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FACULTY OF SOCIOLOGY AND SOCIAL ASSISTANCE

***ASPECTS REGARDING QUALITY OF LIFE OF RETIRED ELDERLY
PEOPLE IN JIU VALLEY***

Abstract of doctoral thesis

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KEYWORDS: quality of life, quality of life dimensions and indicators, economic standard, financial; balance, old age and demographic ageing, retirement, social protection of the elderly.

SYNTHESIS

This paper aims to approach the aspects regarding the quality of life of the elderly retired from active professional life, significant areas of the elderly' lives thus being identified, either as support elements in coping with social-economic difficulties, as the current ones, or sources of concern and discontent. This is done from the "quality of life" standpoint, considering how people evaluate their living conditions.

Taking into consideration the evolution of processes and phenomena in the national economy, with adverse effects on the lives of the vast majority of people, and particularly of the lives of certain categories, among which the retired, to be acquainted with the population's quality of life became essential.

The problem area of the elderly has been considered by the agenda of the Romanian public life, both by drawing up of the legislative framework, in accordance with the European legislation, and by outlining public policies in the social field and by taking concrete actions of social reform.

The ageing of the population is a particular social problem, since it affects not only the persons in question ,but the entire society; the more, the demographic statistics of the recent years point out a significant increase of the number of the elderly and foresee that this process would be kept up. Thus, in a society undergoing an accelerated ageing process, the analysis of the quality of life of the population more and more means the study of the quality of life of those that are in their third stage of life.

Starting from the existing reality, the subject of the thesis was chosen due to the importance of studying life quality, both in theory and in practice, its social –economic and social-human characteristics, in a society in transformation, and to establishing new methods of approach of the subject in question.

The necessity and significance of the subject is also attributable to the fact that alongside with developing market economy, the quality of life, as social-economic category, is an indicator of the "social price" of changes brought about in Romania's daily life in the period of great transformations in society.

Similarly, the insufficient amount of research conducted in our country on the subject of life quality, of the needs and social services for the older people, alongside with the personal inclination and sensitivity to this category of population, led to the decision of studying aspects regarding persons in their third stage of existence.

The four chapters of this thesis include two directions of approach: theoretical , and applicative. The theoretical foundation mainly leaned on debates regarding the concept of quality of life, but also the perspective of individual and demographic ageing. analyzing in each case the major defining notions, characteristic elements and consequences.

In the second part of the thesis, the results obtained are presented, following a research performed in Jiu Valley, in view of pointing out aspects of the quality of life of older people, pensioned off in the respective geographic area. Both elements referring to quantitative dimension of life quality, namely, financial situation, expenses and consumption, goods and services to which they have access, characteristics of relationships and social processes in which they participate, cultural, political, social, health situation, life style, as well as their subjective feeling of satisfaction following the evaluations made by people of the conditions in which they live, were analyzed. The central objective of the research was to outline a cumulative, coherent image, as close as possible to reality, of the living conditions of human communities in Jiu Valley.

The research carried out is both descriptive(showing information on social reality), and explicative(testing hypotheses that were the foundation of the sociologic demarche).

The following major **objectives** were pursued:

- to identify and make a hierarchy of the main needs/problems facing the retired elderly in Jiu Valley;
- to outline cohabitation cases(family/household structure) and the characteristics of each; managing family budgets and covering the main necessities; evaluation of incomes compared to necessities,
- succinct presentation of habitat elements, starting with intimate space(psycho-social background), continuing with the town(artificial physical background) and ending with natural physical background(specific of the area);
- highlighting major physiological, psychological and social modifications occurring alongside with ageing/pensioning; attenuation of the “shock” of retirement and adjustment to the new statute;

- ascertaining social networks of formal and informal support (social-affective assistance) and how they respond to the necessities of the elderly;
- health assessment and evaluation of concrete possibilities of entertainment and recreation specific to the third age;
- evaluation of the degree of covering the needs of the elderly by social services and drawing up proposals to create or improve social services and establish intervention priorities;
- Estimation of the satisfaction/dissatisfaction degree of the elderly with life;

The **hypotheses** on which our sociological demarche was based are :

- When retirement is at a younger age, then the change in the statute of the person in question is more easily accepted and the life as a pensioner is judged as being better
- When the older people are alone, then life quality is deemed as being poorer.
- The educational background of the subjects influence their perception of the quality of life.
- Perception on quality of life is influenced by the area in which the person activated.

In chapter I, „**Theoretical clarifications**” the concepts of “quality of life”, “quality of life dimensions and indicators”, as well as elements of gerontology are examined, with special emphasis on the impact of retirement from active occupational life on the other life quality components.

The concept of *quality of life* appears in the 20th century, the foundation having been laid previously however in fields of cognition and action, such as philosophy and social sciences.

The term was launched in literature by A. Schlesinger and K. Galbraith, but the most notable clarifications regarding its significance were made by B. de Jouvenel (*Arcadie ou l'art du mieux-être*, 1971). This term indicates amenity (the quality of being pleasant, agreeable, attractive) of conditions of existence, being the global effect of facilities, comfort offered by social progress, within a given society. More exactly, quality of life means the “totality of possibilities provided to individuals by society for them to arrange their existence, to have products and use services so that their individual existence could be arranged according to their needs, requirements and desires”. (by Jouvenel B., 1971, apud Apostol P., 1975, p.198).

The concept of quality of life appears in the political speech in the developed countries after the second half of the 20th century, when the monopoly of the economic

approach of development could no longer be kept, and the other sciences, especially sociology and environmental studies became more and more credible in their criticism of the devastating collateral effects of accelerated development, as well as destruction of natural environment and social relationships. Lyndon Johnson is the politician who used for the first time the term quality of life in his speech on the Great Society. Beginning with the seventies, numerous publications have global approach of the Americans' quality of life. A society is created that reunites specialists in the field (ISQOLS – International Society for Quality of Life Studies) and edits the prestigious journal Social Indicators Research. A definition of the term is given by WHOQOL (World Health Organization Quality of Life Group's), "quality of life" meaning: "perception of individuals of their own position in life, in the context of the culture and system of values in which they live and related to their objectives, expectations and standards". This is a complex concept, "an interaction of objective and subjective dimensions", including aspects regarding the health of the person, his or her psychological state, independence level, social relationships, as well as the relationships with the environment in which he or she lives.(Carr A.J., Higginson I.J., Robinson P.G., 2003, p.3).

Soon the preoccupation reaches Europe, where in the most advanced states, such as Germany, Sweden or Holland, the first social reports are produced, organized collections of indicators published in volumes where comparative analyses of the levels and tendencies carried out by sociologists and statisticians are included, the sociologists' efforts to monitor development taking into consideration both objective and subjective aspects. Eastern Europe is also influenced, where Rudolf Andorka in Hungary and Cătălin Zamfir in Romania had been studying quality of life since the end of the seventies. After 1990, these studies became more and more extensive in Romania, where the Institute of Research of the Quality of Life was created under the aegis of the Romanian Academy, performing periodic monitoring research, moving forwards research and education in the field. A multitude of papers are published along these lines in the publication *Calitatea vieții*, edited by the Romanian Academy. (Bălțătescu S., Calitatea vieții, Zamfir C., Stănescu S., 2007, pp.82-83).

The term "quality of life" is difficult to be defined, and particularly difficult to be used operationally in social research, design, prognosis and planning. However, it has a series of advantages from theoretical, methodological and even practical - operational point of view, which would substantiate the efforts of enlightening its significance, for a theory of social development.

Having a "quality life" is obviously desirable, particularly due to the strong emphasis contemporary society lays on direct life experience, associating living with vitality and

dynamism, on the one hand, but also quality (of products, services), this being considered one of the most important assessment criteria of organized activity. On the other hand, the public seem to consider that expressing their satisfaction or dissatisfaction in assessing quality of life is more and more justified, as a “beneficiary” of social programs and policies. The ultimate end of social development thus becomes providing an as high as possible quality of life. (Bălătescu S., Calitatea vieții, in, Zamfir C., Stănescu S., 2007, pp.81-82).

The significance of the concept of “quality of life” is ambiguous as a rule, since, on the one hand it refers to objective conditions in which individuals live, and on the other, views what individuals think of about these conditions. In this sense, it is both about the quality of public life, and that of private life. In fact, in its essence – as its name shows – quality of life involves a quantitative approach of social-human life, as it is assessed by experts and how it is lived by the subjects.

Quality of life is understood as “significance of one’s own life, as a result of global evaluation, from the point of view of the human person, of its own life”. (Zamfir C., Calitatea vieții, in, Zamfir C., Vlăsceanu L., 1998, p.79).

In the last three decades, the field of quality of life becomes one of major official interest in the EU. An example is the fact that through the European Foundation for the Improvement of Life and Work Conditions, a program was launched for the years 2001-2004, of research and monitoring of the quality of life. Through this program, the preoccupation for quality of life is included in the EU agenda, both as a research demarche, and as an objective of public policy. (Fahey T., Nolan B., Whelan C.T., 2003, pp.9-11).

Quality of life is a contemporary concept uniting individual preoccupation to achieve happiness with political objectives of a society based on the responsibility of the authorities towards the citizens and becomes more and more an aim of social development. “The concept of quality of life has the potential of becoming a category with revealing and significant virtues to be able to define the degree of emancipation and humanization of man. (Rebedeu I., Zamfir C., 1989, p.11).

The present concept of quality of life has a complex and multidimensional character, based on the fact that improvement of quality of life, both at society and personal level, involves progress in all domains. Components such as physical and economic environment (standard of living) are obviously very important, but aspects pertaining to social, cultural, political life should also be considered. It is essential therefore for systems of indicators to be devised, that should cover the entire life dimension range.

Dimensions of quality of life are included in the diagnosis made for quality of life. To diagnose quality of life, a set of components (social components), objective and subjective description indicators, perception and assessment.

Social indicator is seen as a measuring instrument for characteristics specific to facts, phenomena or social processes. The aim of social indicators is to facilitate description, assessment and anticipation of how a social system or a component thereof functions.

Descriptive scheme of investigation for quality of life applicable in Romania in the transition period, developed by the Institute of Research for Quality of Life in Romania, includes 9 domains, structures in 13 dimensions, each including several indicators (Mărginean I., Semnificația cercetărilor de calitate a vieții, în, Mărginean I., Bălașa A., 2005, pp. 57-60):

I. Factual variables

- sex;
- age;
- occupation;
- field of activity;
- education;
- position;
- lodging;
- marital status;
- schooling of the husband (wife);
- occupation of the husband (wife);
- occupation of the father;
- family type (organized/disorganized);
- number of children;
- number of family members;
- number of members with jobs.

II. Economic standard of the household

2.1. Income

- sources of income;
- monthly income of occupied persons;
- income per person in the household.

2.2. Consumption

- expenses in consumption;
- structure of expenses in consumption;
- savings;
- consumption from own resources (self consumption).

2.3. Lodging

- type of lodging(private, rented);
- dimensions of lodging ;
- comfort;
- endowment.

2.4. Use of household

- household apparatus;
- electronic apparatus;

- means of transport;
- library.

2.5. *Wealth, possessions*

- house;
- land;
- animals;
- workshops;
- means of production.

III. Perceived quality of life

3.1. *Living conditions*

3.1.1. *Personal:*

- health;
- ability to solve life problems;
- ability to work.

3.1.2. *Family:*

- health of the family;
- family relationships;
- situation of children.

3.1.3. *Habitat:*

- lodging;
- environment;
- neighbourhood;
- town.

3.2. *Assessment of economic resources*

3.3. *Working conditions*

- availability of jobs;
- quality of occupational activities;
- relationships at job;
- career.

3.4. *Leisure*

- amount of leisure;
- organizing leisure;
- entertainment possibilities.

3.5. *Social environment*

- organization;
- fairness of people round;
- personal safety;
- functioning of public institutions;
- respecting everyone's rights.

3.6. *Economic services*

- means of transport;
- access to drinking water.

3.7. *Social services*

- medical care;
- accessibility and quality of education;
- solving financial problems.

3.8. *Social and political participation*

- quality of information received;
- decision influencing possibilities;
- participation levels.

IV. Perception of change

- image of the future compared to the present;
- image of the present compared to the past;
- decision of changes;
- groups favoured/unflavoured by changes.

V. Work

- work program;
- overall activities.

VI. Leisure behaviour

- activity types

VII. Human environment

- relationships with people around;
- trust in fellow creatures.

VIII. Worries (fears)

IX. Satisfaction with life and with certain life components

As far as the quality of life of older people is concerned, eight life quality “models” are given in gerontology literature that might be applied to this age category.

Thus (Mollenkopf H., Walker A., 2007, p.6):

- Social indicators for living standard, health, longevity and, especially referring to income, wealth, morbidity and mortality;
- Satisfying human needs, usually measured by subjective satisfaction of individuals;
- Subjective indicators for life satisfaction, psychological wellbeing, esteem, spiritual fulfilment, and happiness, measured by the use of standardized norms and psychometric tests;
- Indicators for social capital in the form of personal resources, measured by indicators of social support networks, by participation in activities and integration in community;
- Ecologic and neighbouring resources that cover objective indicators, such as level of crime, quality of lodging and social services, as well as access to means of transport, as well as subjective indicators, such as satisfaction with lodging, relationship with neighbours, personal safety;
- Health, with special emphasis on physical and mental functioning;
- Psychological models, measured by factors such as cognitive competences, control, adaptation, autonomy, independence;
- Hermeneutical approaches, underlining the individual’s values, his perceptions and interpretations;

Other authors distinguish eight relevant “fields” in the analysis of quality of life of the elderly. These are (Bond J., Corner L., 2004, p.6):

- Subjective satisfaction: global quality of life, as it was assessed by an older physical person;
- Physical environmental factors: lodging standards or institutional life arrangements, control over physical environment, access to facilities, such as shops, public transport and providers of leisure;
- Factors of social environment: family and social and support networks, entertainment level and contact with statutory and voluntary organizations;
- Social-economic factors: income and wealth, nutrition and general standard of life;
- Cultural factors : age, ethnic group, gender, religion ;
- Health: physical well-being, functional capacity and mental health;
- Personality factors: psychological and moral well-being, satisfaction with life and happiness;
- Factors of personal autonomy: capacity to make choices, to control and negotiate on one's own;

In the year 1903, Mecinicov introduced the concept of **gerontology**, defined as the science of ageing processes, analysis of the essence and causes of ageing in living beings. In a more scientific approach, gerontology has as object of study all morphological, physiological psychological and social modifications caused by the action of time on the body(ageing), independent of any pathologic phenomenon.

The interest manifest today in the study of old age has a complex justification. In the first place it is about the fascination of “youth without old age and life without death”, which preoccupied people for ever, being manifest in various forms in time, from believes and archaic religious rituals , to contemporary genetic experiments.

Secondly, demographic changes in the last century generated certain concerns, solutions were sought after since healthcare and social protection are challenged by the ageing of the population worldwide.

As individual phenomenon, human ageing is a very vast concept, including physical changes of the human body after adulthood, psychological changes in the mind and mental capacity and social changes in the way the person is seen, in what it is expected from him or her, thus being a multidimensional phenomenon, affecting the human person biologically, psychologically, socially. As Atchley R.C. (1988, p.4) pointed out, even if biology stands at the foundation of ageing, its significance is largely social.

Irrespective of the perspective from which ageing is defined, one thing is certain, that it is the terminal stage of people's life. Childhood is the ascending slope in the curve of life, maturity is its prolonged plateau, and old age in return means the descending part of the curve. Increase of interpersonal dependence, weakening of instinctive dynamism, the sense of insecurity, the burden of the past, moreover the tendency to bring to date and revive the past, and to construe the present through its prism, all these accompany old age. (Șchiopu U., Bătrânețe, in, Șchiopu U., 1997, p.109).

Other authors, among which Rădulescu S.M. (2002, pp.65-66), consider that beyond the degenerative and irreversible "alterations", a series of compensations happen in old age which involve restructuring of personality, so that the shortfalls would be balanced by experience and maturity.

From a social point of view, old age means severance from active social roles, and adopting other roles, of which some with passive character, and others with active compensating character. The extent, to which each individual is adapted to the process of ageing, will influence the acceptance of typical role changes in older age. (Balogh M., 2000, p.278). In our society, due to the confusion regarding role expectations (on the one hand the elderly are expected to be dynamic, active, on the other hand their powerlessness is acknowledged), the elderly are not encouraged to make new roles. The elderly will have to adapt to the discontinuity between the requirements of their previous job and those arising after retirement. (Gîrleanu-Șoitu D., Fenomenul îmbătrânirii în perspectivă teoretică, in, Miftode V., 2004, pp.173-174).

Terminal ages of life are under the sign of retirement from active life, an important phenomenon that deeply alters the conditions of existence, especially for those who identified themselves with their own profession. They feel painfully their new social condition. Work confers a certain statute, a series of opportunities for self-achievement, which contribute to shaping up our identity and defining significance of our own existence. Retirement reshapes the image we have of ourselves, by the dissolution of our occupational sub identity; a so-called "crisis of leaving active life" takes place.

The condition of a "successful old age" in each in every aspect is, according to Fontaine (2008.176), keeping up social engagements. The author defines social engagement by two components. The first is practicing socially useful activities; the second is keeping up social relationships. These two aspects influence the quality of life of the retired person.

In chapter II "**Area and methodology of research**" the investigation methods for collecting data and certain common characteristics of sample of subjects are given.

The complexity of the investigation subject involved the use of several research methods, that is document analysis, focus-group, sociological inquiry based of questionnaires, and unstructured observation.

We used **document analysis**, collecting and ordering statistical data, based on the National Institute of Statistics; Ministry of Labour, Family and Social Protection; National Fund of Pensions and other Rights of Social Insurances; County Fund of Pensions Hunedoara; General Direction of Social Assistance and Child Protection Hunedoara; County Council Hunedoara; pension files registered in the Fund of Pensions Petrosani.

We used *focus group* method in **pre-inquiry** (May 2009) and **post-inquiry** variants(June 2011), in the first case to obtain information on the research theme, and also to refine the investigation instrument applied to collect quantitative data, and in the second case, to complete information resulted from the inquiry based on questionnaires.

The questionnaires were applied at the domicile of the subjects, after having previously been pre-tested on 60 subjects, with the help of operators (sociology undergraduates in the University of Petrosani), a set of instructions having been developed in this sense.

Direct inquiry at domicile is often required due to the sampling method, which starts from the domicile of people who would then be inquired. To choose the samples to which the research instruments will be applied, it is necessary for each unit of the “statistic population” to be able to be identified. Sampling procedure per quotas try to limit operator bias in the choice of people to be inquired, requiring these choices to be framed in certain “quotas”, that is indicating the frequency of the individuals with certain characteristics. (Rotariu T., Iluț P., 1997, p. 138).

The population distribution being known, according to certain variables (quotas), the subjects were selected so that the final sample should have the same percentage distribution as the total population.¹ It is important to remark that the sample per quotas is not probabilistic.

This inquiry can be corroborated with observation, which is a great advantage, considering that the theme of the research involved collecting “trivial”, but numerous pieces of information, regarding the way of living of the investigated person. Besides this easily visible information, the face to face discussion in the house of the investigated person can

¹ From a statistic provided by the County Fund of Pensions Hundoara, we set up a representative sample of 600 subjects(approximately 4% of the total population), structured per sex, age, field of acvtivity

easily reveal opinions, attitudes, aims, motivations or other elements pertaining to the subject's emotions, his or her inner universe.

By **observation**, behaviour particularities and non-verbal behaviour of the inquired subjects were perceived, and the way of life of the older people was recorded. Is it obviously a non-structured observation, where there were not explicitly used plans to select, record and encode data.

We present in the following certain characteristics samples of subjects.

As far as population structure per sex is concerned, men are the majority, due to the mono-industrial specific of the investigated zone.

Table No 1. Population structure per sex (%)

Variants of response			
	masculine	feminine	Total
%	56,0	44,0	600=100

From the point of view of distribution per sex, the large majority of the investigated population falls into the 60-79 age range, with 7 % over 79 years old, thus following the tradition of the so-called “demographic ageing of the older people”, phenomenon met not only in Jiu Valley but in the entire country as well.

Table No 2. Population structure per age (%)

Variants of response							
	between 60-64 years old	Between 65-69 years old	between 70-74 years old	Between 75-79 years old	Between 80-84 years old	over 84 years old	Total
%	32,0	28,0	22,0	11,0	5,0	2,0	600=100

The retirement age of the investigated population is rather low, due to the specific occupation of the area, namely mining, where the legal retirement age is 45 years old, with an adequate number of years worked underground. Moreover, the majority of the subjects should have fallen in the 56-60 range for women and 61-65 for men, but the mere 12 % shows that most of the people retired before 56 years old worked in mining, a domain specific to men.

Table No 3. Population structure per retirement age (%)

Variants of response							
	up 45 years	Btw.	Btw.	Btw.	Btw.	over	Total

	old inclusive	46-50 years old	51-55 years old	56-60 years old	61-65 years old	65 years old	
%	8,0	20,0	23,0	35,0	12,0	2,0	600=100

The vast majority of the investigated population have old age pension

Table No 4. Population structure per category of pension(%)

Variants of response					
	Age limit	illness	successor	anticipated	Total
%	89,0	7,0	3,0	1,0	600=100

As far as the field of activity is concerned, almost half of the investigated subjects come from mining, Jiu Valley being a mono-industrial area. However, a quarter of the subjects were occupied in industries other than mining. Besides the two fields of activity, there are public administration, education and healthcare.

Table No 5. Population structure per field of activity(%)

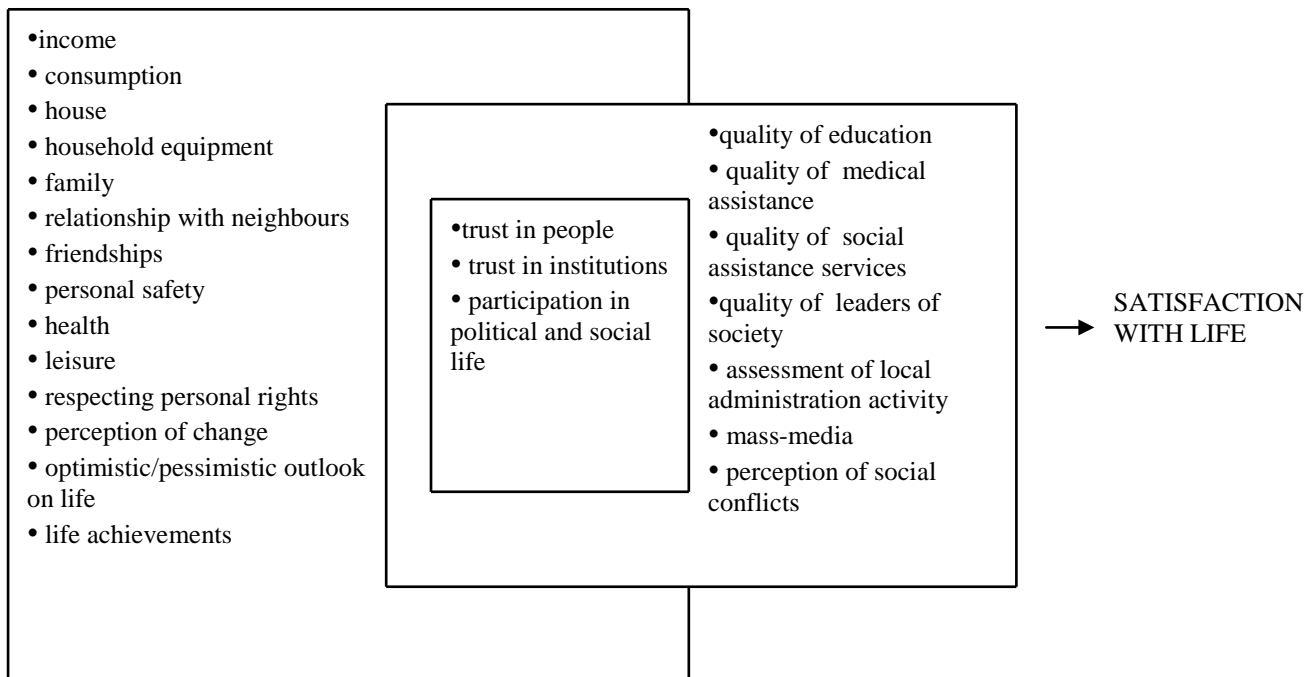
Variants of response						
	mining	industry	services+ Public administration	education+ healthcare	other	Total
%	48,0	25,0	17,0	8,0	2,0	600=100

Chapter III: „**Analysis and interpretation of results obtained by means of sociological inquiry**” points out the results obtained in the inquiry performed at people’s domicile.

The model of analysis of the quality of life, which is a model for our research, outlines four large spheres or domains: quality of personal life of private sphere of the individual; quality of society, as it is perceived by the individuals, relationship of individuals with society, and finally, satisfaction/dissatisfaction with life. (Mărginean I., Precupețu I., Preoteasa A.M., Puncte de suport și elemente critice în evoluția calității vieții în România, în, Revista Calitatea Vieții, 2004, p.2).

SPHERE OF PERSONAL LIFE

SPHERE OF SOCIAL LIFE



RELATIONSHIP BTW. INDIVIDUAL AND SOCIETY

Fig. No 1. Model of quality of life analysis

(apud Mărginean I., Precupețu I., Preoteasa A.M., Puncte de suport și elemente critice în evoluția calității vieții în România, în, Revista Calitatea Vieții, 2004, p.2)

With due consideration to the complex domain of dimensions and indicators of quality of life, shown in the above mentioned model, we rehearse the principal results obtained by the sociologic inquiry, by which we endeavour to offer a complex image of the quality of life of the investigated subjects.

• *Financial situation of the investigated families*

Definition of life conditions of any segment of population can be done being familiar with an important number of parameters; some refer to the economic support of existence, others to daily conditions of living (consumption of food and other, household equipment), health, leisure etc. Within these parameters though, the economic support is by far the most important.

Economic support includes incomes, mobile and immobile goods in possession, as well as savings owned or deposited in banks. Incomes, mainly those who are regularly obtained along a year, have a decisive role in the acquisition of goods and services required to satisfy the need of consumption for the population. For the elderly, the main form of income, and most frequently the only one, is pension.

The assessment of the budget of incomes related to the family necessity shows that in approximately 15 % of the situations, family resources are not sufficient even for the mere necessities, and for one third of the families, incomes are sufficient only for the mere necessities. Only one third of the families lead a decent life, and a little over 16 % can afford expenses that are a little more than the mere necessities, but with serious efforts.

This assessment scale of the subjects for family income is called by Zamfir Cătălin (1984, pp.77-78), *estimated economic standard*, which is determined based on individual estimations of the economic level of one's own economic level. This indicator assesses economic resources from the point of view of their efficacy within the way of life: in what measure they provide or not a certain economic level, with or without privation. It is very difficult to determine the minimum level of resources by which a person (family) can satisfy one's needs. At the level of common conscience, there is a "natural scale" of the standard of life, which allows each person to make an estimation of his or her standard of living and which is defined in concrete terms of economic requirements specific to society and even personal. This scale has a limit at the "strict necessity" level, and the other level: "I have everything I need".

Another important indicator of the economic behaviour and living standard is the *family's financial balance*. (Zamfir C., 1984, p.78). This shows equilibrium between necessities and possibilities, a way of life, balanced as a whole, while a family's financial imbalance can express a higher level of relative poverty: significantly poorer economic means than the active consumption needs, expressed by expenses.

In this sense, more than half of the subjects declare that they had to borrow money before their pension was due to come, and more than half live at the limit of a decent life. Similarly, while more than 40% of the subjects have a poor material situation, only on tenth of those say that after paying all their due expenses, there is money left for the family to spend.

The poor financial-material situation of the investigated families can also be seen from their limited saving possibility. Thus almost one fifth of them save 2-3 times a year, and a little over a quarter only once a year, while the significant share of those who cannot save at all highlight the insufficient financial resources.

The effort of saving is determined, first of all by the "worry for tomorrow" (to overcome unexpected situations and for medical care) and by the desire of buying more expensive household goods. To be noted the rather low percentage assigned for investments and tours abroad and in the country.

The conclusion is that the financial – material situation of the investigated subjects and their families, the evaluation having been done at the end of the year 2009, when the “economic crisis” was already there, is rather poor, although its major effects were felt after a year and go on at present. Nevertheless the bias of those interviewed is seen in the appreciation of the degree of satisfaction regarding the family income. It would be interesting to follow the present opinion of the subjects, considering that our country is facing radical social-economic measures, the more so that, as it is disputed in mass media, some of those would be unconstitutional.

Differences of opinion were noticed between the subjects that live alone and those who come from families with two or more members, regarding the degree of satisfaction with his/the family’s income. Thus, more than 45 % of the subjects who live alone declare that they are dissatisfied and very dissatisfied with their income; approximately the same proportion is with subjects belonging to families with two or more members, who declare themselves satisfied or very satisfied. . These results support the hypothesis: *If the older people are alone, then the quality of life is perceived as being poorer.*

To highlight more the significant association between the number of family members of the subjects and the degree of satisfaction with the family incomes, the chi-square test was applied, the common statistic test, which analyze the tables of association based on two nominal category variables, and the data shown in Table No 6 point out a significant link between the two variables ($p < 0,05$).

Table No 6. Results obtained by application of chi-square test(χ^2)

No of members		Satisfaction with family income					χ^2	P
		Very dissatisfied	Dissatisfied	So and so	Satisfied	Very satisfied		
One member	Rate	12	74	50	52	0	17,4	0,002 p<0,05
	Expected rate	10,6	49,6	50,8	70,2	6,8		
	Difference	1,4	24,4	-0,8	-18,2	-6,8		
Two or more members	Rate	22	84	112	172	22		
	Expected rate	23,4	108,4	111,2	153,8	15,2		
	Difference	-1,4	-24,4	0,8	18,2	6,8		

More than 60% of the subjects with high education are satisfied and very satisfied with their family income, while less than a quarter of those with primary education have the same view. These results support the hypothesis that: *The subjects’ level of education influences their perception on the quality of life.*

The data shown in Table 7, obtained by chi-square test, highlight a statistic significance ($p < 0,05$) between the education level and their satisfaction with their family income.

Table No 7. Results obtained by the application of chi-square (χ^2) test

Education		Satisfaction with family income					χ^2	p
		Greatly dissatisfied	Dissatisfied	So and so	Satisfied	Very satisfied		
Primary	Rate	8	50	30	26	0	24,7	0,002 $p < 0,05$
	Accepted rate	6,4	30	30,8	42,6	4,1		
	Difference	1,6	20	-0,8	-16,6	-4,1		
Middle	Rate	26	96	104	142	16		
	Expected rate	21,8	101,2	103,6	143,4	14		
	Difference	4,2	-5,2	0,4	-1,4	2		
High	Rate	0	12	28	56	6		
	Expected rate	5,8	26,8	27,6	38	3,8		
	Difference	-5,8	-14,8	0,4	18	2,2		

More than 45% of the subjects activating in the field of mining appreciate positively the family income, being a common knowledge that salaries, and pensions in mining are fairly consistent; 40 % of those who retired from industry, and 42% approximately of those who worked in education and healthcare, declare that they are dissatisfied and very dissatisfied with their family income. These data support the hypothesis: *The field of activity influences the perception on quality of life.*

The data presented in Table 8, obtained by the application of one-way ANOVA method, a statistic procedure indicating the variation of the depending variable due to the independent variable, highlights the existence of a significant difference ($p < 0,05$) between the subjects' field of activity, regarding their satisfaction with the family income.

Table No 8. Results obtained by the one-way ANOVA method for satisfaction with family income

Satisfaction with family income				F	p
Field of activity	N	Average	Standard deviation		
mining	288	6,44	1,86	2,7	0,027 $p < 0,05$
industry	150	5,86	2,12		
services + Public administration	102	6,12	2,02		
education + health	48	5,66	2,26		
other	12	4,34	1,96		

- **Habitat**

The data obtained from the investigation were systematized in such a way as to follow certain logic, starting with the dwelling and finishing with the more general aspects of problems related to cultural values of the urban surroundings.

Dwelling, being the most direct and constant urban element in contact with the individual, exerts an important influence on the judgements formulated on several of the other aspects regarding urban surroundings.

Equipping the household with modern goods and apparatus reflect a relatively high standard of this endowment, which constitute a positive aspect of life comfort and quality from material point of view, being in the same time a proof that modernity broke the walls between generations.

Starting from these positive aspect regarding the equipment and household goods, the subject's satisfaction is justified regarding their dwellings, more than two thirds declaring that they are satisfied or very satisfied with the comfort provided by those.

The percentage differences between the satisfaction of subjects living alone compared to that of the subjects from families of two or more members regarding the lodging, are not significant, and if we analyze the data obtained by the application of chi-square statistic test, we can conclude that between the number of members of subjects' families and the degree of content with the dwelling, there is no significant association ($p > 0,05$).

Similarly, there is no significant correlation between the field of activity of the subjects and their satisfaction with their lodging, which is also supported by the data obtained by the application of the one-way Anova statistic method, according to which the value of the significance threshold ($p > 0,05$) does not show a significant difference between the various fields of activity, as far as lodging evaluation is concerned.

A correlation is however noticed between the level of education of the subjects and their appreciation of the comfort of their dwelling, also supported by the data synthesized in Table No 9, which emphasize a significant association between the analyzed variables, supporting the hypothesis: *The subjects' education level influences their perception on the quality of life.*

Table No 9. Results obtained by the application of the chi-square test (χ^2)

Education		Satisfaction with lodging				χ^2	P
		Not satisfied	So and so	Satisfied	Very satisfied		
Primary	Rate	8	34	72	0	22,1	0,001 p<0,05
	Expected rate	2,6	22,4	77,6	11,4		
	Difference	5,4	11,6	-5,6	-11,4		
Middle	rate	6	76	258	44		
	Expected rate	9	75,6	261,2	38,4		
	Difference	-3	0,4	-3,2	5,6		
High	Rate	0	8	78	16		
	Expected rate	2,4	20	69,4	10,2		
	Difference	-2,4	-12	8,6	5,8		

After the analysis of the lodging, the next objective in view was the **town**. This is treated as an urban environment of the lodging and the area where current daily events take place. If the lodging is an intimate space for the family, the town is an area of socialization, of inter-human relationships.

And since any evaluation is subjective, taking generally into consideration both positive and negative aspects, the investigated population considered themselves rather content with the town where they reside, also fewer than those satisfied with the comfort of their lodging.

As far as Jiu Valley area is concerned, the respondents appreciate the necessity of financial support of various domains of activity in the respective area.

Table No 10. Financial support deemed necessary for the following fields of activity in Jiu Valley (%)

	Variants of response					Total
	In a very small degree	In small degree	In a suitable degree	In a large degree	In a very large degree	
Construction of dwellings	3,0	3,3	21,4	48,3	24,0	600=100
health	—	—	2,7	46,6	50,7	600=100
culture	—	2,7	27,3	40,0	30,0	600=100
education	—	2,3	3,0	50,7	44,0	600=100
mining	1,0	3,3	19,0	39,7	37,0	600=100
tourism	—	2,2	14,0	42,2	41,6	600=100
sport	3,3	12,0	45,1	28,3	11,3	600=100
Social assistance	2,0	4,7	33,0	39,7	20,6	600=100
Public order	1,0	5,0	31,7	41,0	21,3	600=100
Public administration	—	11,0	42,3	33,7	13,0	600=100

In the first two places with high percentage it is expected to have health and education, the two “props” that support the development of a society. If there are deficiencies in these two basic domains, then no other domain can function properly.

Tourism is seen as a field in which it would be necessary to invest, alongside with mining, these two domains symbolizing the past and the future of the zone.

Building of apartments also shows significant percentage, since after 1989 no blocks of flats had been built, but only private houses/villas, and there is a serious demand for apartments.

Public order was separated from the rest of the public administration, to see which has a greater share.

• ***Psycho-social family ambiance and relationship between neighbours.***

For the elderly, family is the principal environment of reference, most often it is the safest social and emotional support. It would be normal and beneficial for them to have a caring family, helping them to accommodate and accept more easily their new statute. When family relationships change negatively, the life of the elderly change as well.

Most of the subjects feel their family alongside, with their moral support required in order to be able to get used to the new life style. In many cases (over 40%), the pensioner is seen as a help in the household, including taking care of the grandchildren.

At the opposite pole, there are cases when the family severs relations with the older people. There are cases when a financial aid is still maintained, but in others the lost of the financial and emotional support, added to the lost of the social statute/role, and health problem make them more vulnerable.

The responses show that in their family lives harmony mainly depends on emotional aspects and interpersonal communication, and less on material matter. This attitude is welcome in a society where money plays an important part, to see that in a family group affective aspects are dominant.

The large majority of the investigated subjects are satisfied with their family life, emphasizing once more the central part of the family in people’s lives.

The percentage of the people living alone that are very satisfied with their family life is half of the percentage of those who come from families with several members. The resulting data support the hypothesis: *When older people live alone, the quality of life is perceived as being worse.*

The data obtained by the application of the chi-square test, shown in Table No 11, point out a significant association ($p < 0,05$) between the number of the subjects' family members and their satisfaction with family life.

Table No 11. Results obtained by the application of the chi-square (χ^2) test

No of members		Satisfaction with family life				χ^2	p
		Dissatisfied	So and so	Satisfied	Very satisfied		
One member	Rate	10	40	102	36	14,8	0,002 $p < 0,05$
	Expected rate	5	27	97,2	59		
	Difference	5	13	4,8	-23		
Two or more members	Rate	6	46	208	152		
	Expected rate	11	59	212,8	129		
	Difference	-5	-13	-4,8	23		

Between the level of education of the subjects and their evaluation of family life, no significant connection is noticed, which is pointed out by the application of the statistic chi-square test, which indicates a significance threshold value quite close to that beyond which, from a statistic point of view, no significant association is recorded between the analyzed variables.

Similarly, no significant link is noticed between the field of activity of the subjects and their content with family life, idea supported by the application of the one-way Anova method, according to which the significance threshold ($p > 0,05$) does not show significant differences in the four fields of activity regarding appreciation of family life.

• **Health and leisure**

Health is a basic resource for the individuals, communities and society as a whole. For the individual, to enjoy a good health is essential. Meanwhile, a general good level of health of the population is indispensable to economic increase and development of society.

Health is an important dimension of quality of life. It is not an isolated problem, to be evaluated only from a medical point of view. General health is an essential aspect of social health, this being translated especially in terms of social support.

The fairly high percentage of those who resort to medical services when experiencing light health problems (almost half of the interviewed people) indicates the awareness of the importance of taking care of one's health, but it can also be the result of practice formed during their active life, which for many pensioners coincide with their active period before

1990, when medical services were provided without charge, people could then address free of charge to specialized persons and institutions to take care of their health.

We cannot help but notice that there are fairly high proportions of subjects who go to doctors only when seriously ill (their percentage is very close to the subjects who go to see a doctor with only minor problems). This fact might have shown a rather low level of medical education, had the research been carried out on a population with lower age categories; while with the pensioners (for most of the elderly, medical care is vital), this situation sooner shows a poor financial situation that hinders them in applying to medical care or their lack of confidence regarding the efficiency of these services, than the lack of a medical “culture”.

Even if “it is easier to prevent than to treat”, a little more than one tenth of the respondents understand the importance of preventive checking, when there is no legal regulation regarding the co-payment system for medical consultations.

This “passive” attitude towards one’s health is mainly caused by the negative aspects involved. “Avoiding” medical care is mainly due to financial aspects, that are the costs of being treated, the “gifts” offered to the health personnel. When certain aspects can be blamed on doctors, such as their programme, their attitude or their habit of accepting reward, the waiting time is the consequence of the insufficient number of physicians. Their instruction is not doubted, although the quality of the medical services declined lately.

Although most of the subjects declare that their relationship with the loved ones was not affected by their health problems, except a little maybe, their perception on their own health shows a certain discontent.

More than 45% of the subjects living alone declare that they are dissatisfied with their health, compared to the percentage (more than a quarter) of those coming from families of two or more members. The data support the hypothesis: *When older people live alone, the quality of life is perceived as being worse.*

The data obtained by the application of the chi-square test and synthesized in Table No 12 shows a significant association ($p < 0,05$) between the number of family members and the subjects’ content with their health.

Table No 12. Results obtained by the application of the chi-square test (χ^2)

No members		Satisfaction with their health					χ^2	p
		Very satisfied	Not satisfied	So and so	Satisfied	Very satisfied		
One member	Rate	8	78	66	36	0	16,9	0,002 p<0,05
	Expected rate	12,6	50,8	74,6	46,4	3,8		
	Difference	-4,6	27,2	-8,6	-10,4	-3,8		
Two or more members	Rate	32	84	172	112	12		
	Expected rate	27,4	111,2	163,4	101,6	8,2		
	Difference	4,6	-27,2	8,6	10,4	3,8		

One third of the subjects that worked in mining affirm that they are satisfied with their health, while only one fifth are not satisfied, which is a paradox when we think of the difficult conditions in mines, which inevitable will affect health. Similarly, more than one third of the subjects who worked in services and public administration, education and healthcare, state their discontent regarding their health. These data support the hypothesis that: *The field in which a person activated does not influence their perception on the quality of life.*

The data given in Table 13 show a significance threshold, its value ($p < 0,05$) highlighting a difference between the subjects' fields of activity regarding their satisfaction with their health.

Table No 13. Results obtained by the application of the one-way ANOVA method for satisfaction with health

Satisfaction with health					
Field of activity	N	Media	Standard deviation	F	p
mining	288	6,08	1,88	2,9	0,021 p<0,05
industry	150	5,6	1,88		
services + public administration	102	5,6	1,66		
education + health	48	5,0	1,66		
other	12	4,66	1,64		

No significant connection is noticed between the level of education of the interviewed subjects and their health assessment, also supported by the data obtained by the application of the chi-square test, according to which, from a statistical point of view, no significant association is noted between the subjects' education and their satisfaction with health ($p > 0,05$).

Preoccupation in leisure time is analyzed under three aspects: rest, entertainment and development of personality. The investigation approached to reveal the degree of participation of the subjects in certain free time activities, which involve cultural, spiritual or entertainment services.

There is no great variation in the way the interviewed subjects' spend their free time. The situation is the same both regarding information and cultural or entertainment aspects.

The possible causes for the poor substance of the free time preoccupation and activities could be:

1). The low standard of living influences both directly and indirectly – poor access to certain preoccupation and services - and indirectly – they are not in the mood to enjoy themselves the way leisure time is spent.

2). Mentalities, values and habits determine in their turn the presence of some skills or lack of others. Most of the subjects prefer to spend their time quietly with their family, with domestic means.

3). The real possibilities of spending leisure time, from the point of view of the offers, can also influence the recreation activities of the subjects. Half of the subjects positively appreciate the means of entertainment and recreation provided, however, the concrete modalities of spending their free time have a poor range of offers.

The order in which the possible causes were mentioned does not necessarily indicate their hierarchy, from the point of view of their importance; they only are a mixture of factors influencing their preoccupations differently.

Nevertheless, the investigated subjects show a amount of subjectivity, when more than half of them say they are satisfied and very satisfied regarding the way they spend their leisure time, the same subjectivism being seen with the majority who say that although Jiu Valley has many deficiencies, they had never thought of leaving.

There are no significant differences between the state of satisfaction of the people living by themselves and those coming from larger families, regarding the modality of spending their leisure time, shown by the significance threshold value, calculated by the application of the chi-square test, which is quite close to the point beyond which, statistically there is no significant association between the analyzed variables.

There is no significant connection between the education of the subjects and their satisfaction with the modalities of spending leisure time, which is also supported by the data resulted from the application of the chi-square test, according to which, from a statistical point of view, there is a no significant association between the analyzed variables($p > 0,05$).

Similarly, there is no significant connection between the field of activity of the subject and their satisfaction with the modalities of spending their leisure time., also supported by the application of the one-way Anova statistic method, which shows a significance threshold the value ($p > 0,05$) of which does not show a significant difference between the subjects' fields of activity regarding their satisfaction with the modality of spending their free time.

• *Statute of pensioner and its psycho-social and economic consequences*

In Romania, the constitutional rights for social insurance are exerted by the public system of pensions and other rights of social insurance. This was regulated by the Act No 19/2000 on public pension system and other rights of social insurance, published in the Official Journal No 140 of 1.04.2000 with subsequent modifications and additions, currently however the Act No 263/2010 is in force on unitary public pensions, published in the Official Journal No. 852 of 20.12.2010.

One third of the investigated subjects state that pensioning is a recognition of one's merits and activity, considering that all that had been done in a "lifetime of work" was not useless. At a considerably small difference, there are those who believe that pensioning is a period free of needs and hardship. Few are those who think that retirement means regaining their liberty, the possibility to enjoy their leisure time and put into practice the ideas and desires that had been neglected since they were busy while working. It is positive that there is a very small amount of those who think that retirement is the beginning of loneliness and social uselessness and isolation, and lack of social prestige. It is true that retirement means a total change of status and roles. People lose most of their important roles, and the higher the professional authority and the social status, the loss is the more brutally felt. The loss of the roles gained with efforts along their lives is sudden, and does not allow the individual to adapt – at an age when adapting capacity starts to decline- , this leading to a decrease of the social prestige and generation of a situation of dependency or social isolation. The condition of a successful adaptation is the capacity of the individuals to "see" and to "think" their own life and person, and to harmonize with their family and social group through his new position.

The research data show that the younger the age of pensioning, the more positive the image of retirement, in the subjects' perspective, is, and the adaptation to the new status is easier. As the age of retirement is older, less pleasant aspects of pensioning are highlighted. Thus, retirement understood as a way of regaining one's freedom is met especially until the

age of 50 (around one tenth, until 45 years old included, and one third, between 46 and 50 years old). Similarly, almost one third of those who understand by pensioning the acknowledgment of merits and activity, were in the range of 51-55 age of retirement.

On the other hand, retirement seen as a period free of needs and hardship, and lessening of the social prestige, as well as a period characterized by a feeling of social uselessness, loneliness and social isolation, are mainly met among subjects who retired between 56-60 years old (the percentage of those having this perception of retirement is in the range of 37,5 and 40 %). Half of the subjects that see retirement as the beginning of dependence on others are in the same range of retirement age.

A little more than half of the subjects retired at 56-60 years old declare that life after retirement is worse and much worse and almost half of those who retired between 61 and 65, say that their lives is worse than before pensioning. On the other hand, almost a quarter of those retired at 45, that is more than a quarter of those retired between 46-50 years old, estimate that life after retirement is better, this support the hypothesis: *When retirement is at a younger age, then the change in the person's statute is easier overcome and life is seen as being better.* The percentage of the subject who retired over 65 years old is not significant; it is only 2% of the total subject.

The data synthesized in Table No 14, obtained by the application of the one-way ANOVA method, show a significance threshold of 0,03, therefore there is a significant difference between the age categories at pensioning regarding the appreciation of life after retirement.

Table No 14. Results obtained by the application of the one-way ANOVA method for life at pensioning

Life after pensioning					
Pensioning age	N	average	Standard deviation	F	p
45 years old included	50	5,52	1,86	10,7	0,03 p<0,05
46-50 years old	116	5,68	1,94		
51-55 years old	138	5,44	1,78		
56-60 years old	210	5,08	1,5		
61-65 years old	72	5,34	1,44		
over 65 years old	14	5,42	2,22		

The pensioners' major worries centre on their financial situation and health, the two "motors" that support the life of the pensioner, interrelating with it. It is true that the pensioners' quality of life, their subjective wellness and satisfaction to live depend on all

these aspect, including the prevention of the sense of social uselessness, loneliness and isolation, involvement in useful social activities, keeping up a circle of social relations etc. Whereas “compensations” could be found for these aspects, by which the trauma of retirement is more easily overcome, as far as financial support and health are concerned, they really are central points for a quality life.

In accordance with the main categories of problems facing old aged people, that is financial problems, mainly due to lessening of personal income as a result of retirement from professional life, and health problems, which may often result in loss of independence, the subjects give their opinions on the measures that should be taken by the state authorities to protect older people, and to prevent the worsening of their social and medical condition. Thus, the solutions would be the increase of the pension, so that they might lead a decent life, and medicine free of charge. Fewer subjects suggest a medical staff that should pay house calls to the elderly, building more homes for the elderly, hospitals with special sections intended to them etc.

Taking into account the real situation in the country, the fact that nominal pensions stayed far behind the increase of costs of goods and services, the option for the pension increase can only be seen as a reasonable request. The delays in the carrying out of these solutions, explicable by the social-economic realities, make the situation of the present pensioners more difficult. The provisions of the new Act of Pensions (especially those referring to the gradual increase of the pensioning age and developing a private fund of pensions), will exert their positive effect only on the next generations of pensioners.

• ***Perception of one's own person and of the other in the subjective assessment of life.***

Satisfaction with life and confidence in themselves and others are global concepts referring to life as a whole, as opposed to its specific aspect, more and more taken into consideration, especially in gerontology.

The joy of living, and life therefore, is appreciated by almost two thirds at high and very high quotas, and evaluation of the interest for the present makes subjects to be active on the scene of social life, even after retirement. The intensity, with which they declare their confidence and optimism towards their new situation, as well as their capacity to take initiatives faced to difficulties in life, show a rich life experience and the desire to be involved in various actions.

There are no significant differences between the state of daily satisfaction of the subjects living alone, compared to those coming from families with two or more members,

idea supported by the data obtained by the application of the chi-square test, according to which the significance threshold has a similar value to that beyond which, from a statistical point of view, there is no significant association between the analyzed variables. Therefore, the investigated subjects, both those living alone, and those from families with several members, find resources that will keep up their satisfaction with life at a fairly high level.

No significant connection is seen between the field of activity of the subjects and their satisfaction with day to day life, an idea supported by the application of the statistic one-way Anova method as well, which show a ($p>0,05$) significance threshold value, indicating that there are no significant differences between the analyzed fields regarding the evaluation of day to day life.

While more than a quarter of the subjects with primary education are satisfied with their day to day life, more than 60% of those with higher education make the same appreciation, a connection thus resulting between the education level of the subjects and their satisfaction with day to day life, which supports the hypothesis: *The subjects' education level influences their perception of quality of life.*

The data given in Table 15, obtained by the application of chi-square significance test, show a significant association ($p<0,05$) between the subjects' education and the degree of satisfaction towards their daily life.

Table No 15. Results obtained by the application of the chi-square (χ^2) test

Education		Satisfaction with daily life				χ^2	P
		Dissatisfied	So and so	Satisfied	Very satisfied		
Primary	Rate	20	58	32	4	19,1	0,004 $p<0,05$
	Expected rate	8,4	49	52,4	4,2		
	Difference	11,6	9	-20,4	-0,2		
Middle	Rate	20	168	182	14		
	Expected rate	28,2	165,2	176,6	14		
	Difference	-8,2	2,8	5,4	0		
High	Rate	4	32	62	4		
	Expected rate	7,4	43,8	47	3,8		
	Difference	-3,4	-11,8	15	0,2		

Several dimensions were put forward to the subjects to ask for their opinions, by means of which we endeavoured to see their "philosophy of life".

1. Human isolation/communion. Interpersonal relationships are essential in the personal and collective equilibrium and social and mutual support is essential conditions for a quality life. The subjects' opinions on this dimension are rather uneven. If a little more than half declare that in general people only care for their person and their interests, egoism and

distrust prevailing, almost the same percent believe that people can be changed, on the condition that this change should take place early in life, and those initiating this change should be patient and tactful.

2. Optimism/pessimism regarding social life dynamics. The perception of the sense of evolution of social events, of “direction” of life course definitely affects the emotional condition of the individuals. More than 70% of the subjects say that things go from worse to worse, without a positive outlook, social life is practically regressing, and more than two thirds declare that the more they know about what is happening, the more they are overcome by a sense of sadness and pessimism.

3. Control/lack of control and understanding/lack of understanding on their life. For a balance in one’s life, it is necessary to be able to plan one’s own life, carrying out the objectives set out, and in order to plan life, it is essential to understand its sense. More than half of the inquired subjects say that they are able to carry out what they intend and almost the same percent declare that life experience has made them feel ready for all hardship and ordeal that might follow. Starting from the idea that “nothing is accidental in life”, the subjects affirm that they understand why things happen as they do, ending up by understanding the reason of the events in their lives.

In Chapter IV: „**Results obtained by the focus-group method**” the principal information recorded by this method is given, both in pre-inquiry and in post –inquiry variant. The latter variant of the focus-group method was mainly carried out in the end of highlighting the possible variations in the subjects’ opinions on the same matters, during the period of the investigation.

The matter discussed centred round the quality of life of the elderly, and the participating subjects in the focus-group were elderly pensioners, members of the Association of Pensioners for Death and Mutual Assistance from Petrosani (in the pre-inquiry variant) and elderly pensioners on which the sociological questionnaire was applied (in the post-inquiry variant). The interview guide included exclusively open questions, expressed so that the actual investigation would not last more than 90 minutes.

We present the most suggestive ideas obtained by the application of the focus-group method:

- Retirement is a phenomenon accepted by most of the subjects, life follows its natural course, so that retirement is construed as a new stage in their lives. Although there is a sense of fear generated by the uncertainty of adapting to a new life style, the moment of retirement does not necessarily mean abandoning all socially useful activities, it is

not the beginning of a “social death”. Therefore, even if the subjects accept retirement as being natural, they would have still wanted to stay employed or to render paid activities.

- The main worries of the pensioners are due to their financial situation and health. Their pension is not sufficient for a decent living, which is obvious considering the present state of our society. The dissatisfaction of the subjects regarding their family’s financial situation is more obvious than in 2009. The pensioners live well under the poverty threshold, due to the worsening of the standard of living as a result of the economic-financial crisis and decrease of the pension point to less than 40% of the average gross salary. Even if there is already a general state of discontent regarding healthcare, an increased worry is added by the enforcing of the co-payment system and by the problems related to the acquisition of medicines. Certain drugs are totally lacking in pharmacies, due to their exaggerated costs, and low demand therefore, although they are vital for some pensioners.
- Their discontent also view the incompetence of the political class and violation of their rights, a lack of confidence thus resulting in the leaders and disgust related to their involvement in the political life.
- The most important aspect of the pensioners’ life is family, which was also seen with the 2009 focus group; family offers them the necessary emotional support along their active life and especially after retirement. Besides the moral support offered by their family, there also are cases when financial help is also provided. This is why many pensioners consider that retirement means dependence on others, on their family, to be exact.
- The adequate measures that should be taken by the State authorities to protect older people mainly view building of hospitals with sections intended exclusively to older people and providing medical staff paying house calls, ensuring medicines free of charge, and last but not least, increasing pensions to ensure reasonable covering of needs. However, despite the provisions in the new Act of Pensions(especially those referring to gradual increase of the age of pensioning and developing a private pension fund), the positive effect will be applied only for the future generations of pensioners, while the situation of the present pensioners justified by the “social-economic realities of the country continues to be dramatic.

We present the most important **conclusions** of the entire thesis, focusing mainly on the validity of the hypotheses.

In the history of Romanian sociology, *quality of life* is an ample and lengthy research project, which started in the second half of the seventies and expanded in the nineties; the years after 2000 are regarded as a moment of “balance” by focusing on syntheses, building of social data bases of supporting public debates, concluding in social politics on the population’s social-economic problems. More than 40 years of continuous investigations on quality of life thus led to the accumulation of sufficient theoretical and empirical experience for the sociology of the quality of life to be able to become soon one of the most important branches of sociology, a space of scientific accumulation and innovation. (Dumitru M., *Cercetarea calității vieții în România*, în, Mărginean I., Bălașa A.(coord), 2005, p.339).

Ageing of the population is a particular social problem, in a society in which demographic statistics show an accelerated process of increase of the number of older persons; moreover, this category has a large range of needs, requiring a special attention from the part of all those who come in contact with them to familiarize and understand them.

The phenomenon requires conjugated social actions in which the entire society should take part, not only the directly interested category, providing conditions for a healthy ageing, ensuring independence and welfare for the elderly

Except the physical modifications that accompany ageing, mainly consisting in lessening or lost of capacity in performing active social roles, old age and pensioning implicitly, as a distinct stage in one’s life, is a period of significant changes. Terminal ages mean retirement from active work, an important and transforming phenomenon , especially for those who identified themselves with their profession. Once retired, the perception on life changes, due to an inevitable comparison with what once has been (active professional life), and what is now (retirement).

The hypothesis: „*When retirement is at a younger age, then the change in the statute of the person in question is more easily accepted and the life as a pensioner is judged as being better*” was confirmed. Almost a quarter of those retired at the age of 45, and more than a quarter of those who retired between 45 – 60 years old, see life after pensioning as being better, while a little more than half, and almost half, respectively, of those who retired from active occupation between 56-60, and 61-65, respectively, declare that life after pensioning is worse and much worse.

The hypothesis: „*When the older people are alone, then the quality of life is seen as being poorer*” was in part confirmed. Out of the six analyzed life quality dimensions, in three

of those, namely: family income, family life and health, a significant association is noticed between the number of family members of the investigated subjects and how they are content with them. The subjects' content regarding the comfort of their home, leisure and daily life in general, is not influenced by the number of family members of those examined, there being no significant associations between these variables.

As far as the hypothesis: "*The educational background of the subjects influences their perception of the quality of life*" is concerned, it was partly confirmed. Out of the six dimensions of the quality of life analyzed, three were influenced by the education degree of the inquired subjects. Significant associations were thus recorded between the educational background of the subjects and their content regarding the income, dwelling conditions and day by day life of their family. The satisfaction for the other three dimensions of the quality of life however, namely family life, health and leisure was not essentially linked to the educational background.

The last hypothesis of the research: "*Perception of quality of life is influenced by the area in which the person activated*" was not substantiated, although the subjects that used to be working in mining show a greater satisfaction towards their own income, and paradoxically, towards their health, as compared to those who worked in other fields.

This analysis of the quality of life of older people reveals points where the evaluations of the individuals on certain aspects of life are positive, representing safety and support elements in their lives, assisting them in overcoming problems inherent to their age, but also in going through the current period, with social-economic difficulties, while other components are kept in negative areas, being permanent sources of concern, dissatisfaction, discontent in people's lives, representing marginalization and social exclusion risks. The problem area of old age and ageing is and will be a generous field of study, and in the present demographic conditions, a first rate requirement. The policies for the quality of life require to be acquainted with all the facets of old age, with its joys and advantages, but with its pain and vulnerability as well and similarly to be acquainted with the real needs of the elderly. Likewise, to be familiar with the living conditions, life style and concrete possibilities for satisfying the vital needs is an essential requirement for the society as a whole, as long as old age is a natural stage of life, which cannot be avoided by anyone.

In a society undergoing an accelerated ageing process, the quality of life more and more means the quality of life of those in their third stage of life. Concrete social actions should be taken, by all the decision makers and the society as a whole, in order to provide a healthy ageing, a quality life, with the lowest possible social costs.

REFERENCES

1. Abeles R.P., Gift H.C., Ory M.G.(1994), **Aging and Quality of Life**, Springer Company, New-York.
2. Adler A.(1996), **Cunoașterea omului**, Editura IRI, f.l.
3. Aghergheloei Ș., Pensia publică – percepție, limitări și perspective în opțiunile privind cariera, în, Dan A., Pescaru D. (2006), **Sistemul de asigurări sociale**, Editura Universității din București.
4. Apostol P.(1975), **Calitatea vieții și explorarea viitorului**, Editura Politică, București.
5. Atchley R.C.(1988), **Social forces and aging**, ediția a V-a, Wadsworth Publishing Company, Belmont, California.
6. Autoritatea Națională pentru Protecția Drepturilor Copilului, 2006, 2007.
7. Autoritatea Națională a Persoanelor cu Handicap, 2006, 2007.
8. Balaci M.(1998), **Demografia vârstei a treia**, Editura Medicală, București.
9. Baldwin S., Godfrey C., Propper C.(2002), **Quality of Life. Perspectives and Policies**, Routledge, London and New-York.
10. Balogh M., Vârstele de regresie, în, Bonchiș E.(coord)(2000), **Dezvoltarea umană – aspecte psiho-sociale**, Editura Imprimeriei de Vest, Oradea.
11. Barbu G., Mihăilescu A., Prisăcaru C., Caracteristici ale defavorizării la vârsta a III-a, în, Revista Calitatea Vieții, X, nr.1-2/1999.
12. Bădescu C., Bădescu I., Riscurile sociale și comunitățile. Către o nouă ipoteză, în, Zamfir E.(coord)(2000), **Strategii antisărăcie și dezvoltare comunitară**, Editura Expert, București.
13. Bălașa A., Diagnoza calității vieții populației vârstnice, în, Revista Calitatea Vieții, XII, nr. 1-4/2000.
14. Bălașa A., Protecția socială a persoanelor vârstnice în România, în, Revista Calitatea Vieții, XIV, nr. 1/2003.
15. Bălașa A., Îmbătrânirea populației: provocări și răspunsuri ale Europei, în, Revista Calitatea Vieții, XVI, nr.3-4/2005.
16. Bălașa A., Sănătatea – componentă esențială a calității vieții vârstnicilor, în, Revista Calitatea Vieții, XVII, nr.1-2/2007.
17. Bălțătescu S., Abordări psihosociale ale satisfacției și fericirii, în, Revista Calitatea Vieții, XIV, nr.2/2003.
18. Bălțătescu S., Calitatea vieții, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
19. Băncilă S., Izolare socială, în, Chelcea S., Iluț P. (coord)(2003), **Enciclopedie de psihosociologie**, Editura Economică, București.
20. Bennett R.G.(1980), **Aging. Isolations and Resocialisation**, Van Nostrand Reinhold, New York.
21. Berrocal L., Îmbătrânirea: un fenomen global și divers, în, Toea A.(coord) (2004), **Strategii și bune practici în asistența socială a persoanelor vârstnice – repere pentru profesioniști și autorități locale**, Editura Model M, București.
22. Birch A. (2000), **Psihologia dezvoltării**, Editura Tehnică, București.
23. Birren I.E., Lubben I.E., Rowe I.C., Deutchman D.E. (1991), **The Concept and Measurement of Quality of Life in the Trail Elderly**, Academic Press, San Diego.
24. Bloch H., Îmbătrânire, în, **Marele dicționar al psihologiei Larousse** (2006), Editura Trei, București.
25. Bocancea C., Neamțu G.(1999), **Elemente de asistență socială**, Editura Polirom, Iași.
26. Bocancea C., Dimensiunea contextuală a asistenței sociale, în, Neamțu G.(coord)(2003), **Tratat de asistență socială**, Editura Polirom, Iași.

27. Bodogai S.I.(2009), **Protecția socială a persoanelor vârstnice**, Editura Universității din Oradea.
28. Bogdan C., Asistența socială a persoanelor vârstnice, în, Pop L.M.(coord) (2002), **Dicționar de politici sociale**, Editura Expert, București.
29. Bond J., Corner L. (2004), **Quality of life and older people**, University Press, New York.
30. Bowling A.(2005), **Ageing Well. Quality of Life in Old Age**, Open University Press, New York.
31. Bowling A., Seetai S., Morris R., Ebrahim S., Quality of life among older people with poor functioning. The influence of perceived control over life, în, [Oxford Journals Age and Ageing](#), [vol. 36, nr. 3](#), 2007.
32. Briciu C., Strategii anti-sărăcie, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
33. Brinkerhoff D.B., White L.K., Ortega S.T., Weitz R. (2005), **Essentials of Sociology**, Thomson Wadsworth.
34. Bucur V., Maciovan A., Probleme ale vârstei a treia, în, Neamțu G.(coord)(2003), **Tratat de asistență socială**, Editura Polirom, Iași.
35. Bucur V.M., Dreptul de a muri, în, Prelici V., Bărbat C.(coord) (2007), **Asistența socială în perspectiva integrării europene: identitate și procesualitate**, Editura Universității de Vest, Timișoara.
36. Carr A.J., Higginson I.J., Robinson P.G.(2003), **Quality of Life**, London.
37. Carr-Hill R., Dalley G. (1999), **Estimating Demand Pressures Arising From Need for Social Services for Older People**, University of York, London.
38. Casa Județeană de Pensii Hunedoara, 2001 - 2010.
39. Casa Națională de Pensii și Alte Drepturi de Asigurări Sociale, 2001 - 2010.
40. Câmpeanu I., Marinescu C. (coord) (2010), **Enciclopedia Universală Britannica**, vol.16, Editura Litera, București.
41. Chelcea S.(1985), **Semnificația documentelor sociale**, Editura Științifică și Enciclopedică, București.
42. Chelcea S.(2001), **Metodologia cercetării sociologice: metode cantitative și calitative**, Editura Economică, București.
43. Ciochină B.I. (2003), **Pensiile și alte drepturi de asigurări sociale**, PIM, Iași.
44. Consiliul Județean Hunedoara, 2009.
45. Consiliul Național al Persoanelor Vârstnice (2009), **Îmbătrânirea populației în context european și în România**.
46. Consiliul Național al Persoanelor Vârstnice (2011), **Situația socio-economică a persoanelor vârstnice din România și din țările Uniunii Europene – prezent și perspective de evoluție**.
47. Cordoș Gh. (1996), **Elemente de sociologia familiei**, Editura Genesis, Cluj-Napoca.
48. Curaj A., Persoanele vârstnice: caracteristici și probleme specifice, în, Buzducea D. (coord) (2010), **Asistența socială a grupurilor de risc**, Editura Polirom, Iași
49. Czobor M.(1991), **Nivelul de trai și stilurile de viață**, București, INCE.
50. Dallos R., McLaughlin E.(1997), **Social Problems and the Family**, Sage Publications.
51. Diener E., Assessing Subjective Well-Being – Progress and Opportunities, în, *Social Indicators Research*, vol.31, nr.2, 1994.
52. Direcția Generală de Asistență Socială și Protecția Copilului Hunedoara, 2006.
53. Doblhammer G., Scholz R.(2010), **Ageing, Care Need and Quality of Life**, Vs.Research.
54. Doboș C., Accesul populației la serviciile publice de sănătate, în, *Revista Calitatea Vieții*, XIV, nr.3-4/ 2003.

55. Dobrotă N.(1997), **Economie politică**, Editura Economică, București.
56. Dragoș A., Perpetuarea sărăciei, în, Revista de cercetări sociale, nr.3/1994, anul 1.
57. Dragotă I M., Miricescu E. (2010), **Sistemul public de pensii din România: între crize și reforme. Analiza sistemului pensiilor speciale**, Academia de Studii Economice, București.
58. Duda R.(1983), **Gerontologie medico-socială**, Editura Junimea, Iași.
59. Enăchescu C.(2004), **Tratat de igienă mintală**, Editura Polirom, Iași.
60. Estes R.J.(2007), **Advancing Quality of Life in a Turbulent World**, Springer.
61. Fahey T., Nolan B., Whelan C.T.(2003), **Monitoring quality of life in Europe**, Luxembourg.
62. Farcaș M., Pentru o politică socială a distribuirii serviciilor sociale către persoanele de vârstă a III-a, în, Miftode V. (coord) (1995), **Dimensiuni ale asistenței sociale**, Editura Eidos, Botoșani.
63. Fayers P.M., Machin D.(2000), **Quality of life: Assessment, Analysis and Interpretation**, John Wiley&Sons Ltd, London.
64. Ferriss A.L.(2010), **Approaches to Improving the Quality of Life**, Springer, 2010.
65. Fontaine R. (2008), **Psihologia îmbătrânirii**, Editura Polirom, Iași.
66. Gal D. (2001), **Dezvoltarea umană și îmbătrânirea**, Presa Universitară Clujeană.
67. Gal D. (2003), **Asistența socială a persoanelor vârstnice: aspecte metodologice**, Editura Todesco, Cluj-Napoca.
68. Ghețau V.(2007), **Declinul demografic și viitorul populației României. O perspectivă din anul 2007 asupra populației României în secolul 21**, Editura Alpha, Buzău.
69. Gibson H.B.(2000), **Loneliness in later life**, Foreword, New York.
70. Giddens A. (2000), **Sociologie**, Editura Bic All, București.
71. Gîrleanu-Șoitu D., Vulnerabilitatea vârstei a treia. Aspecte teoretico-practice, în, Miftode V.(coord)(2002), **Populații vulnerabile și fenomene de auto-marginalizare**, Editura Lumen, Iași.
72. Gîrleanu-Șoitu D., Fenomenul îmbătrânirii în perspectivă teoretică, în, Miftode V.(coord)(2004), **Sociologia populațiilor vulnerabile – teorie și metodă**, Editura Universității „Al.I.Cuza”, Iași.
73. Gîrleanu-Șoitu D. (2006), **Vârsta a treia**, Institutul European, Iași.
74. Grasso M., Canova L. (2007), **An assessment of the quality of life in the European Union based on the social indicators approach**, MPRA.
75. Grosu N. (2003), **Sentințele sociologiei**, Editura Dacia, Cluj-Napoca.
76. Hooyman N., Kiyak A. (1996), **Social Gerontology. A multidisciplinary perspective**, Allyn and Bacon, Boston.
77. http://ec.europa.eu/employmentsocial/spsi/social_protection_en
78. http://facultate.regielive.ro/referate/sociologie/varste_si_generatii
79. <http://www.healthandage.com/Quality-of-life-for-older-people-in-Europe-is-a-major-focus-for-researchers>
80. <http://www.hunedoara.insse.ro/main.php>
81. <http://www.iccv.ro/index.php/ro/.../directiiconsum>
82. http://www.insse.ro/cms/files/publicatii/Romania_in_cifre.pdf
83. <http://www.jurnalul.ro/special/increderea-in-institutiile-statului>
84. <http://www.pensii-ue.ro/pt.angajati>
85. <http://www.scribd.com/sistemul-de-pensii-in-UE>
86. <http://www.x3m.ro/cjptl/val-punct.htm>
87. <http://www.zf.ro/eveniment>
88. Iacob L.M.(coord)(2001), **Vârsta a treia. Cunoaștere și intervenție**, Editura Erola, Iași.

89. Ilie S., Aspecte metodologice privind analiza distribuției veniturilor populației, în, Revista Calitatea Vieții, XII, nr.1-4/2000.
90. Ilie S., Sărăcie și excluziune socială. Incluziunea socială ca obiectiv al sistemului de protecție socială, în, Revista Calitatea Vieții, XIV, nr.3-4/2003.
91. Iluț P.(1997), **Abordarea calitativă a socioumanului: concepte și metode**, Editura Polirom, Iași.
92. Iluț P. (2005), **Sociopsihologia și antropologia familiei**, Editura Polirom, Iași.
93. Institutul Național de Statistică, Anuarul Statistic al României, 2004, 2007, 2009.
94. Institutul Național de Statistică, 2009.
95. Institutul Național de Statistică, Direcția Județeană de Statistică Hunedoara, 2009.
96. Ivan L., Stereotipuri, prejudecăți, discriminare socială, în, Chelcea S.(coord)(2008), **Psihosociologie. Teorii, cercetări, aplicații**, Editura Polirom, Iași.
97. Kinsella K., Phillips D., R., Global Aging: The Challenge of Success, în, Population Bulletin, vol.60, nr.1, 2005.
98. Krueger R.A., Casey M.A.(2005), **Metoda focus grup. Ghid practic pentru cercetarea aplicată**, Editura Politom, Iași.
99. Lantosh Ș.(1989), **Calitatea vieții umane**, Editura Științifică și Enciclopedică, București.
100. Lauer R.H. (1995), **Social Problems and the Quality of Life**, ediția a VI-a, Wm.C. Brown&Benchmark, New York.
101. Lazăr F., Statul bunăstării din România, în căutarea identității, în, Revista Calitatea Vieții, XII, nr.1-4/2000.
102. Lefter M., Costul vieții și protecția socială, în, Revista Calitatea Vieții, II, nr.3-4/ 1991.
103. Lucuț G., Rădulescu S.M.(2000), **Calitatea vieții și indicatorii sociali**, Editura Lumina Lex, București.
104. Maline T.(2003), **Psihologie socială**, Editura Tehnică, București.
105. Marshall G.(2003), **Dicționar de sociologie**, Editura Univers Enciclopedic, București.
106. Marshall M. (1993), **Asistența socială pentru bătrâni**, Editura Alternative, București.
107. Mazilu D.(2006), **Drepturile omului**, Editura Lumina Lex, București.
108. Mănoiu F., Epureanu V., (1996), **Asistența socială în România**, Editura All, București.
109. Mărginean I, Domenii și indicatori ai calității vieții, în, Revista Calitatea Vieții, II, nr.3-4/ 1991.
110. Mărginean I., Sărăcie, în Zamfir C., Vlăsceanu L. (coord)(1998), **Dicționar de sociologie**, Editura Babel, București.
111. Mărginean I., Oportunitatea politicilor demografice în România, în, Revista Calitatea Vieții, XII, nr.1-4/ 2000.
112. Mărginean I., Precupețu I., Preoteasa A.M., Puncte de suport și elemente critice în evoluția calității vieții în România, în, Revista Calitatea Vieții, XV, nr.1-2/2004.
113. Mărginean I., Calitatea vieții percepute în România, în, Mărginean I., Bălașa A.(coord)(2005), **Calitatea vieții în România**, ediția a II-a, Editura Expert, București.
114. Mărginean I., Semnificația cercetărilor de calitate a vieții, în, Mărginean I., Bălașa A.(coord)(2005), **Calitatea vieții în România**, ediția a II-a, Editura Expert, București.
115. Mărgineanu N.(1973), **Condiția umană. Aspectul ei bio-psiho-social și cultural**, Editura Științifică, București.
116. Meyer C.H. (1986), **Social Work with the Aging**, National Association of Social Workers, USA.

117. Miftode V.(2003), **Tratat de metodologie sociologică**, Editura Lumen, Iași.
118. Miftode V., Protecția minorităților și devianța socială, în, Miftode V.(coord)(2004), **Sociologia populațiilor vulnerabile – teorie și metodă**, Editura Universității „Al.I.Cuza”, Iași.
119. Mihăilescu A., Aspecte ale standardului de viață în România ultimilor zece ani, în, Revista Calitatea Vieții, XII, nr.1-4/2000.
120. Mihăilescu A., Metodologia de calcul a minimumului de trai decent și de subzistență, în, Revista Calitatea Vieții, XII, nr.1-4/2001.
121. Mihăilescu I., Discriminare, în, Zamfir C., Vlăsceanu L.(coord)(1998), **Dicționar de sociologie**, Editura Babel, București.
122. Mihuț L., Lauritzen B. (1999), **Modele de politici sociale**, Editura Didactică și Pedagogică, București.
123. Milicenco S. (2006), **Dimensiuni conceptuale ale calității vieții** (note de curs), CEP USM, Chișinău.
124. Ministerul Muncii, Familiei și Protecției Sociale, 2008.
125. Ministerul Muncii, Solidarității Sociale și Familiei, 2006.
126. Mitrofan I., Mitrofan N.(1991), **Familia de la A...la Z. Mic dicționar al vieții de familie**, Editura Științifică, București.
127. Mollenkopf H., Walker A. (2007), **Quality of Life in Old Age. International and Multi-Disciplinary Perspectives**, Springer Netherlands.
128. Møller V., Huschka D.(2009), **Quality of Life and the Millennium Challenge**, Springer.
129. Muntean A. (2009), **Psihologia dezvoltării umane**, Editura Polirom, Iași.
130. Neamțu G., Stan D.(coord) (2005), **Asistența socială. Studii și aplicații**, Editura Polirom, Iași.
131. Nica-Udangiu Șt., Nica-Udangiu L. (1983), **Nevrozele la vârsta înaintată**, Editura Academiei R.S.R., București.
132. Noelker L.S., Harel Z.(2001), **Linking Quality of Long-Term Care and Quality of Life**, Springer Company, New-York.
133. Oprea I., Bătrânețe, în, Oprea I., Pamfil C.G., Radu R., Zăstroiu V. (2010), **Dicționar universal ilustrat al limbii române**, vol.2, Editura Litera, București.
134. Pamfil C.G., Pensie, în, Oprea I., Pamfil C.G., Radu R., Zăstroiu V. (2011), **Dicționar universal ilustrat al limbii române**, vol.8, Editura Litera, București.
135. Pașcanu V.O. (2007), **Bătrânețea și calitatea vieții**, Editura Antet XX Press, Prahova.
136. Peace S., Holland C., Kellaher L.(2006), **Environment and Identity in Later Life**, Open University Press.
137. Pescaru-Urse D., Statul bunăstării, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
138. Phillips D.(2006), **Quality of Life. Concept, policy and practice**, Routledge, London and New-York.
139. Popa A., Percepția socială asupra vârstnicilor între obiectivitate și distorsiune, în, Revista Calitatea vieții, XII, nr.1-4/ 2000.
140. Popescu E., Economia bunăstării, în, Zamfir C., Vlăsceanu L.(coord)(1998), **Dicționar de sociologie**, Editura Babel, București.
141. Postel J., Bătrânețe, în, **Marele dicționar al psihologiei Larousse** (2006), Editura Trei, București.
142. Prada G.I.(2001), **Geriatric și gerontologie**. Note de curs, vol. I, Editura Medicală, București.
143. Preda M. (2002), **Politica socială românească între sărăcie și globalizare**, Editura Polirom, Iași.

144. Preda M. (coord) (2004), **Sistemul de asigurări de pensii în România în perioada de tranziție: probleme majore și soluții**, Institutul European din România, București.
145. Puwak H. (1995), **Încetinirea ireversibilității. Esecu-cercetare despre vârsta a III-a**, Editura Expert, București.
146. Rădulescu S.M., Probleme sociale și resurse materiale ale tranziției. Populația vârstnică, în, Revista de sociologie românească, nr.31/1993.
147. Rădulescu S.M. (1994), **Sociologia vârstelor**, Editura Hyperion, București.
148. Rădulescu S.M.(2002), **Sociologia sănătății și a bolii**, Editura Nemira, București.
149. Rășcanu R. (1996), **Psihologie medicală și asistență socială**, Editura Societatea S.A., București.
150. Rebedeu I., Zamfir C.(1982), **Modul de viață și calitatea vieții**, Editura Politică, București.
151. Rebedeu I., Zamfir C.(1989), **Stiluri de viață. Dinamica lor în societatea contemporană**, Editura Academiei, București.
152. Riemann F., Kleespies W. (2007), **Arta de a te pregăti pentru vârsta a treia**, Editura Trei, București.
153. Rotariu T., Iluț P. (1997), **Ancheta sociologică și sondajul de opinie**, Editura Polirom, Iași.
154. Rotariu T., Starea demografică a României, în context european. Posibile politici demografice și consecințele lor, în, Zamfir E., Bădescu I., Zamfir C.(coord)(2000), **Starea societății românești după 10 ani de tranziție**, Editura Expert, București.
155. Rotariu T., Bolovan S.P., Bolovan I.(coord)(2006), **Populația României. Trecut, prezent, viitor**, Presa Universitară Clujeană, Cluj-Napoca.
156. Rotariu T.(2009), **Demografie și sociologia populației: structuri și procese demografice**, Editura Polirom, Iași.
157. Roth A. (1986), **Individ și societate**, Editura Politică, București.
158. Săhleanu V.(1971), **Om și îmbătrânirea**, Editura Enciclopedică, București.
159. Secui M., Evoluția psihosocială la vârsta a treia, în, Bonchiș E., Secui M. (coord)(2004), **Psihologia vârstelor**, Editura Universității din Oradea.
160. Selye H. (1991), **Înțelepciunea stressului**, Editura Coresi SRL, București.
161. Sillamy N. (1996), **Dicționar de psihologie Larousse**, Editura Univers Enciclopedic, București.
162. Simion M., Profilul demografic al României, în, Revista Calitatea vieții, XV, nr.1-2/2004.
163. Sorescu E.M.(2008), **Bătrânețea între binecuvântare și blestem**, Editura Universitaria Craiova.
164. Stanciu C.(2008), **Noțiuni introductive în asistența socială gerontologică**, Editura Solness, Timișoara.
165. Stanciu M., Dezechilibre în structurile consumului populației, în, Revista Calitatea Vieții, XII, nr.1-4/2001.
166. Stanciu M., Considerații asupra cercetărilor privind sărăcia extremă, în, Revista Calitatea Vieții, XV, nr.3-4/2004.
167. Stanciu M., Modele de consum ale populației României, în, Mărginean I., Bălașa A.(coord)(2005), **Calitatea vieții în România**, ediția a II-a, Editura Expert, București.
168. Sănculescu E., Vârstnici (discriminare), în, Chelcea S., Iluț P.(coord)(2003), **Enciclopedie de psihosociologie**, Editura Economică, București.

169. Stoica L., Incluziune socială, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
170. Strobel P., De la sărăcie la excludere: societate salarială sau societate a drepturilor omului?, în, Neculau A., Ferreol G.(coord)(1996), **Minoritari, marginali, excluși**, Editura Polirom, Iași.
171. Șchiopu U., Bătrânețe, în, Șchiopu U.(coord)(1997), **Dicționar enciclopedic de psihologie**, Editura Babel, București.
172. Șchiopu U., Verza E. (1981), **Psihologia vârstelor**, Editura Didactică și Pedagogică, București.
173. Târhaș C., Îmbătrânire, în, Chelcea S., Iluț P.(coord)(2003), **Enciclopedie de psihosociologie**, Editura Economică, București.
174. Teleki G., Bătrânețe, în, **Marele dicționar al psihologiei Larousse**, Editura Trei, București, 2006.
175. Teleki G., Îmbătrânire, în, **Marele dicționar al psihologiei Larousse**, Editura Trei, București, 2006.
176. Teșliuc C.M., Pop L., Teșliuc E.D. (2001), **Sărăcia și sistemul de protecție socială**, Editura Polirom, Iași.
177. Tompea A., Sărăcie, în Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
178. Toth C., Capital social, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
179. Trebici V., Este necesară o politică demografică în România?, în, Revista de cercetări sociale, nr.2/1994, anul 1.
180. Trebici V., Despre generație, vârstă...et quibusdam aliis, în, Revista de cercetări sociale, nr.3/1994, anul 1.
181. Trebici V.(1996), **Demografie**, Editura Enciclopedică, București.
182. Tutty L.M., s.a.(2005), **Cercetarea calitativă în asistența socială**, Editura Polirom, Iași.
183. Veenhoven R., Is Happiness a Trait – Tests of the Theory That a Better Society Does Not Make People Any Happier, în, Social Indicators Research, vol.32, nr.2, 1994.
184. Veenhoven R., The four qualities of life. Ordering Concepts and Measures of the Good Life, în, Journal of Happiness Studies, vol.1, 2000.
185. Vlăsceanu L., Indicator social, în, Zamfir C., Vlăsceanu L.(coord)(1998), **Dicționar de sociologie**, Editura Babel, București.
186. Voicu B., Capital uman, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
187. Waite L.J., Aging, health and public policy: demographic and economic perspectives, în, Population and Development Review, vol.30, 2004.
188. Walker A.(2005), **Understanding quality of life in old age**, Open University Press.
189. Walker A., Hennessy C.H.(2004), **Quality of Life in old age**, Open University Press.
190. Wise D.A. (2004), **Perspectives on the economics of Aging (A National Bureau of Economic Research Conference report)**, The University of Chicago Press, Chicago.
191. Zamfir C.(coord)(1984), **Indicatori și surse de variație a calității vieții**, Editura Academiei R.S.R., București.
192. Zamfir C.(coord)(1994), **Dimensiuni ale sărăciei**, Editura Expert, București.
193. Zamfir C., Calitatea vieții, în, Zamfir C., Vlăsceanu L.(coord)(1998), **Dicționar de sociologie**, Editura Babel, București.

194. Zamfir C., Satisfacție, în, Zamfir C., Vlăsceanu L.(coord)(1998), **Dicționar de sociologie**, Editura Babel, București.
195. Zamfir C. (1999), **Politici sociale în România**, Editura Expert, București.
196. Zamfir C., Dezvoltare socială, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
197. Zamfir E., Protecție socială, în, Zamfir C., Vlăsceanu L.(coord) (1993), **Dicționar de sociologie**, Editura Babel, București.
198. Zamfir E., Sărăcia, în, Zamfir E., Zamfir C.(coord)(1995), **Politici sociale. România în context european**, Editura Alternative, București.
199. Zamfir E., Serviciile de asistență socială, în, Zamfir E., Zamfir C.(coord)(1995), **Politici sociale. România în context european**, Editura Alternative, București
200. Zamfir E., Statul bunăstării. Mecanismele producerii bunăstării într-o societate modernă, în, Revista de cercetări sociale, II, nr.1/1995.
201. Zamfir E., Sărăcia – o abordare psihosociologică, în, Neculau A.(coord)(1996), **Psihologie socială. Aspecte contemporane**, Editura Polirom, Iași.
202. Zamfir E. (1997), **Psihologie socială. Texte alese**, Editura Ankarom, Iași.
203. Zamfir E., Sistemul serviciilor de asistență socială în România, în, Zamfir C.(coord) (1999), **Politici sociale în România:1990-1998**, Editura Expert, București.
204. Zamfir E., Asistența socială, în, Pop L.M.(coord) (2002), **Dicționar de politici sociale**, Editura Expert, București.
205. Zamfir E., Preda M., Dan A., Surse ale excluziunii sociale în România, în, Revista de asistență socială, nr.2-3/2004.
206. Zamfir E., Preda M., Dan A., Excluziune socială, în, Zamfir C., Stănescu S.(coord)(2007), **Enciclopedia dezvoltării sociale**, Editura Polirom, Iași.
207. Zlate M.(2004), **Tratat de psihologie organizațional-managerială**, vol. I, Editura Polirom, Iași.
208. xxx, Hotărârea de Guvern nr.773/2002 pentru organizarea și funcționarea Comisiei interministeriale privind asistența socială, publicată în Monitorul Oficial nr. 554 din 29.07.2002. și modificată prin Hotărârea de Guvern nr.997/2003.
209. xxx, Legea nr. 17/2000 privind asistența socială a persoanelor vârstnice, publicată în Monitorul Oficial nr. 104 din 9.03.2000.
210. xxx, Legea nr. 19/2000 privind sistemul public de pensii și alte drepturi asigurări sociale, publicată în Monitorul Oficial nr. 140 din 1.04.2000.
211. xxx, Legea nr. 705/2001 privind sistemul național de asistență socială, articolul 3, publicată în Monitorul Oficial nr. 814 din 18.12.2001.
212. xxx, Legea nr. 705/2001 privind sistemul național de asistență socială, articolul 4, alineatul (1), publicată în Monitorul Oficial nr. 814 din 18.12.2001.
213. xxx, Legea nr. 47/2006 privind sistemul național de asistență socială, articolul 5, litera d), publicată în Monitorul Oficial nr. 239 din 16.03.2006.
214. xxx, Legea nr. 95/2006 privind reforma în domeniul sănătății, publicată în Monitorul Oficial nr. 372 din 28.04.2006.
215. xxx, Legea nr. 263/2010 privind sistemul unitar de pensii publice, publicată în Monitorul Oficial nr. 852 din 20.12.2010.

