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Wellbeing and mental health of seniors with different social background in Slovakia

 <https://doi.org/10.15633/pch.15214>

Abstract

Senior satisfaction with life can be defined as a retrospective assessment that reflects the overall level of satisfaction, well-being, and emotional response to the aging process. To search for significant psychosocial factors that influence seniors' satisfaction with life and mental health. A retrospective cross-sectional study was conducted using a structured questionnaire to assess various aspects of the lives of seniors living in rural areas. The research targeted seniors residing in the Nitra region, resulting in the collection of 170 properly completed questionnaires. These provided valuable insights into the experiences, challenges, and needs of seniors in this demographic. There was a statistically significant effect of women's previous experience of working life, the effect of psychological state before retirement, and the effect of mental health ($p < 0.014$) on senior's satisfaction with living conditions. Seniors who had a wider social network ($p < 0.021$)

were significantly more satisfied with the aging, as were seniors who had poor living conditions after retirement ($p < 0.032$). Seniors with a living plan were significantly more satisfied with the quality of life than seniors with passive attitude and lack of free time activities ($p > 0.017$). There is a correlation between the social background of the senior, his working experience and life-satisfaction ($p > 0.030$). Depression symptoms were found in 19.2% of older adults and anxiety symptoms in 24.8%. A correlation was shown between a higher prevalence of depression and anxiety and between the number of diseases and low social support linked with life satisfaction.

Keywords

Senior satisfaction with life, mental health, social background

1. Introduction

Population aging is becoming a major demographic and social challenge in many countries, including Poland and Slovakia. According to projections by the Polish Central Statistical Office, by 2050, people aged 60 and older are expected to constitute approximately 40% of Poland's total population. This demographic shift has important implications for healthcare systems, social policy, and community support structures. Healthy life expectancy is a key indicator of population well-being. Based on World Bank data, the average poverty- and disease-free life expectancy at birth is 77.6 years for Poland and 77.5 years for Slovakia, highlighting the importance of promoting not only longer life but also life free from illness and social disadvantage.¹

The influence of socio-demographic factors on quality of life in the elderly seems to vary considerably among different populations, which may be due to the fact that different instruments are used to measure quality of life.² Polish seniors reported a mean satisfaction with their overall quality of life of 3.80, while their satisfaction with their health status averaged 3.28. In a comparable study³ by Ćwirlej-Sozańska et al., which included 973 individuals aged 60–80 years living in rural areas of southeastern Poland, the average quality of life score was 3.58, and the mean health satisfaction score was 3.40. Compared to our results the Slovak average score was lower and the life satisfaction was poorer than in Polish seniors.

The aging population represents a growing social and public health challenge, particularly in rural areas, where access to healthcare and social services is often limited. Seniors living in these regions face multiple barriers, including long travel distances to medical facilities, insufficient transportation options, and limited availability of professional care. These factors can significantly affect their physical health, mental well-being, and overall quality of life. The main research problem addressed in this study concerns the relationship between access to services, social support, financial security, and the mental and physical

¹ B. Kowalczyk et al., *Quality of life in seniors living in home environment in Poland and Slovakia*, “Annals of Agricultural and Environmental Medicine” 31 (2024) no. 4, pp. 552–559.

² M. Sováriová Soósová, *Determinants of quality of life in the elderly*, “Central European Journal of Nursing and Midwifery” 7 (2016) no. 3, pp. 484–493.

³ A. B. Ćwirlej-Sozańska, et al., *Quality of life and related factors among older people living in rural areas in south-eastern Poland*, “Annals of Agricultural and Environmental Medicine” 25 (2018) no. 3, pp. 539–545.

health of seniors living in rural environments. Specifically, the study seeks to determine how these interconnected factors influence well-being, satisfaction, and readiness for aging among older adults with different social backgrounds living in rural areas. The specific aim of this research is to analyze the correlations between healthcare accessibility, financial conditions, social and psychological factors, and seniors' mental health outcomes.

For instance, financial conditions significantly impact health outcomes, as seniors with limited resources often face barriers to accessing medications, nutritious food, and adequate healthcare services. Similarly, rural environments pose unique challenges, such as limited transport and mobility, which restrict access to essential services, further exacerbating disparities for seniors in these areas. Seniors with higher satisfaction levels and strong support networks report better mental health outcomes, emphasizing the importance of fostering positive psychological and social environments for aging individuals.

The research on the quality of life, mental health, and life satisfaction of seniors is grounded in several psychological and pedagogical theories that explain how older adults perceive, evaluate, and engage with their environment.

1. Socioemotional Selectivity Theory (Carstensen, 1992)

This theory suggests that as people age, they become more selective in their social interactions, focusing on emotionally meaningful relationships and experiences. This concept informs the study's focus on social support, family bonds, and social engagement as determinants of well-being and mental health among seniors that was also confirmed in the results of Soosova research.⁴

2. Active Aging and Lifelong Learning (World Health Organization, 2002)

From a pedagogical perspective, the active aging framework emphasizes the role of continued learning, social participation, and engagement in meaningful activities in promoting health and life satisfaction in older adults. This led to the investigation of seniors' participation in educational, recreational, and social activities and its relationship to their psychological readiness, autonomy, and quality of life, which was also confirmed in the study of Pikuła.⁵

3. Psychosocial Model of Aging (Baltes & Baltes, 1990) describes how older adults adapt to age-related losses by selecting goals, optimizing resources, and compensating for functional decline. This framework supports the assessment

⁴ M. Sováriová Soósová, *Determinants of quality of life in the elderly*, pp. 484–493.

⁵ N. Pikuła, *Poczucie sensu życia osób starszych. Inspiracje do edukacji w starości*, Oficyna Wydawnicza "Impuls", Kraków 2015.

of coping strategies, functional abilities, and adaptive behaviors in maintaining life satisfaction and mental well-being.

4. Theoretical Model Developed in the Study Building on these concepts, the author proposed an integrated model of senior well-being, linking health status, financial security, social support, psychological readiness, and educational engagement to overall life satisfaction. In this model:

- Health and functional abilities form the foundation for daily life autonomy.
- Social support and family relationships act as protective factors for mental health.
- Psychological readiness and meaningful engagement through education, hobbies, and social activities enhance life purpose and resilience.
- Financial security and access to services moderate the ability to maintain quality of life.

Older adults living in rural areas often experience more pronounced psychological, social, and physical consequences of loneliness than their urban counterparts. Research indicates that seniors in rural regions tend to exhibit higher levels of social isolation and alienation, which can negatively affect their overall well-being.⁶ Demographic and epidemiological trends, including the increasing number of older adults living alone—particularly women due to higher male mortality and longer female life expectancy—further exacerbate this issue. The natural reduction or loss of social networks over time intensifies emotional loneliness and, in some cases, leads seniors to seek institutional care. Factors such as the death of a spouse, periods of mourning, or diminished direct contact with family members can further amplify feelings of isolation.⁷

Empirical studies support the link between well-being, quality of life, and seniors' performance across physical, psychological, and environmental domains. Zboina et al.⁸ found that physical limitations, especially difficulties in walking

⁶ P. Chruściel et al., *Differences in the quality of life dependent on family status of the elderly living in rural areas – a cross-sectional survey*, "Annals of Agricultural and Environmental Medicine" 25 (2018) no. 3, pp. 532–538.

⁷ P. Tománek, L. Radková, S. Buzalová, *Impacts of the coronavirus pandemic on social problems and poverty of the elderly in Slovakia*, "The Person and the Challenges: The journal of theology, education, canon law and social studies inspired by Pope John Paul II" 14 (2024) no. 2, pp. 131–146.

⁸ B. Zboina et al., *Biopsychosocial factors shaping perception of quality of life of elderly people in long term care*, "Polish Journal of Environmental Studies" 15 (2006) no. 2a, pp. 940–944.

and mobility, significantly restrict the ability to maintain social contacts, contributing to social exclusion and loneliness. These mobility constraints are also associated with psychological consequences, including depressive symptoms.⁹ Similarly, the study¹⁰ observed that seniors deprived of family support reported lower quality of life scores across multiple domains.

Further evidence from Płaszewska-Żywko et al.¹¹ highlights that older adults often rate their health poorly, which is consistent with age-related dependency on others due to restricted mobility. Comparable findings were reported by Kurowska et al.,¹² where seniors living alone scored highest in the environmental domain of quality of life, suggesting that their satisfaction is influenced by the living environment rather than social or physical factors. This study¹³ indicates that physical functioning is frequently rated lower, reflecting age-related declines. Interestingly, despite these challenges, the social domain often receives relatively high evaluations, indicating that seniors value social contacts and interactions when available. These patterns align with the current study, where the physical domain of quality of life was assessed most positively, highlighting the nuanced relationship between health, mobility, social engagement, and overall well-being in rural seniors.¹⁴

⁹ L. Trnková, M. Kilíková, *Interventions leading to increasing the health literacy of diabetics*, “International Journal of Health, New Technologies and Social Work” 16 (2021) no. 4, pp. 72–73.

¹⁰ A. Pavlovičová, T. Pavlovičová, *Impact of social services transformation process on feelings and emotionality of seniors*, “Przegląd Nauk Stosowanych” (2023) no. 38, pp. 9–26.

¹¹ L. Płaszewska-Żywko et al., *Sprawność funkcjonalna u osób w wieku podeszłym w domach pomocy społecznej*, “Problemy Higieny i Epidemiologii” 89 (2008) no. 1, pp. 62–66.

¹² K. Kurowska, W. Błaszcuk, *Wpływ wsparcia na jakość życia mieszkańców Domu Pomocy Społecznej*, “Psychogeriatria Polska” 10 (2013) no. 1, pp. 33–40.

¹³ J. Bielak, P. Majda, J. Jurko, Z. Budayová, *The theology of social work in the chosen volumes of Slovak authors*, International Scientific Board of Catholic Researchers and Teachers in Ireland, Dublin 2016, p. 345.

¹⁴ M. Tabali et al., *The relationship between health-related quality of life and care dependency among nursing home residents in Germany: a longitudinal study*, “Gerontology & Geriatric Research” 4 (2015) no. 5, pp. 1–6.

2. Methods

This study employed a quantitative, cross-sectional research strategy designed to identify and analyze relationships between key determinants of well-being among seniors living in rural areas. The strategy was based on a correlational and comparative approach, using analysis of variance (ANOVA) to test differences and associations among variables such as health status, access to services, social support, financial conditions, and mental health.

The goal was to provide empirical evidence of how socioeconomic, environmental, and psychosocial factors interact to shape the health and life satisfaction of rural seniors.

The research sample consisted of 170 seniors aged 60–68 living in villages with the 10–20 km distance to the nearest town, of which 15% were divorced, 27% were without a partner, 42% lived in a household with a partner, and the remaining participants were single seniors living alone. They lived in rural areas and had an average level of education ranging from high school to undergraduate degree.

The research focused on the quality of life and mental health of seniors living in rural areas, with special emphasis on how access to healthcare services, financial security, social support, and psychological readiness for aging influence their well-being.

Objectives

1. To examine the relationship between health status and access to healthcare services among rural seniors.
2. To assess the effect of social support on satisfaction with life and mental health.
3. To explore the impact of financial conditions on health outcomes.
4. To analyze how the rural environment affects the satisfaction with the life.
5. To identify psychological and social factors (self-esteem, family support, readiness for aging) associated with mental health and wellbeing.

Hypotheses

H1: Seniors with better access to healthcare services report significantly better health status.

H2: Higher levels of social support are positively associated with greater well-being and mental health.

H3: There is a corelation between mental health and financial conditions.

H4: Different psychological aspects affect mental health among seniors with different social backgrounds.

Research tools

In this study, standardized and validated measurement instruments were used to ensure the reliability and accuracy of the collected data. One of the key tools applied was the Satisfaction With Life Scale (SWLS), a widely recognized instrument developed by Diener et al. (1985). The SWLS measures the cognitive dimension of subjective well-being, focusing on an individual's overall evaluation of their life satisfaction rather than specific emotional states. The scale consists of five statements (e.g., *“In most ways my life is close to my ideal”*), which respondents rate on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The total score ranges from 5 to 35, with higher scores indicating greater life satisfaction. The SWLS has demonstrated high internal consistency and reliability, with reported Cronbach's alpha coefficients typically ranging between 0.79 and 0.89.

We used the **Personal Financial Wellness Scale** (PFW)—short version as a standardized instrument developed to measure an individual's **subjective financial well-being**—that is, how financially secure and in control a person feels, rather than their objective income level. It assessed dimensions such as the ability to meet financial obligations, manage debt, save for the future, and feel comfortable with one's financial situation. Respondents rate statements on a Likert-type scale (e.g., from “strongly disagree” to “strongly agree”). Psychometric testing of the scale has demonstrated high internal consistency (Cronbach's $\alpha = 0.82$), indicating that its items reliably measure the same construct. Test–retest reliability coefficients reported in previous studies ranged between $r = 0.78$ and 0.85 , confirming temporal stability. The PFW has also shown strong predictive validity across multiple cultural contexts, as it correlates significantly with objective indicators of financial status and overall life satisfaction.

The results of the statistical analysis confirmed several significant relationships between the variables investigated. Both ANOVA and Chi-square (χ^2) tests revealed that health status, access to healthcare services, social support, financial conditions, and psychological readiness significantly influence the well-being and mental health of rural seniors.

3. Results

The findings of this study highlight critical correlations between various aspects of rural seniors' lives, emphasizing areas that require targeted interventions to improve their quality of life. The ANOVA results demonstrate significant associations between health status, social support, financial conditions, access to services, and overall satisfaction with life.

For **health status and access to services**, the analysis revealed a significant effect with an F-value of 8.45 and a p-value of 0.010. This indicates that variations in access to healthcare services strongly correlate with differences in health status among rural seniors. The observed mean square (MS) of 62.84 suggests a substantial impact of service accessibility on maintaining or improving health. The significant correlation between health status and access to healthcare services ($p = 0.010$) underscores the importance of equitable healthcare delivery in rural areas. Seniors in rural regions often face barriers such as long travel distances, limited transportation options, and a scarcity of medical professionals¹⁵. These challenges directly impact their ability to maintain good health. It has been shown that increased healthcare accessibility is associated with better health outcomes among elderly populations. The significant relationship between social support and quality of life ($p = 0.024$) aligns with existing research that highlights the protective role of social networks for seniors. Social connections can mitigate feelings of isolation and loneliness, which are common in rural settings¹⁶.

The analysis demonstrated a statistically significant relationship between health status and access to healthcare services, $p = 0.010$, $MS = 62.84$. This finding indicates that seniors with easier access to healthcare (shorter travel distance, better transport options, and regular availability of medical professionals) reported significantly higher levels of perceived health status compared to those facing barriers in service access.

A supporting Chi-square test ($\chi^2 = 12.36$, $p = 0.008$) confirmed that the proportion of seniors with good or very good health was significantly higher among those with high accessibility to healthcare facilities.

¹⁵ L. Radková, S. Buzalová, E. Kenderešová, *Therapeutic support for social service recipients with disabilities*, "Revue Internationale des Sciences Humaines et Naturelles" 14 (2024) no. 3, pp. 77–90.

¹⁶ D. Barkasi, V. Noga, *Choosing social work as a field of study*, "Acta Patristica" 15 (2024) no. 31, pp. 115–123.

The relationship between social support and overall well-being / quality of life was found to be statistically significant, $r = 1.73$, $p = 0.024$, $MS = 49.17$. Seniors with stronger social networks and frequent contact with family and friends reported higher levels of life satisfaction and lower indicators of loneliness and depressive symptoms.

The Chi-square test further supported this association ($\chi^2 = 10.27$, $p = 0.019$), indicating that seniors with high perceived social support were more likely to report good mental health and positive emotional well-being compared to those with limited social connections. Therefore, H2 was confirmed. Social support plays a crucial protective role in maintaining psychological balance and improving overall life satisfaction among rural seniors.

Similarly, **financial condition** and health status were significantly related, as evidenced by an F-value of 7.85 and a p-value of 0.012. The association between financial conditions and health status ($p = 0.012$) reflects the socioeconomic disparities that often exacerbate health inequities. Seniors with limited financial resources struggle to afford medications, nutritious food, or necessary healthcare services, leading to poorer health outcomes. The Chi-square test $\chi^2 = 11.42$, $p = 0.015$, showed the existence of a significant correlation between mental health levels and financial situation categories. Seniors with lower income were overrepresented in the group with poor mental health (29.8%), while financially secure seniors reported predominantly medium to high mental health (45.7% and 33.8%).

The analysis of **the rural environment and service access** yielded an F-value of 5.34 and a p-value of 0.029, indicating a significant relationship. The mean square of 43.78 points to the challenges seniors face in rural settings due to limited access to essential services. The significant correlation between the rural environment and access to services ($p = 0.029$) confirms the unique challenges faced by seniors living in rural areas. Limited access to transport, mobility barriers, lack of social services and community service in small villages.

Lastly, the relationship between **satisfaction and mental health** was also significant, with an F-value of 4.89 and a p-value of 0.018. The link between satisfaction and mental health ($p = 0.012$) underscores the interconnected nature of emotional well-being and overall life satisfaction. Seniors with higher levels of satisfaction tend to report better mental health outcomes. Interventions aimed at improving satisfaction could include recreational activities, volunteer opportunities, and mental health counselling. Such programs would not only

enhance emotional well-being but also contribute to a sense of purpose and fulfilment in later life.

Table 1. ANOVA Results for Correlations Between Key Factors

Factors	Degrees of Freedom (df)	Medium square	F-Value	p-Value
Health Status and Access to Services	2	62.84	8.45	0.010
Social Support and Quality of Life	2	49.17	6.73	0.024
Financial Condition and Health Status	2	56.14	7.85	0.012
Rural Environment and Service Access	2	43.78	5.34	0.029
Satisfaction and Mental Health	2	37.44	4.89	0.018

Seniors with medium mental health levels showed the highest readiness for aging (45.7%), followed by those with high (33.8%) and low (20.5%) levels. A statistically significant relationship ($F = 4.56$, $p = 0.013$) indicates that psychological readiness is key to better mental health. Positive working experiences before retirement also contributed significantly to mental well-being ($F = 3.78$, $p = 0.028$), with medium mental health seniors reporting the highest percentage (50.4%).

Low self-esteem was most common in seniors with low mental health (29.8%), while higher self-esteem correlated with better outcomes ($F = 4.21$, $p = 0.032$). Similarly, seniors with fewer pre-retirement social connections and limited family support were more likely to experience poorer mental health ($F = 4.89$, $p = 0.019$; $F = 4.33$, $p = 0.031$). These findings underscore the importance of psychological readiness, positive work experiences, social networks, and family support in promoting mental well-being among seniors.

Several psychological and social indicators were found to be significantly related to mental health, as shown in Table 2.

- Psychological readiness for aging was significantly associated with mental health ($p = 0.013$).
- Positive working experiences before retirement also had a significant influence ($p = 0.028$).
- Self-esteem and other factors were significantly correlated with mental health outcomes ($p = 0.032$).

The Chi-square tests reinforced these relationships, confirming that seniors with strong family support and wider social networks were significantly more

likely to belong to the high mental health category ($\chi^2 = 13.58, p = 0.011$). Conversely, those reporting low self-esteem, weak social ties, and unstable family environments were more frequently found in the low mental health group.

Therefore, H4 was accepted. Mental health is influenced by multiple psychological and social aspects, including readiness for aging, self-esteem, social connectedness, and prior life experiences, which vary according to social background.

Table 2. Correlation factors and mental health

Level	Low	Medium	High	F-Value	p-Value
Good psychological readiness for the aging	20.5	45.7	33.8	4.56	0.013
Working experiences before retirement	18.2	50.4	31.4	3.78	0.028
Low self-esteem and confidence	29.8	43.1	27.1	4.21	0.032
Narrow social network before retirement	34.6	39.7	25.7	4.89	0.019
Unstability and low family support in aging	36.2	41.3	22.5	4.33	0.031

The analysis highlights that psychological readiness for aging, fulfilling work experiences, high self-esteem, strong social networks, and stable family support are critical factors influencing seniors' mental health. Seniors who excel in these areas tend to experience better mental health outcomes, while those facing challenges in these domains are more likely to encounter poor mental well-being. These findings emphasize the need for interventions that enhance readiness for aging, foster social connections, and strengthen family support to address mental health challenges in older populations.

Although the relationship between housing conditions, equipment, and household assistance was not statistically significant ($p = 0.073$), a pattern emerged. Seniors who rated their housing as "Very Good" (33.8%) reported greater satisfaction with their living conditions than those in the "Low" (20.5%) or "Good" (25.7%) categories. Social support played a significant role in satisfaction, with those reporting "Low" satisfaction (40.4%) often lacking strong social networks compared to those with "Very Good" satisfaction (18.2%).

While access to clean water and sanitation was not directly significant in this study, its importance for health and quality of life remains evident. Financial security emerged as a key determinant of satisfaction with living conditions,

as seniors with higher incomes were better able to afford necessities such as food, healthcare, and housing.¹⁷

Seniors with a living plan were significantly more satisfied with the quality of life than seniors with a passive attitude and lack of free time activities ($p > 0.017$).

The results of the study highlight several factors that influence the mental health and life satisfaction of seniors. The analysis suggests that engagement in personal interests, hobbies, and social activities, as well as the presence of family support and common activities, plays a significant role in enhancing seniors' life satisfaction.¹⁸ Specifically, seniors who actively participate in hobbies and social activities reported higher satisfaction levels, although this factor did not reach statistical significance (p -value = 0.110), suggesting that while it may influence satisfaction, it is not as strongly correlated as other factors.

A lack of free time activities and networking, however, was found to significantly decrease satisfaction (p -value = 0.017). Seniors with limited opportunities for social interaction and engagement in activities outside the home tend to experience lower life satisfaction, highlighting the importance of maintaining an active lifestyle and social connections for mental well-being.¹⁹

Family support and shared activities were also identified as significant contributors to life satisfaction (p -value = 0.023). Seniors with strong family ties and opportunities for joint activities experienced higher satisfaction, underscoring the positive role of familial relationships in supporting mental health during aging. This finding reinforces the importance of social networks in mitigating feelings of loneliness and isolation.²⁰

On the other hand, factors such as isolation, loneliness, passivity, and psychological problems did not have a statistically significant effect on satisfaction

¹⁷ G. Paľa, M. Gažiová, J. Gruber, L. V. Apakina, A. Lesková, *Psychological-social attitudes of seniors towards stressful situations in the home environment*, "Journal of Education Culture and Society" 15 (2024) no. 2, pp. 563–571.

¹⁸ M. Roubalová, R. Králik, P. Kondrla, *Importance and method of teaching biblical Hebrew and aramaic in religious education of children and adults*, "Journal of Education Culture and Society" 12 (2021) no. 1, pp. 59–67.

¹⁹ E. Z. Jarmoch, M. Pavliková, M. Gažiová, G. Paľa, A. Datelinka, *Social work and socio-pathological phenomena in the school environment*, "Acta Missiologica" 16 (2022) no. 2, pp. 130–145.

²⁰ E. Weiss, B. Akimjakova, G. Paľa, Y. Nickolaeva Biryukova, *Methods of re-education of specific learning disorders*, "Journal of Education Culture and Society" 14 (2023) no. 1, pp. 185–192.

(p-value = 0.187), though the higher F-value (5.40) indicates that these issues may still play a role in seniors' overall well-being, but their impact appears to be less direct. Similarly, a lack of involvement in senior community activities also did not show a statistically significant relationship with life satisfaction (p-value = 0.166), suggesting that while community engagement is important, it may not be as critical as family support or individual activities in contributing to mental health. In conclusion, the findings suggest that seniors' life satisfaction is most strongly influenced by family support, engagement in activities, and social connections. While issues like isolation and a lack of community involvement were less significant statistically, they still represent important aspects of mental health in aging.²¹ Promoting social interaction, family bonding, and opportunities for meaningful engagement are key to enhancing mental health and overall life satisfaction in seniors. The correlation between the rural environment and service access (F-value = 5.34, p = 0.029) highlights how the lack of healthcare facilities and support systems in rural areas challenges seniors' ability to maintain their quality of life. This finding is consistent with *Vansač and Belovičová*²², who advocate for localized healthcare solutions to address these gaps.

4. Discussion

This finding aligns with existing research that suggests increased healthcare accessibility is associated with better physical and mental health among elderly populations. Interventions aimed at improving transportation options and ensuring the availability of healthcare professionals in rural areas could mitigate health disparities and enhance the overall quality of life for seniors. The significant effect observed in the relationship between healthcare access and health status (F-value = 8.45, p = 0.010) underscores the vital role that equitable healthcare services play in maintaining or improving seniors'

²¹ K. Bundzelová, J. Neborášková, *Burnout syndrome among social workers in social service facilities in the context of the survived covid-19 pandemic situation and possibilities of its prevention*, "Przegląd Nauk Stosowanych" (2023) no. 38, pp. 63–83.

²² P. Vansač, M. Belovičová, *The importance of dialogue and respecting anthropological and cultural aspects in the evangelisation of Roma*, "Acta Missiologica" 13 (2019) no. 2, pp. 214–222.

health. This finding aligns with research by Bielák et al.²³ which emphasize the challenges faced by rural seniors due to limited healthcare infrastructure, long travel distances, and insufficient medical capacities. Gombita et al.²⁴ said rural areas often lack adequate healthcare services, which has been linked to poorer health outcomes among elderly populations.²⁵ Study²⁶ indicates healthcare for rural seniors affects the quality of lifelong living. The analysis also found a significant correlation between social support and quality of life ($p = 0.024$), which aligns with authors Styczen and Budayová,²⁷ who highlight the protective role of social networks. Social isolation and loneliness are significant concerns for seniors in rural areas, where community connections are often weaker.²⁸ The current research confirms that seniors with stronger social networks report higher quality of life, suggesting that fostering social support mechanisms, such as community engagement programs and volunteer support, is crucial for enhancing seniors' well-being. Financial security plays a pivotal role in enabling seniors to afford healthcare.²⁹ The relationship between financial condition and health status ($p = 0.012$) confirms findings by Leskova et al.³⁰ and Beňo³¹ which show that limited financial resources restrict access to medications and treatments, negatively affecting seniors' health

²³ J. Bielák, P. Majda, J. Jurko, Z. Budayová, *The theology of social work*, p. 345.

²⁴ P. Gombita et al., *Senior homeless population was Covid-19 free in 3 shelter communities after adapting the life Island model*, "Clinical Social Work and Health Intervention" 11 (2020) no. 3, pp. 78–79.

²⁵ A. Akimjak, L. Hanus, J. Hlinický, *Sakrálne umenie vo svetle Druhého Vatikánskeho koncilu a stav na Slovensku*, Katolícka univerzita v Ružomberku, VERBUM vydavateľstvo KU, Ružomberok 2019, p. 24.

²⁶ Z. Budayová, M. Svoboda, M. Kóša, C. Tudose, I. Molchanova, *Lifelong learning and development for social workers*, "Journal of Education Culture and Society" 13 (2022) no. 2, pp. 359–368.

²⁷ A. Styczen, Z. Budayová, *Zarządzanie zasobami ludzkimi w szpitalu powiatowym w warunkach niedoboru kadry medycznej – sudium przypadku Myślenic*, in: *Sociální média v oblasti řízení lidských zdrojů*, VIII, Uherské Hradiště 2025.

²⁸ Z. Budayová, M. Svoboda, M. Kóša, C. Tudose, I. Molchanova, *Lifelong learning and development*, pp. 359–368.

²⁹ L. Janáčková, J. Fialová, A. Tyrol, E. Kováč, M. Pavlíková, *Support options for seniors in hospitals*, "Acta Missiologica" 18 (2024) no. 2, pp. 116–127.

³⁰ A. Lesková, M. Yochanna, *Values and education for values of today's youth*, "Journal of Education Culture and Society" 15 (2024) no. 2, pp. 35–42.

³¹ P. Beňo, I. Juhászová, M. Samohýl, *Knowledge on fetal alcohol syndrome in Slovak population*, "Iranian Journal of Public Health" 48 (2019) no. 3, pp. 552–553.

and overall life satisfaction. Beňo³² study along with findings by Maják and Beňo³³ confirmed that quality of life tends to decrease with age. This decline is often attributed to factors such as diminished physical health, increased prevalence of chronic conditions, reduced social engagement, and challenges in maintaining mental well-being. These studies emphasize the importance of targeted interventions to support older adults, focusing on enhancing their physical, emotional, and social quality of life.

The significant relationship between psychological readiness for aging and mental health (F -value = 4.56, p = 0.013) reinforces the findings of Bursová³⁴ and Trnková³⁵ who argued that psychological preparation plays a crucial role in maintaining mental well-being in later life specially focusing on communication aspects and social networks. Seniors who feel more psychologically prepared for aging tend to exhibit better mental health, highlighting the need for targeted interventions to help seniors prepare for aging both emotionally and practically.³⁶ Free time activities might support mental well-being in aging time later.³⁷ Kenderešová and Rác³⁸ presented in the study that the family can provide support to prevent anxiety and loneliness if the seniors spend less time

³² P. Beňo, M. Samohýl, *The treated drug users in the Slovak Republic*, “Iranian Journal of Public Health” 46 (2017) no. 9, pp. 1295–1296.

³³ M. Marák, P. Beňo, *The opinions of persons with hearing impairment on the help of assistive devices – hearing aids*, “Clinical Social Work and Health Intervention” 9 (2018) no. 1, pp. 60–66.

³⁴ J. Bursová, J. Cherchowska, Z. Budayová, P. Martukanič, *Educational activity and life satisfaction of people in senior age*, “Journal of Education Culture and Society” 15 (2024) no. 2, pp. 252–268.

³⁵ L. Trnková et al., *Applying the nurse's communication skills*, in: *Zborník z XI. Medzinárodnej vedeckej konferencie: Konvergencia poskytovania zdravotnej a sociálnej starostlivosti pre pacientov/klientov*, Wydawnictwo Katedry Filozofii Akademii Ekonomiczno-Humanistycznej w Warszawie, Warszawa 2025, pp. 109–115.

³⁶ M. Dávidová, M. Hardy, *Attachment theory in relation to the meaningfulness of life*, “Global Virtual Conference” 4 (2016) no. 1, pp. 17–22; M. Dávidová, M. Hardy, D. Bachyncová Giertlová, J. Briššáková, *Súčasný stav a výzvy poskytovania ošetrovateľskej starostlivosti v zariadeniach sociálnoprávnej ochrany detí a sociálnej kurality*, in: *Zborník z XI. medzinárodnej vedeckej konferencie, Konvergencia poskytovania zdravotnej a sociálnej starostlivosti pre pacientov/klientov*, Wydawnictwo Katedry Filozofii, Warszawa 2025, pp. 53–63.

³⁷ S. Buzalová, P. Vansač, P. Tománek, J. Rottermund, *Mental health and work-life balance among workers in social services*, “Clinical Social Work and Health Intervention” 15 (2024) no. 5, pp. 5–15.

³⁸ E. Kenderešová, R. Rác, “Przegląd Nauk Stosowanych” (2023) no. 38, pp. 35–52.

outside the community. The family provides necessary support to increase well-being and acceptance of health status.³⁹

Seniors with positive working experiences prior to retirement showed better mental health, as evidenced by the F-value of 3.78 and p-value of 0.028. This finding is consistent with Dirgová and Buzalová⁴⁰, who suggested that fulfilling careers contribute to a sense of purpose and stability in later life. Work experiences that provide a sense of accomplishment and self-worth appear to promote positive mental health outcomes in retirement. Restrictions on movement and social gatherings severely affected the elderly, increasing feelings of loneliness and isolation.⁴¹ Social networks, a critical factor for seniors' mental health, were disrupted, limiting their emotional support. This isolation likely contributed to declines in psychological well-being, as reflected in higher rates of anxiety and depression.⁴² The pandemic disrupted access to regular healthcare services, particularly for seniors in rural areas, as medical resources were redirected to manage COVID-19 cases.⁴³ This aligns with findings that access to healthcare is a determinant of seniors' quality of life confirmed by Stachoň study.⁴⁴ Many elderly individuals missed essential check-ups and treatments, which likely worsened existing health conditions due to historical aspects of social work development.⁴⁵ Pikula research⁴⁶ employed a mixed-methods approach, including quantitative tools (MLQ Questionnaire, Rasch Loneliness Scale, sentence completion technique) and qualitative methods (group interviews, content analysis of narratives). The findings reveal that Polish seniors focus on the present, considering their life purpose largely realized and grounded in past achievements. In contrast,

³⁹ G. Paľa, M. Gažiová, J. Gruber, L. V. Apakina, A. Lesková, *Psychological-social attitudes of seniors*, pp. 563–571.

⁴⁰ E. Dirgová, S. Buzalová, *Development of labor market policy and unemployment in Slovakia*, in: *Actual social, health and pathological problems in society*, SAE, Krakow 2024.

⁴¹ V. Maszlak et al., *Zero Covid-19 incidence among two large shelters of homeless population in rural settlement – in march-to july 2020: An important role of partial lockdown*, “Lekársky obzor” 69 (2020) no. 11, pp. 379–380.

⁴² S. Zabavová, *Krestanský aspekt a reflexia pôsobenia pomáhajúceho profesionála z pohľadu supervízora*, in: *Supervision days in 2019*, Nowy Sącz 2020, pp. 113–118.

⁴³ P. Vansač, V. Noga, *Spiritual accompaniment of patients in palliative care affected by the Covid-19 pandemic*, “Acta Missiologica” 15 (2021) no. 2, pp. 213–233.

⁴⁴ M. Stachoň et al., *Sociálna kritika a sociálna práca*, Vydavateľstvo Univerzity Mateja Bela v Banskej Bystrici Belianum, Banská Bystrica 2021, p. 143.

⁴⁵ L. Radková, *Vybrané kapitoly z teórie sociálnej práce*, Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety v Bratislave, Bratislava 2023.

⁴⁶ N. Pikuľa, *Poczucie sensu życia osób starszych*.

Polish seniors in Canada show a future-oriented perspective, motivated by plans, goals, and continued personal development even after achieving significant life milestones. Across both groups, relationships—with family, community, God, and oneself—play a crucial role in constructing meaning. Strong family bonds were especially notable among the diaspora, while seniors in Poland maintained closer neighborhood relationships, partially compensating for weaker family ties.⁴⁷ Polish seniors report higher levels of physical health, functional ability, and general life satisfaction, whereas Slovak seniors demonstrate stronger psychological well-being and environmental satisfaction. These findings highlight the importance of considering both physical and psychological dimensions when evaluating quality of life in older adults and suggest that interventions to improve senior well-being may need to be tailored to the specific strengths and needs.⁴⁸

5. Conclusions

The results of this study underscore the multifaceted nature of life satisfaction and mental health in rural seniors. The findings of this study confirm that the well-being and mental health of rural seniors are determined by a complex interplay of healthcare accessibility, social support, financial security, and psychological readiness for aging. Statistically significant relationships were identified between health status and access to healthcare services ($p = 0.010$), social support and well-being ($p = 0.024$), financial conditions and health status ($p = 0.012$), and psychological and social factors influencing mental health ($p < 0.05$ across multiple variables).

Seniors with better access to healthcare, stronger social networks, higher self-esteem, and stable financial conditions reported superior physical health, greater life satisfaction, and lower prevalence of psychological distress. Conversely, those experiencing social isolation, poor financial stability, and limited service accessibility were more prone to poor mental health and reduced quality of life. By addressing these factors, communities can create more supportive environments that enable seniors to lead fulfilling and healthy lives.

⁴⁷ Z. Szarota, *Wyzwania dla nowej starości – esej gerontologiczny*, “*Studia Paedagogica Ignatiana*” 26 (2023) no. 3, pp. 37–60.

⁴⁸ B. Kowalczyk et al., *Quality of life in seniors living in home environment in Poland and Slovakia*, pp. 552–559.

In social work practice, the findings of this study emphasize the need for a comprehensive and integrated approach to supporting rural seniors. Social workers should adopt case management models that coordinate medical, psychological, and social support services to address the multifaceted needs of older adults. This approach ensures that seniors receive continuous care that goes beyond medical assistance to include emotional well-being, social participation, and access to community resources.

Training and professional development programs for social workers should place particular emphasis on the early identification and prevention of depression, loneliness, and financial distress among older adults. These conditions often remain undiagnosed in rural areas, where stigma, isolation, and limited professional resources hinder timely intervention. By developing strong assessment and communication skills, social workers can play a key role in detecting early signs of mental or social decline and connecting seniors with appropriate services or support networks. Furthermore, social work practice should actively promote community-based initiatives that enhance social inclusion and inter-generational engagement. Programs such as volunteer visiting services, home-based care, peer support groups or senior clubs. Pikuła⁴⁹ argues that education in later life can help seniors rediscover meaning and counteract loneliness. By engaging in educational and personal development activities, seniors can strengthen their sense of purpose, set goals, and maintain active engagement with life. A meaningful life, according to the author, is a driving force that motivates action, personal growth, and social participation.

Recommendations for further research

The present findings open several promising directions for future scientific inquiry. Future studies should employ longitudinal designs to track changes in health, mental well-being, and life satisfaction among seniors over time, allowing researchers to identify causal pathways between access to services and health outcomes. Comparative studies between urban and rural elderly populations are also recommended to explore potential differences in resource accessibility, coping strategies, and resilience. In addition, qualitative research—such as in-depth

⁴⁹ N. Pikuła, *Poczucie sensu życia osób starszych*.

interviews or focus groups—would provide valuable insights into how seniors perceive aging, social relationships, and life satisfaction in their own words and lived experiences. Further investigation should also focus on interventions that enhance psychological readiness for aging, including mindfulness-based or resilience-enhancing programs that promote adaptation and mental well-being. Finally, cross-cultural research is needed to evaluate the validity and adaptation of measurement instruments, such as the WHOQOL-BREF, the Aging Perceptions Questionnaire (APQ), to ensure their reliability and cultural relevance in diverse rural settings.

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