

Satisfaction with Life of Women Over 65 Years and the Related Importance of Exercising

Dr. Tatjana Novak

Educational Center for Post
Economics and Telecommunications (SC PET Ljubljana)
Slovenia

Abstract

Satisfaction with life is affected by several factors, which are reflected on personal, physical and mental level, and are indirectly expressed through the interactions of an individual in the environment. Satisfaction with life generally reflects optimism, positive thinking and willingness to live also in the period which is referred to as aging period. In the research, which took place from the year 2006 to 2011, we monitored the satisfaction with life of women aged over 65 and the changes in satisfaction with life, which occurred with regular physical activity in the form of adapted exercising. In 2006, the research included 64 women from Kamnik, Domžale, Kranj, Cerklje and Šenčur with the surrounding areas, aged 65 and older who were the members of the local senior citizens' associations. Of these, 32 participated in the exercising group and 32 in the control group. The average age of women in the exercising group was 69.68 and in the control group 70.75. In 2011, 20 participants from the exercising group, 74.35 years old on average and 17 participants from the control group, 75.12 years old on average, actively participated in the research. Significant differences in the improvement of satisfaction with life were revealed with the participants of the exercising group who were monitored from 2006 to 2011, which could be associated with a positive effect of regular adapted exercising. We estimate that the greater satisfaction with life was influenced by a positive attitude towards the regular weekly exercising, the pleasure of socializing, the new friendships and overall relaxation and well-being at the time of exercising.

Keywords: elderly, older than 65 years, women, satisfaction with life

Introduction

Satisfaction with life is a complex indicator of the quality of life and personal well-being respectively, where a number of factors, such as democracy, personal autonomy, confidence and health play an important role (Javornik, 2009). Satisfaction with life represents the cognitive component of subjective well-being, to wit, an individual's assessment of his own well-being, health, friendships and partnerships respectively, as well as satisfaction with himself. The subjective satisfaction with life in so doing is a compromise between what is important to us and what is achievable actually (Pychyl & Little, 1998). Diener (1984) combines the definitions of subjective satisfaction with life and happiness into three categories. The definitions that determine the satisfaction with life by external criteria fall into the group of normative definitions. With these definitions, a criterion for satisfaction with life is not an individual's subjective assessment, but rather a framework of values held by an observer. The definitions that are related to an individual's standards defining what a good life is fall into the second group. The third group represents the definitions that characterize satisfaction with life as mainly the predominance of positive emotions over negative ones, although the concept of satisfaction with life could not be equated with positive emotions, despite the fact that there is a connection between the perceptions of different emotions. Satisfaction with life (Lyubomirsky et al., 2005) can either be evaluated by the emotional component or implied by a cognitive judgment of an individual about their life. According to Diener (1984), there are three main definitions of satisfaction with life: 1. satisfaction with life is subjective and is reflected in the experience of an individual, 2. subjective satisfaction with life includes positive criteria and 3. subjective satisfaction with life comprises a global assessment of all aspects of an individual's life. Although an individual can only achieve satisfaction with life in a particular area of life, the subjective satisfaction with life is an integrated assessment of an individual's life.

Diener (2000) assumes that satisfaction with life represents a fundamental component of subjective welfare; however, the second and the third components represent positive and negative effects.

The concept of subjective welfare is general and global; it can be described as a general assessment of well-being, satisfaction with life and happiness. The concept of subjective welfare also includes the optimism and the sense of fulfillment. Diener and Biswas-Diener (2000) as well as Myers and Diener (1995) determined that on average people are more satisfied with their lives than dissatisfied. Diener et al., (1997) and Myers and Diener (1995) stated that individuals, who are more satisfied, are also more successful and that is in different fields of life. Thus, satisfaction with life relates with successful outcomes and positive emotional states, which encourage an individual's success, are important. Hence, satisfaction with life is not only reflected at work, in an increased efficiency of individuals who are satisfied with their living conditions, but also in greater efficiency and success in other areas of life, such as the social aspect of an individual's life and their mental and physical health. Satisfaction with health could be an indicator which, on general level, indicates and shows people's ability to perform social roles, and has a significant impact on satisfaction with life. Individuals (Lyubomirsky et al., 2005) who are more satisfied with their lives not only achieve greater efficiency, but also enjoy other advantages and benefits at workplace, inter alia they get more significant, more autonomous and diverse jobs, earn more; furthermore, as the consequence of workload they show less unproductive behavior at work and burnout. It is essential and important that an individual finds balance between work and other aspects of his life. Work-life balance, namely, reduces the possibility of occurrence of various symptoms of stress, anxiety and other unpleasant feelings and thus leads to satisfying conditions and consequently, has bearing on a better state of health.

The subjective emotional well-being (SEW), which has been identified and researched by Diener and colleagues (1985), is of great importance. It implies the complex phenomenon which consists of three basic components: the positive and negative emotion (emotional components), and the feeling of satisfaction with life (cognitive component). Thus, the feeling of satisfaction with life, high positive emotion and low negative emotion form a high degree of subjective emotional state. The formation and maintenance of subjective emotional well-being (SEW) are affected by many factors: genetic, motivational, emotional, cognitive, personal, interpersonal and others. General satisfaction with life is measured by means of the "Satisfaction With Life Scale« (SWLS) which was developed by Diener and colleagues (1985).

The "Satisfaction With Life Scale« (SWLS) represents the cognitive aspect of satisfaction with life. The result on the scale could be characterized as an individual's global assessment of the quality of his life according to personal criteria. It contains five statements about overall satisfaction with life of an individual and a 7-step scale evaluation. Each statement should be evaluated from 1 to 7 so that the highest possible evaluation is 35 and the lowest possible is 5. The meanings of rating: 1 – I strongly disagree, 2 – I disagree, 3 – I partially agree, 4 – I neither agree nor disagree, 5 – I partially agree, 6 – I agree, and 7 - I agree completely. The sum of all statements indicates the final evaluation of satisfaction with life, which means the higher the final score, the greater satisfaction with life. The scale of satisfaction with life is defined as: I am very satisfied with life: from 35 to 31; I am satisfied with life: from 26 to 30; I am partially satisfied with life: from 21 to 25; I am not really satisfied, to wit, I am satisfied with life: 20; I am partially unsatisfied: from 15 to 19; I am dissatisfied: from 10 to 14 and I am highly dissatisfied with life: from 5 to 9 (Musek, 2008).

In general, older people (George, 2010) are more satisfied with their lives and report minor differences between desires and achievements. Their satisfaction depends on individual fields, as the differences are smaller and satisfaction greater in the field of material resources and social relationships; the opposite is true for health, where there is more dissatisfaction. Women are happier than men and believe that many of their wishes have been realized in the periods of young age and middle age, which is not true for old age, when men are happier and more fulfilled. At the elderly (Litwin & Shiovitz-Ezra, 2010), satisfaction with life is closely related to health, work, stress and social networks. The research on a sample of 1462 Americans, aged over 65, showed that for those who are involved in social network and do not feel lonely satisfaction with life is greater and they feel happy. Similarly, Šadl (2005) states that the elderly who are involved in social networks enjoy better physical and mental health and possess greater self-esteem.

Emotional support provided by friends and family members is crucial in achieving and maintaining welfare and is inseparably associated with successful aging. Baker et al. (2005) determine that useful employment is also

important; it increases the feeling of happiness and satisfaction with life and reduces depression, which is associated with social integration and an important role in society.

Finally, at the very aging, it is very important that a person in the period of old age, too, maintains the positive thinking, which helps to improve well-being and provides opportunity for absence of diseases. Positive emotions, namely, affect health through chemical and neural reactions and enhance human intellectual, physical, psychological and social resources (Hvalič, Touzery, 2004).

Ramovš (2003) emphasizes that an indispensable component of a quality old age period is when a person accepts his situation and experiences a sense of his future with the rest of life abilities and tasks to the last breath, including death, which is also a part of life and should find the meaning of death as well as the meaning of birth, of everything he did and everything that happened to him. Physical activity also affects greater satisfaction with life at the elderly (McAuley et al., 2006), since those who are physically active are more satisfied with their lives compared to those who are not engaged in physical activity.

Research Objectives

In this research, we wanted to determine how women aged 65 and over, who live in home suburban environment and take part in the local senior citizens' associations, evaluate their satisfaction with life. In the research, we emphasized the integration in regular weekly adapted physical activity; therefore, we formed an exercising and a control group, which were monitored from 2006 to 2011. Our objective was to determine the satisfaction with life of women aged 65 and over at the beginning and at the end of the program, and to establish if the satisfaction with life of the exercising group was greater after the end of program.

Methodology

In 2006, 64 women aged 65 and over, from Kamnik, Domžale, Kranj, Cerklje Šenčur and the surrounding areas, were included in the research. To assess their satisfaction with life, we used 7-step satisfaction with life scale (SWLS), which was prepared by Diener and colleagues (1985) and used in Slovenia by Musek and Avsec (2002). We formed an exercising group of 32 women, who practiced twice a week in the first year of research and then once a week until 2011. At the beginning of our research the average age of women was 69.68 and 74.35 years at the end (born between 1930 and 1942). At the same time, we formed a control group of 32 women who were not included in the practice. Their average age was 70.75 at the beginning of the study and 75.12 at the end of the study (born between 1931 and 1941). The participation of women took place on a voluntary basis. Both groups were actively monitored from 2006 to 2011.

The SWLS Questionnaire was completed by the participants of both groups. The members of the exercising group, who were included in the survey in the year 2006, completed the SWLS Questionnaire in October 2006 and at the end of June 2007; the members of the control group completed the SWLS Questionnaire in 2006, only once during the research period. In 2011, the members of the exercising group and the members of the control group who responded to the invitation to participate in the interview for the survey completed the SWLS Questionnaire again. The statements in the SWLS Questionnaire refer to the general satisfaction with life. Both groups labeled each of the five statements with points from 1 to 7. The statements were: 1. In many respects my life is close to ideal; 2. Conditions of my life are excellent; 3. I am pleased with my life; 4. So far I have got all the important things that I wanted to have in life; 5. If my life ended soon, I would not change anything.

The analysis was carried out for each statement separately and for the total number of points comparatively, separately only for the members of the exercising and control groups at different time periods and comparatively for the members of both groups for the years 2006-07 and 2011. The maximum possible number of points in the evaluation was 35, since the participants evaluated each statement with points from 1 to 7; the result is the sum of points achieved as follows: from 5 to 9 points it means - very dissatisfied; from 10 to 14 points - dissatisfied; from 15 to 19 points - partially satisfied; 20 points - neither satisfied nor dissatisfied; from 21 to 25 points - partially satisfied; from 26 to 30 points -satisfied and from 31 to 35 points - very satisfied with life.

For statistical analysis, we used the program SPSS 16.0 (SPSS Inc., IBM Corporation, Chicago Illinois, USA, 2008).

The results are presented in the text and in tabular forms. All statistical differences were examined at the level of 5 per cent risk ($p = 0.05$). We calculated:

- T-test to determine the differences in satisfaction with life among the members of the exercising group at the beginning and at the end of practice in 2006-07 and the comparisons separately for the members of the exercising group and separately for the members of the control group between the years 2006-07 and 2011 and - analysis of variance (F-test) to determine the differences in satisfaction with life between the members of the exercising group at the beginning of exercising and the members of the control group and the members of the exercising group at the end of practice and the members of the control group for the period of 2006-07 and 2011.

Results

The Tables below show the results of subjective assessment of satisfaction with life of the exercising group as well as the control group for the period from 2006 to 2011.

Table 1: The Comparison of Satisfaction with life According to the Statements by the Members of the Exercising Group at the Beginning and at the end of Practice in 2006-07

Statement	V1		V2		t-test	p
	\bar{x}	SD	\bar{x}	SD		
1	4.03	1.71	4.77	1.26	-4.280	0.000
2	4.06	1.34	4.81	1.03	-4.280	0.000
3	5.52	0.98	6.06	0.98	-3.592	0.001
4	3.97	1.71	4.66	1.36	-3.503	0.001
5	5.42	1.58	5.84	1.34	-2.754	0.009
Total	22.91	5.38	26.13	3.67	-6.017	0.000

\bar{x} - average value

SD - standard deviation

p - statistical significance

V1 - exercising group at the beginning of exercising 2006-07

V2 - exercising group at the end of practice 2006-07

At the end of practice, in 2006-07, the comparison of satisfaction with life of the members of the exercising group, which is presented in Table 1, shows a statistically significantly greater satisfaction with life ($p > 0.05$) for all statements. After the practice, the statement number 3, that they are satisfied with their lives, received the highest mark from the members of the exercising group; in the second place there was the statement number 5, that they would not change anything if life ended soon. Statistically significant difference was also demonstrated in the sum of the average, which was 22.91 at the beginning of exercising and 26.13 ($p = 0.000$) at the end.

Table 2: The Comparison of Satisfaction with life According to the Statements by the Members of the Exercising Group at the Beginning of Exercising and of the Members of the Control Group in 2006-07

Statement	V1		K1		F-test	p
	\bar{x}	SD	\bar{x}	SD		
1	4.03	1.71	4.65	1.41	2.553	0.115
2	4.06	1.34	4.79	1.07	6.044	0.017
3	5.52	0.98	5.85	0.96	2.585	0.113
4	3.97	1.71	5.18	1.19	11.158	0.001
5	5.42	1.58	5.56	1.39	0.251	0.618
Total	22.91	5.38	26.03	4.46	2.574	0.012

\bar{x} - average value

SD - standard deviation

p - statistical significance

V1 - exercising group at the beginning of exercising 2006-07

K1 - control group 2006-07

Table 3: The Comparison of Satisfaction with Life According to the Statements by the Members of the Exercising Group at the end of Practice and of the Members of the Control Group in 2006-07

Statement	V2		K1		F-test	p
	\bar{x}	SD	\bar{x}	SD		
1	4.77	1.26	4.65	1.41	0.406	0.686
2	4.81	1.03	4.79	1.07	0.071	0.944
3	6.06	0.98	5.85	0.96	0.615	0.541
4	4.66	1.36	5.18	1.19	1.656	0.103
5	5.84	1.34	5.56	1.39	0.938	0.352
Total	26.13	3.67	26.03	4.46	0.095	0.925

\bar{x} - average value

SD - standard deviation

p - statistical significance

V2 – exercising group at the end of practice 2006-07

K1 –control group 2006-07

The comparison of the members of the exercising group at the beginning of the practice and the members of the control group in 2006-07, displayed in Table 2, showed that the members of the control group expressed greater satisfaction with life in all of the statements, statistically significant differences were found in favor of the control group in statements 2 (Conditions of my life are excellent; $p = 0.017$) and 4 (So far I have got all the important things that I wanted to have in life; $p = 0.001$). Statistically significant difference ($p = 0.012$) was also evident in the sum of the average, as the subjective assessment of satisfaction with life of the members of the control group was 26.03 and of the members of the exercising group at the beginning of the practice 22.91. When we compared the subjective evaluation of satisfaction with life of the members of the exercising group at the end of practice and the members of the control group in 2006-07 (Table 3) the differences either in the sum or in the individual statements were no longer statistically significant ($p > .05$).

Table 4: Satisfaction with Life in Relation to the Sum of the Points Achieved by the Members of the Exercising Group at the Beginning and at the end of Practice and by the Members of the Control Group in 2006-07

Assessment of satisfaction and value	V1		V2		K1	
	N	%	N	%	N	%
Very dissatisfied (5 - 9)	-	-	-	-	-	-
Dissatisfied (10 - 14)	1	3.1	-	-	1	3.1
Partially dissatisfied (15 - 19)	7	21.9	1	3.1	3	9.4
Neither dissatisfied nor satisfied (20)	3	9.4	-	-	-	-
Partially satisfied (21 - 25)	11	34.4	12	37.5	10	31.2
Satisfied (26 - 30)	8	25.0	15	46.9	17	53.2
Very satisfied (31 - 35)	2	6.2	4	12.5	1	3.1
Total	32	100	32	100	32	100

V1 – exercising group at the beginning of exercising 2006-07

V2 - exercising group at the end of practice 2006-07

K1 – control group 2006-07

N - number

% - per cent

For the years 2006-07, we compared also the subjective evaluation of satisfaction with life of the members of the exercising group and the control group according to the 7-step scale SWLS, which is presented in Table 4. The results showed that, before practice as many as 34.4% of the members of the exercising group were partially satisfied with their lives, only 25% were satisfied, 21.9% were partially dissatisfied, 9.4% neither dissatisfied nor satisfied and only 6.2% were very satisfied with their lives, while one member was dissatisfied. Exercising having been completed, the percentage of the satisfied raised to 46.9%, very satisfied was 12.5%, 37.5% partially satisfied and one member was partially dissatisfied. 53.2% of the members of the control group were satisfied with their lives, 3.1% were very satisfied, 31.2% said that they were partially satisfied, 9.4% said that they were partially dissatisfied, and 3.1% were dissatisfied with their lives.

Below, we presented the results of satisfaction with life only for the members of the exercising group and the control group who participated in the research throughout the period, i.e. from 2006 to 2011, which was shown in Tables 5, 6 and 7. The members of the exercising group expressed their satisfaction with life at the beginning as well as at the end of exercising in 2006-07, and after the end of research in 2011; the members of the control group were asked about their satisfaction with life during the time of research in 2006-07 and 2011.

Table 5: The Presentation of Satisfaction with Life in relation to the Statements by the Members of the Exercising Group at the Beginning and at the end of Exercising in 2006-07 and 2011

Statement	V1		V2		V3	
	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD
1	4.00	1.52	4.80	1.11	5.10	1.65
2	4.25	1.12	4.65	0.74	5.35	1.39
3	5.40	1.05	5.80	1.01	6.20	0.89
4	4.00	1.62	4.45	1.23	5.35	1.69
5	5.60	1.53	5.80	1.36	6.15	0.93
Total	23.42	5.34	25.47	3.20	28.21	5.41

\bar{x} - average value

SD - standard deviation

V1 – exercising group at the beginning of exercising 2006-07

V2 – exercising group at the end of practice 2006-07

V3 - exercising group 2011

Table 6: The Comparison of Satisfaction with Life According to the Statements given by the Members of the Exercising Group at the Beginning and at the end of Exercising in 2006-07 and 2011

Statement	V1 - V2		V2 - V3		V1 - V3	
	t-test	p	t-test	p	t-test	p
1	-4.000	0.001	-0.900	0.379	-3.803	0.001
2	-2.629	0.017	-2.152	0.044	-3.240	0.004
3	-2.027	0.057	-1.633	0.119	-2.990	0.008
4	-1.443	0.165	-2.486	0.022	-3.777	0.001
5	-1.286	0.214	-0.924	0.367	-1.351	0.192
Total	-2.973	0.008	-2.557	0.019	-4.124	0.000

V1 – exercising group at the beginning of exercising 2006-07

V2 – exercising group at the end of practice 2006-07

V3 – exercising group 2011

p – statistical significance

Tables 5 and 6 show the results of satisfaction with life only for the members of the exercising group who participated in the survey from 2006 to 2011. The comparison of satisfaction with life before and after exercising (comparison V1 - V2) indicates statistically significant differences ($p < 0.05$) in favor of the statements made by the members of the exercising group presented after the first year of exercising in statements 1 (In many ways, my life is almost perfect) and 2 (Situation in my life is excellent); statistically typical is also the sum of the average which stood at 23.42 before the exercising and after the first year of exercising at 25.47 ($p = 0.008$).

Statistically significant differences ($p < 0.05$) in the subjective assessment of satisfaction with life of participants of exercising group occurred also in the period from 2006-07 to 2011 (comparison V2 - V3) in statements 2 (Situation in my life is excellent) and 4 (So far I have got all the important things that I wanted in my life), and statistically significant is also the sum of average which increased from 25.47 to 28.21 ($p = 0.019$). When comparing satisfaction with life since the beginning of exercising in 2006-07 to 2011 (comparison V1 - V3), statistically significant differences appear ($p < 0.05$) in favor of subjective opinions by the members of the exercising group in 2011 for all statements, except statement 5 (If my life ended soon, I would not change anything) and with the total sum as well, since the average evaluation points from the beginning to the completion of research increased from 23.42 to 28.21 ($p = 0.000$).

Table 7: The Comparison of Satisfaction with Life According to the Statements given by the Members of the Exercising Group in 2006-07 and 2011

Statement	K1		K2		t-test	p
	\bar{x}	SD	\bar{x}	SD		
1	5.12	0.93	5.06	0.66	0.269	0.791
2	5.12	0.70	4.82	0.64	0.960	0.352
3	6.06	0.75	6.65	0.49	-3.050	0.008
4	5.23	1.20	5.65	0.99	-1.022	0.322
5	5.65	1.32	6.65	0.61	-2.828	0.012
Total	27.17	3.76	28.82	2.09	-1.447	0.168

\bar{x} - average value

SD - standard deviation

p - statistical significance

K1 - control group 2006-07

K2 - control group 2011

The comparison of satisfaction with life of the members of the control group (K1 - K2) for the period from 2006-07 to 2011, which was presented in Table 7, showed no statistically significant difference ($p = 0.168$) in the sum of the average; statistically significant differences ($p < 0.05$) were observed only for statements 3 (I am satisfied with my life) and 5 (If my life ended soon, I would not change anything).

We were also interested in what the subjective opinion of the satisfaction with life of participants of the exercising group and control group was in 2006-07 and in 2011, and if significant differences appear between the groups; therefore we made comparisons between the members of the exercising group and control group at the beginning of the research in 2006-07 and at the end of the research in 2011.

Table 8: The Comparison of Satisfaction with life According to the Statements given by the Members of the Exercising Group and Control Group in 2006-07

Statement	V1		K1		F-test	p
	\bar{x}	SD	\bar{x}	SD		
1	4.00	1.52	5.12	0.93	6.955	0.012
2	4.25	1.12	5.12	0.70	7.783	0.009
3	5.40	1.05	6.06	0.75	3.738	0.061
4	4.00	1.62	5.23	1.20	5.792	0.022
5	5.60	1.53	5.65	1.32	0.010	0.922
Total	23.42	5.34	27.17	3.76	2.019	0.087

\bar{x} - average value

SD - standard deviation

p - statistical significance

V1 - exercising group before practice 2006-07

K1 - control group 2006-07

Table 8 shows the results of the satisfaction with life compared between the members of the exercising group (V1) and control group (K1) who joined the research in 2006-07. Significant statistical differences ($p < 0.05$) were observed between the two groups in their answers to statements 1 (In many ways my life is close to ideal), 2 (Conditions of my life are excellent) and 4 (So far I have got all the important things that you wanted to have in life) in favor of the control group members. Moreover, the sum of the average of the members of the control group compared to the exercising group in 2006-07 was higher, however, the difference was not statistically significant ($p = 0.087$).

Table 9: The Comparison of Satisfaction with life According to the Statements given by the Members of the Exercising Group and Control Group in 2011

Statement	V3		K2		F-test	p
	\bar{x}	SD	\bar{x}	SD		
1	5.10	1.65	5.06	0.66	0.009	0.924
2	5.35	1.39	4.82	0.64	2.072	0.159
3	6.20	0.89	6.65	0.49	3.369	0.075
4	5.35	1.69	5.66	0.99	0.403	0.530
5	6.15	0.93	6.65	0.61	3.542	0.068
Total	28.21	5.41	28.82	2.09	0.378	0.710

 \bar{x} - average value

V3 – exercising group 2011

SD - standard deviation

K2 –control group 2011

p – statistical significance

In 2011 (Table 9), the same members of the exercising group (V3) and the control group (K2) expressed very similar opinions concerning the same statements, so that the comparison did not show any statistically significant differences between the groups ($p > 0.05$); the sum of the average between the members of the two groups is very close, namely, 28.21 for the members of the exercising group and 28.82 for the members of the control group.

Table 10: Satisfaction with life According to the Sum of Achieved Points by the Members of the Exercising Group and control Group in 2006-07 and 2011

Assessment of satisfaction and value	V1		V3		K1		K2	
	N	%	N	%	N	%	N	%
Very dissatisfied (5 - 9)	-	-	-	-	-	-	-	-
Dissatisfied (10 - 14)	1	5.0	-	-	-	-	-	-
Partially dissatisfied (15 - 19)	4	20.0	1	5.0	1	5.9	-	-
Neither dissatisfied nor satisfied (20)	1	5.0	1	5.0	-	-	-	-
Partially satisfied (21 - 25)	7	35.0	5	25.0	3	17.6	1	5.9
Satisfied (26 - 30)	7	35.0	6	30.0	12	70.6	12	70.6
Very satisfied (31 - 35)	-	-	7	35.0	1	5.9	4	23.5
Total	20	100	20	100	17	100	17	100

V1 –exercising group 2006-07

N - number

V3 - exercising group 2011

% - per cent

K1 –control group 2006-07

K2 – control group 2011

The subjective evaluation of satisfaction with life, too, was compared for members of both groups according to the 7-step scale SWLS, which we presented in Table 10. The results showed that among the members of the same exercising group in 2011 compared to 2006-07 the share of generally more satisfied with their lives was higher, namely, 35.0% very satisfied, 30.0% satisfied and 25.0% partially satisfied. Among the members of the control group who were re-included in the research, there were 70.6% satisfied with their lives in 2006-07 and also in 2011, the percentage, however, of the very satisfied increased from 5.9% to 23.5% in 2011.

Discussion

Satisfaction with life is a subjective assessment by an individual; however, it shows his general physical and psychological health and well-being. Given the fact that regular adapted exercising is a motivator of well-being and has an impact on greater satisfaction with life at the elderly (McAuley et al., 2006), our observations of satisfaction with life of the members of the exercising group at the beginning and at the end of the exercising program in 2006-07 and compared to 2011, applying the questionnaire SWLS (Diener et al., 1985), also show a significant positive difference of subjective assessments of satisfaction with life, first after the first year of the research as well as at the conclusion of research in 2011.

The comparison of satisfaction with life of the members of the exercising group for 2006-07 at the end of exercising for all statements showed a statistical significant greater satisfaction with life ($p \leq 0.05$); in doing so, the members, after exercising, awarded the most points to the statement that they are satisfied with their lives; the statement that they would not change anything if their lives ended soon came second. At the beginning of exercising, only 25% of members were satisfied with their lives, at the end of it this percentage was 46.9%. Only 6.2% were very satisfied at the beginning of exercising, at the end the share was 12.5%. At the beginning, 34.4% members were partially satisfied and at the end of exercising 37.5%. Total number of the dissatisfied at the beginning of exercising was 25% and at the end of exercising only 3.1%. The average value of the subjective assessment of all participants at the beginning of exercising was 22.91, which means that the members of the exercising group were partially satisfied with their lives; at the end of the exercising, the average subjective assessment increased to 26.13, which represents an overall satisfaction with life.

At the completion of the research, the results showed that among the same members of the exercising group in 2011 as compared to 2006-07, there was a greater proportion of members who were generally more satisfied with their lives; namely, 35.0% were very satisfied, 30.0% satisfied and 25.0% partially satisfied and the average evaluation also increased to 28.21%. The research of satisfaction with life among the elderly in Chicago showed similar results, where 12.1% were of the opinion that they were very satisfied with their lives, 39.5% answered that they were partially satisfied, and 2.8% were not satisfied with their lives (Bylina et al., 2006).

In 2006-07, the average subjective satisfaction with life assessment at the members of the control group was already higher when the questionnaire was first filled in, namely, 26.03%, which implies that their state of satisfaction with life did not change significantly at the completion of the research and the subjective assessment of satisfaction with life was 28.82%. Among members of the control group who were re-included in the research, there were 70.6% of those satisfied with their lives in 2006-07 as well as in 2011; but the percentage of very satisfied increased from 5.9% to 23.5% in 2011. The reasons for such thinking of the members of the control group could be found in their minimum requirements from life, believing that they had already achieved what they wanted in their lives; that they would not change anything and that they lead a perfect life.

The reasons could be also more optimistic thinking about life, experiencing a greater joy of life, improved self-esteem and getting more positive encouragement from their environment. The fact is that a positive perception of satisfaction with life has an impact on better health condition, better general well-being, and increased self-esteem and is positively reflected at work as well as in social relationships (Lyubomirsky et al., 2005). Accetto (1987) argues that the daily newspapers, other media and gerontological clinics should make adapted physical exercising enter into the consciousness of older people and result in their involvement in physical activity at home as well as in different societies, senior citizens clubs and retirement homes. In this way, mental and physical fitness into late old age would be preserved and with it the independence and autonomy in taking care of oneself.

Finally, physical activity which took place in the first year of the research twice a week and then all the following years once a week, meant for all participants a motivation and challenge to do something for themselves, allowed them pleasant socializing, relaxation, pleasure and satisfaction when socializing, enhancing the sense of group and individual approval "to be important; I have a great time; I make a positive contribution to the common good", and achieved that all the participants took part in exercising regularly and for the time being replaced their home environment for a gym or fitness center.

That is why we were also able to influence the members of the exercising group positively and succeeded that out of 32 participants, who were included in 2006 in the initial exercising group, 20 are still diligently exercising once a week. Exercising is for all those who persist in it; according to the statements of the participants the physical activity unintentionally became a motive for regular weekly relaxed friendly gatherings; the physical activity also began to influence their weekly pace and became a part of their lifestyle. If the original motives of the participants aged 65 and over were to participate in the research with included exercising, to improve state of health, physical condition and achieve a greater flexibility of the body, these motives changed during the course of research into fun, entertainment, social life and well-being and inadvertently into greater satisfaction with life.

Conclusion

The results of the present research which involved women aged 65 and over, who come from suburban areas and are the members of the local senior citizens associations, could be our guideline that different activities the elderly are engaged in, including regular physical exercising, have an impact on the improvement of satisfaction with life

of an individual. The comparison of satisfaction with life showed that the members of the exercising group were statistically significantly more satisfied with their lives after the first year of the research than before the participation in the research; furthermore, they were more satisfied with life at the end of research. They were of the opinion that they were satisfied with their lives and that they would not change anything if their lives ended soon. Already at the first completing of the 'Satisfaction With Life Scale' (SWLS) in 2006-07, the members of the control group were much more satisfied with their lives and at the end of the research the satisfaction was not significantly changed. The latter findings fully support the objectives of the research that regular weekly exercising resulted in an increase of satisfaction with life of women aged 65 and older. It is very important to raise awareness in society of a growing proportion of people over 65 that they can still be very active and can contribute significantly through their positive energy, general satisfaction with life and active work to common good, both in their home environment as well as to the broader local community.

References

- Accetto, Bojan. 1987. Starost in staranje. Osnove medicinske gerontologije. Ljubljana: Cankarjeva založba.
- Baker, Lindsey A., Lawrence P. Cahalin, Kerstin Gerst & Jeffrey A. Burr. 2005. Productive activities and subjective well-being among older adults: The influence of number of activities and time commitment. *Social Indicators Research* 73 (3): 431-58.
- Bylina, Maureen M., Hu Tzyy-Chyn, Terrence J. Conway, Jane Perrin, Jennifer L. Eldridge Houser & Carolyn C. Cox. 2006. Comparison of exercise attitudes and behaviors of urban older adults with AARP's national sample results. *Journal of aging and physical activity* 14: 41-58.
- Diener, Ed. 1984. Subjective well-being. *Psychological Bulletin* 95: 542-75.
- Diener, Ed, Robert A. Emmons, Randy J. Larsen & Sharon Griffin. 1985. The Satisfaction With Life Scale. *Journal of Personality Assessment* 49: 71-75.
- Diener, Ed, Eunkook Suh & Shieghiro Oishi. 1997. Recent findings on subjective well-being. *Indian Journal of Clinical Psychology* 12: 124-28.
- Diener, Ed. 2000. Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist* 55: 34-43.
- Diener, Ed & Robert Biswas-Diener. 2000: New directions in subjective well-being: The cutting edge. *Indian Journal of Clinical Psychology* 27: 21-33.
- George, Linda K. 2010. Still happy after all these years: research frontiers on subjective well-being in later life. *Journal of Gerontology: Social Sciences* 65B (3): 331-39.
- Hvalič Touzery, Simona. 2004. Drobci iz gerontološke literature - ZDA: Pozitivno staranje. Ljubljana: *Kakovostna starost* 7 (4): 57-58.
- Javornik, Jana S. 2009. Zadovoljstvo z življenjem in zdravjem. Metodološki listi. Ljubljana: Urad RS za makroekonomske analize in razvoj.
<http://www.umar.gov.si/fileadmin/userupload/publikacije/pr/2007/ml/ML-Zadovoljstvo%20Javornik.pdf>.
- Litwin, Howard & Sharon Shiovitz-Ezra. 2010. Social network type and subjective well-being in a national sample of older Americans. *The gerontologist* 51 (3): 379-88.
- Lyubomirsky, Sonja, Laura King & Ed Diener. 2005. The Benefits of Frequent Positive Affect: Does Happiness Lead to Success? *Psychological Bulletin* 131 (6): 803-55.
- McAuley, Edward, James F. Konopack, Robert W. Motl, Katherine S. Morris, Shawna E. Doerksen & Karl R. Rosengren. 2006. Physical activity and quality of life in older adults: Influence of health status and self-efficacy. *Annals of Behavioral Medicine* 31 (1): 99-103.
- Musek, Janek & Andreja Avsec. 2002. Pozitivna psihologija: subjektivni (emocionalni) blagor in zadovoljstvo z življenjem. *Anthropos* 34 (1-3): 41-68.
- Musek, Janek. 2008. Dimenzije psihičnega stanja. *Anthropos* 1-2: 139-60.
- Myers, David & Ed Diener. 1995. Who is happy? *Psychological Science* 6: 10-19.
- Pychyl, Timothy A. & Brian R. Little. 1998. Dimensional specificity in the prediction of subjective well-being: Personal projects in pursuit of the PhD. *Social Indicators Research* 45: 423-73.
- Ramovš, Jože. 2003. *Kakovostna starost: socialna gerontologija in gerontagogika*. Ljubljana: Inštitut Antona Trstenjaka.
- Šadl, Zdenka. 2005. Družbene spremembe, travmatične emocije in emocionalna opora. *Družboslovne razprave* XIX 49/50: 223-42.