of the women felt chronic pain, 81% have hypoacusis, 69% have visual disturbances, and 60% have urinary incontinence [40].

The global SOC score in our research equaled 128, which is an average and comparable score to other Polish studies [6]. In [41], the authors evaluated people aged 70 and above who had emigrated from Finland to the Balkans, and concluded that their general SOC level on the 13-item scale oscillates around 70, which means it is at an average level. It was further concluded that the results they obtained among immigrants and people born in Scandinavia are similar. There were also no differences noted between people living in Scandinavia and those who had emigrated to the Balkans when it came to the components of coherence. The authors explain this result not so much in the context of lack of stress, which definitely comes with emigration, but rather from the perspective of a 10-year-long stay in another country and learning new cultural patterns and principles of social coexistence.

Our studies also indicated a lack of differences in the global SOC score between people living in their houses/flats and those living in Daily Homes of Social Assistance. Perhaps people living in Daily Homes of Social Assistance or nursing homes do not perceive their stay in this institution as a stressful event or see it as a natural stage in their life. It is also possible that a person's stay in a Daily Homes of Social Assistance is a continuation of previous use of institutional aid resulting from poverty or disability. Daily Homes of Social Assistance in Poland often function on the outskirts of towns or even outside them—far away from large population centers. In addition, the Polish Daily Homes of Social Assistance inhabitants are relatively younger than those, e.g., in Sweden [42]. In turn, Hyphantis [43] obtained a total similar to ours of 137.3 ± 25.9 . They used the 29-item questionnaire to evaluate patients suffering from at least one of the three long-term conditions (LTCs): type II diabetes mellitus (DM), chronic pulmonary obstructive disease (COPD), or rheumatological disorders (RD) as well as healthy people as a control group. For the patients, the total coherence score was 134.3 ± 26.7 , and for healthy persons, 142.9 ± 23.4 with $p = 0.002$.

Private studies indicated that from among all socio-demographic factors, the one which has the strongest influence on the general coherence score, and the sense of comprehensibility, manageability, and meaningfulness, is the level of education. The highest scores were obtained in the case of seniors with higher education. An Italian study using a short version of the SOC scale indicated that the level of education influences on coherence results: the older people with a higher level of education experience their situation as more controllable and manageable, and have a more meaningful life. Moreover, seniors living with a spouse or partner perceived life as more meaningful and more often declared being able to deal with life challenges [44]. Hyphantis [43] also concluded that the global level of coherence is statistically higher among people with higher education. Similar results regarding the level of education were obtained by Jueng, Tsai and Chen [7] but a factor that further strengthened the sense of coherence besides the level of education was staying at a long-term care facility that was adequately staffed.

In Poland, the medical staff of numerous facilities is often insufficient, which may lower the SOC level of residents of those facilities. Giglio et al. also added personal wellbeing and depression to factors that positively influenced the SOC level in seniors, based on the studies they conducted [45]. Our studies did not show a connection between global SOC and other personal factors.

Meaningfulness is especially important for older adults. The Evergreen project [46] investigated Finnish 65–92-year-olds and discovered that meaningfulness is the factor that gives life a purpose and allows people to be active and to develop a hobby and to maintain social relationships. Furthermore, it gives an opportunity to be physically active and to enjoy good health. Our studies confirmed the importance of the place of residence for meaningfulness—people who lived in their houses/flats had a higher level than those living in Daily Homes of Social Assistance. Even living alone gives seniors a feeling of strength, independence, and self-determination. Norwegian studies (29-item scale SOC) indicate a positive relationship between a high SOC score and higher self-care ability [47]. Eliasi, Rasi and Tavakoli [48] found that the quality of life of seniors who own houses/flats is higher than those who rent or live in houses owned by children or relatives. The factors which play a decisive role in the quality of life for seniors are difficult to obtain in nursing homes. Ng [49], based on studies conducted among 6530 Chinese aged 80 and above, concluded that inhabitants of cities are statistically more likely to declare good or very good satisfaction with life in comparison to residents of rural areas. Other factors that impacted on the level of satisfaction were living with a family and access to social services. On the other hand, Korean studies [50] indicate a higher level of satisfaction among people who live in villages and the older adults who live in apartments compared to those living in single-family houses.

In [35], authors studying Spanish seniors using the 13-item coherence scale unanimously conclude that a high score of meaningfulness is a strong protective factor against disability and dependence. Moreover, they found that good access to social and health services was also highly protective against disability and dependence. In the context of differences between the people aged 60–89 living in an institution and their own homes, this seems like an important, although controversial fact. People living in social or nursing homes live in accordance with specified rules, while their level of independence [51] may be more limited than that of people living in their own homes. One of the main assumptions of long-term care is to keep a patient independent from their chronic disease or disability, but this causes a natural dependence on the care providers and the institution itself [52]. Similar differences will occur in the case of seniors living in villages and cities—access to services and infrastructure is easier, but does it guarantee greater freedom and independence? This would require further studies.

According to the initial concept of Antonovsky, the sense of coherence stabilizes when a person is 30 years old and remains relatively constant [37]. However, some studies indicate an ability to learn coherence [53–55] in order to obtain higher scores. Education at higher stages results in an increase of general knowledge, which in turn limits the number

of stressful situations in the life of an older adults and enables them to solve problems they encounter in their daily life effectively.

In the context of our studies, it is important that the level of coherence can be increased thanks to the use of comprehensive educational programs targeted at seniors [56]. In addition, educational programs can be successfully implemented regardless of the place of residence, both in an institution as well as community care [57]. Health care promotion has yielded especially good results in the case of people who are chronically ill [57]. The sense of coherence increases along with age. A 5-year observation of Swedish seniors aged 85 and higher has indicated an increase in the level of coherence by 3.6 points [58]. However, this increase occurs only if the ageing process is a positive experience. On the other hand, according to Volanen [59], SOC levels are not stable during time and decrease among people exposed to negative life events. They have lower SOC scores in inverse proportion to the recency of the negative life events. Our studies indicate the lack of influence on age on the overall coherence level, but we have noted a decrease in the sense of meaningfulness along with age—lower scores were obtained by seniors between 75–89 years old. Similar results were obtained by Zielińska-Więczkowska [6].

5. Conclusions

This study describes the influence of place of residence of the people aged 60–89 on their sense of coherence and coherence components and points out the results between living in their houses/flats as opposed to institutions which provide aid for seniors aged 60–89 in Poland. However, due to similar cultural, economic, and demographic conditions, as well as similar architectural heritage (as far as the place of residence of the older adults), the study reflects also situation in other countries of the Visegrad Group. The type of place of residence is one of the most important personal factors affecting the sense of coherence, chronic health problems and sense of loneliness. The last factor, especially, may unfavorably influence community sustainability and weaken social cohesiveness.

It is worth underlining that the feeling of coherence in both of the evaluated groups (varied due to their place of residence) is on a low level. On the other hand, the range of normative values defined by Antonovsky is 130–160 points. The difference between groups is only 3 points in favor of people residing in their own homes, yet these values should be much greater (in Daily Homes of Social Assistance, SOC level should be low, while in homes medium). In analyzing the variables of the feeling of coherence, we obtain yet another result which is extremely important for us, since it is the inhabitants of DHSAs who boast a higher level of meaningfulness and not as it could be assumed, seniors living in their own homes. Here, it is well to include an analysis of education which is equally valuable, since, despite the higher education of seniors living at home, it is seniors who live in Daily Homes of Social Assistance who possess a greater feeling of comprehensibility.

Results regarding the age of the evaluated group are also interesting and not very obvious. Indeed it is seniors aged 75–89 who possess a higher global indicator of coherence as well as a greater feeling of comprehensibility in comparison with seniors aged 60–74. Despite suffering from a greater number of diseases, chronic pain, which often requires additional finances to alleviate it—which as a consequence decrease their daily budget, the analysis of our study results shows that seniors aged 75–89 possess higher coherence.

Our study points that material status impact on general sense of coherence and on three coherence components. It is interesting that older people having poorer financial status achieves higher all coherence scores.

Apart from the relevant strengths of the study, we have also noticed some limitations of the research:

- The unwillingness of the evaluated group to participate in the study, which causes a low percentage of participation (the elderly, especially those living in Daily Homes of Social Assistance are distrustful and suspicious of people from the outside),
- The questionnaire did not include questions about the status of the family due to the extremely personal nature of such questions within the Polish senior community.

Based on the obtained results, further research can be developed regarding interdependencies as far as the place of residence at home or in an institution target at:

- varied access to health care services, and also in the context of progressing urban sprawl [60];
- the influence of implemented modernizations, and thermal modernizations of buildings inhabited by the people aged 60–89, as well as adapting the architectural surroundings to the needs of the older adults, on the maintenance/increase of the feeling of coherence;
- the influence of the effects of isolation and social distancing connected with the COVID-19 pandemic on coherence [61].

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Appendix A

Table A1. Results of the sense of comprehensibility among evaluated older people taking into account socio-demographic data ⁴.

SOC Question (Item) for Comprehensibility	Mean Score for All Respondents (SD)	Place of Residence			Gender		Age			
		Own Home /Flat	Daily Homes of Social Assistance	U Mann–Whitney Test (U; <i>p</i> -Values)	Women	Men	U Mann–Whitney Test (U; <i>p</i> -Values)	60–74 Years	75–89 Years	U Mann–Whitney Test (U; <i>p</i> -Values)
Item 1 —When you talk to people do you have the feeling that they do not understand you? (Never have this feeling/Always have this feeling)	4.84 (1.69)	4.73	4.96	10,067.00; 0.068	4.90	4.66	7759.500; 0.461	4.89	4.77	10,733.50; 0.802
Item 3 —Think of the people with whom you come into contact daily, aside from the ones to whom you feel closest. How well do you know most of them? (You feel that they are strangers/You know them very well)	4.49 (1.82)	4.71	4.24	10,260.50; 0.139	4.50	4.45	7945.000; 0.691	7.71	4.16	8995.50; 0.011
Item 5 —Are you surprised by the behavior of people whom you thought you knew well? (Never/Always)	4.24 (1.78)	4.00	4.51	9791.00; 0.028	4.21	4.33	7950.000; 0.658	4.18	4.35	10,305.50; 0.408
Item 10 —In the past ten years your life has been: (Full of changes without you knowing what will happen next /Completely consistent and clear)	3.95 (1.78)	4.19	3.68	9683.50; 0.250	4.09	3.47	6664.000; 0.016	3.95	3.94	10,792.50; 0.927
Item 12 —Do you have the feeling that you are in an unfamiliar situation and do not know what to do? (Very often/Very seldom or never)	4.81 (1.62)	4.71	4.91	10,143.00; 0.102	4.74	5.05	7194.500; 0.118	4.70	4.98	9767.50; 0.139
Item 15 —When you face a difficult problem the choice of a solution is: (Always confusing and hard to find/Always completely clear)	4.05 (1.74)	4.05	4.06	11,367.00; 0.984	3.95	4.38	7049.500; 0.073	3.91	4.26	9559.00; 0.078
Item 17 —Your life in the future will probably be: (Full of changes without you knowing what will happen next/Completely consistent and clear)	4.27 (1.68)	4.06	4.49	9526.00; 0.014	4.20	4.47	7231.000; 0.132	4.19	4.37	10,055.00; 0.276
Item 19 —Do you have very mixed-up feelings and ideas? (Very often/Very seldom or never)	3.78 (1.72)	3.66	3.91	10,904.50; 0.528	3.72	3.95	7692.500; 0.430	3.70	3.89	10,300.50; 0.449

Table A1. Cont.

SOC Question (Item) for Comprehensibility	Mean Score for All Respondents (SD)	Place of Residence			Gender		Age			
		Own Home /Flat	Daily Homes of Social Assistance	U Mann–Whitney Test (U; <i>p</i> -Values)	Women	Men	U Mann–Whitney Test (U; <i>p</i> -Values)	60–74 Years	75–89 Years	U Mann–Whitney Test (U; <i>p</i> -Values)
Item 21 —Does it happen that you have feelings inside which you would rather not feel? (Very often/Very seldom or never)	4.24 (1.81)	4.31	4.17	11,036.00; 0.648	4.21	4.35	7784.500; 0.518	4.16	4.36	10,132.00; 0.325
Item 24 —Does it happen that you have the feeling that you do not know exactly what is about to happen? (Very often/Very seldom or never)	4.03 (1.69)	3.82	4.26	9718.50; 0.028	3.98	4.19	7588.500; 0.341	4.02	4.06	10,773.00; 0.906
Item 26 —When something happened, have you generally found that: (You overestimated or underestimated its importance/You saw things in the correct proportion)	4.20 (1.58)	4.09	4.33	10,419.50; 0.204	4.17	4.30	7720.000; 0.455	4.18	4.23	10,667.00; 0.794

⁴ Results in which the statistical relationship is significant are marked in bold.

Table A2. Results of the sense of manageability among evaluated older people taking into account socio-demographic ⁵.

SOC Question (Item) for Manageability	Mean Score for All Respondents	Place of Residence			Gender		Age			
		Own Home/Flat	Daily Homes of Social Assistance	U Mann–Whitney Test (U; <i>p</i> -Values)	Women	Men	U Mann–Whitney Test (U; <i>p</i> -Values)	60–74 Years	75–89 Years	U Mann–Whitney Test (U; <i>p</i> -Values)
Item 2 —When you have to do something which depends on co-operation with others, do you have the feeling that it: (Surely will not get done/Surely will get done)	4.49 (1.82)	4.95	3.98	8239.50; 0.000	4.58	4.19	7432.000; 0.253	4.70	4.15	8863.50; 0.009
Item 6 —Has it happened that people whom you counted on have disappointed you? (Never happened/Always happens)	4.56 (1.77)	4.47	4.66	10,878.50; 0.449	4.54	4.52	8054.000; 0.778	4.48	4.68	10,236.00; 0.357
Item 9 —Do you have the feeling that you are being treated unfairly? (Very often/Very seldom or never)	4.49 (1.62)	4.40	4.59	10,283.00; 0.147	4.55	4.28	7371.500; 0.197	4.56	4.37	10,293.00; 0.443

Table A2. Cont.

SOC Question (Item) for Manageability	Mean Score for All Respondents	Place of Residence			Gender		Age			
		Own Home/Flat	Daily Homes of Social Assistance	U Mann–Whitney Test (U; <i>p</i> -Values)	Women	Men	U Mann–Whitney Test (U; <i>p</i> -Values)	60–74 Years	75–89 Years	U Mann–Whitney Test (U; <i>p</i> -Values)
Item 13 —What best describes how you see life: (One can always find a solution/There is no solution to painful things in life)	5.24 (1.45)	5.11	5.37	9490.00; 0.009	5.15	5.54	6727.500; 0.019	5.30	5.13	10,513.00; 0.584
Item 18 —When something unpleasant happens your tendency is: (“To beat yourself up” about it/ To say “ok. that’s that. I have to live with it”, and go on)	4.12 (1.95)	4.31	3.93	10,454.00; 0.260	4.15	4.04	7898.000; 0.770	4.18	4.04	10,462.50; 0.676
Item 20 —When you do something that gives you a good feeling: (It is certain that you’ll go on feeling good/It is certain that something will happen to spoil the feeling)	4.56 (1.74)	4.76	4.35	10,394.00; 0.163	4.57	4.54	8112.000; 0.848	4.53	4.61	10,393.00; 0.478
Item 23 —Do you think that there will always be people whom you will be able to count on in the future? (You are certain there will be/ You doubt there will be)	4.69 (1.80)	4.64	4.75	10,518.50; 0.219	4.69	4.69	7930.500; 0.636	4.81	4.50	10,106.00; 0.273
Item 25 —Many people—even those with a strong character—sometimes feel like losers in certain situations. How often do you feel this way? (Never/Very often)	4.17 (1.66)	4.05	4.31	10,585.50; 0.254	4.07	4.52	6925.500; 0.042	4.08	4.31	10,107.50; 0.274
Item 27 —When you think of difficulties you are likely to face in important aspects of your life, do you have the feeling that: (You will always succeed in overcoming the difficulties/ You will not succeed in overcoming the difficulties)	1.67 (1.64)	4.79	4.54	11,126.00; 0.666	4.58	4.97	6810.000; 0.027	4.71	4.59	10,599.50; 0.666
Item 29 —How often do you have feelings that you are not sure you can keep under control? (Very often/ Very seldom or never)	4.77 (1.81)	4.91	4.62	11,344.00; 0.960	4.77	4.77	7807.500; 0.541	4.70	4.87	9994.50; 0.242

⁵ Results in which the statistical relationship is significant are marked in bold.

Table A3. Results of the sense of meaningfulness among evaluated older people taking into account socio-demographic data ⁶.

SOC Question (Item) for Meaningfulness	Mean Score for All Respondents (SD)	Place of Residence			Gender		Age			
		Own Home/Flat	Daily Homes of Social Assistance	U Mann–Whitney Test (U; <i>p</i> -Values)	Women	Men	U Mann–Whitney Test (U; <i>p</i> -Values)	60–74 Years	75–89 Years	U Mann–Whitney Test (U; <i>p</i> -Values)
Item 4 —Do you have the feeling that you do not really care about what goes on around you? (Very seldom or never/Very often) (R)	4.85 (1.81)	5.05	4.64	10,540.00; 0.229	4.99	4.42	6800.000; 0.026	5.01	4.63	9884.00; 0.163
Item 7 —Life is: (Full of interest /Completely routine)	4.56 (1.77)	4.83	4.26	9900.00; 0.041	4.62	4.35	7655.500; 0.369	4.79	4.20	9050.50; 0.011
Item 8 —Until now your life has had: (No clear/very clear goals and purpose)	4.97 (1.63)	5.30	4.62	9535.00; 0.014	4.95	5.05	7875.500; 0.614	5.03	4.87	10,515.00; 0.641
Item 11 —Most of the things that you do in the future will probably be: (Completely fascinating /Deadly boring)	4.19 (1.69)	4.44	3.92	9487.50; 0.009	4.24	4.04	7664.000; 0.376	4.39	3.89	9070.50; 0.012
Item 14 —When you think about life you very often: (Feel how good it is to be alive/Ask yourself why you exist at all)	4.69 (1.62)	4.95	4.42	9954.00; 0.048	4.68	4.74	7667.000; 0.378	4.81	4.50	9927.50; 0.181
Item 16 —Doing things you do every day is: (A source of deep pleasure and satisfaction/A source of pain and boredom)	3.21 (1.65)	3.08	3.36	11,365.00; 0.982	3.27	3.04	7372.000; 0.198	3.17	3.29	10,750.50; 0.882
Item 22 —You anticipate that your personal life in the future will be: (Totally without/Full of meaning or purpose)	4.32 (1.71)	4.72	3.88	8621.00; 0.000	4.32	4.32	7941.500; 0.727	4.52	4.00	9090.00; 0.022
Item 28 —How often do you have the feeling that there is little meaning in the things you do in your daily life? (Very often/Very seldom or never)	4.81 (1.65)	4.94	4.67	11,158.00; 0.767	4.81	4.81	7662.500; 0.403	4.74	4.91	9811.50; 0.156

⁶ Results in which the statistical relationship is significant are marked in bold.

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