

# **REPORT ON THE RESEARCH ON OLD AGE IN POLAND**

**Project: Global Ageing Research Partnership**

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## **Table of Contents:**

1. Demographic situation in Poland
  - 1.1. The causes of population ageing
  - 1.2. Selected indicators showing the demographic situation in Poland
    - 1.2.1. Old age index
    - 1.2.2. Life expectancy
    - 1.2.3. Maintaining a healthy life
    - 1.2.4. Demographic dependency ratio
    - 1.2.5. Main causes of death
    - 1.2.6. Feminisation rate
    - 1.2.7. Age pyramid
    - 1.2.8. Foreign migrations
2. Institutions, organisations and research networks related to research on old age
  - 2.1. Institutions and organisations
  - 2.2. Research funding
  - 2.3 Research networks
3. Types of research
4. Characteristics of gerontological research conducted in Poland

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- 4.1. The earlier period
  - 4.2. The modern period
    - 4.2.1. International projects
    - 4.2.2. Research topics
    - 4.2.3. Selected nationwide research
  - 5. Selected methodological problems in in studies of the elderly
    - 5.1. An older man (senior), i.e. who?
    - 5.2. Qualitative and quantitative approach - potential limitations
    - 5.3. Field research vs. remote research
    - 5.4. Professionalisation of interviewers' work
  - 6. Future challenges
- Literature.

## **Introduction**

This report was written as part of the three-year (2019-2021) research and implementation Project "Global Ageing Research Partnership" (GARP), financed from the funds of the Polish National Agency for Academic Exchange - NAWA (Grant No. PPI/APM /2018/1/00014). The project is carried out by researchers from 5 countries (*in alphabetical order*): Austria (the University of Applied Sciences Upper Austria), Canada (the University of Ottawa LIFE Research Institute), France (the Jean Monnet University), Hong-Kong (the Sau Po Centre on Ageing, the Hong Kong University) and Poland (the Pontifical University of John Paul II in Kraków, Project leader). Thanks to the arrangements made, individual partners co-creating the Project prepared studies presenting the most important issues regarding the development of gerontological research in their countries. The Polish report was the last one (written in 2021), hence it was possible to include in it, for example, issues related to the global COVID-19 pandemic, whose multidimensional effects to a large extent also influenced the form of the Project's implementation and its duration. The presented *Report* is partly "record-keeping" by presenting, for example, the demographic situation in Poland or the topics of research undertaken in the country, but in significant parts it is also disputable or even polemical. Thanks to this approach, the issues discussed in it refer to the original assumptions of the Project, i.e. to undertaking in-depth reflection, especially on the methodological challenges that we encounter in the process of conducting research on the community of elderly people.

## 1. Demographic situation in Poland

### 1.1. The causes of population ageing

The ageing of the population is a demographic process that, in the entire world, but especially in developed countries, has become extremely visible in the last decades of the 20th century and in the first decades of the 21st century. We have never dealt with such a large percentage of older people<sup>2</sup> in the social structure, and the current population forecasts indicate that the number of people in advanced age in many countries will grow at an even faster pace than before, at least until the middle of the 21st century. Since the ageing process of the population, regardless of the way it is described or measured, is expressed in an increase in the proportion of old people in the society (E. Rosset, 1959, p. 3), it is no wonder that in various publications we come across descriptive, in a way, common sense terms, to reflect the specificity of this process as clearly as possible. For example, A. Giddens (2005, p. 185) uses the term "greying" population in his work, and I. Stuart-Hamilton (2006, p. 13) speaks of "greying generations", adding at the same time that the ageing of the population is not a new phenomenon, but it was not until the 20th century that it became common. The intensity of the discussed process in the current decades has been caused by many factors, but the most important ones are usually three, namely: a decrease in the number of births, an increase in life expectancy (a decrease in the number of deaths) and - often - the number and demographic structure of migrants, (see e.g. E. Rosset, 1959, p. 3, I. Sobczak, 2006, pp. 21-23, E. Frątczak, 2011, pp. 12-17).

The first of these factors, i.e. the drop in the number of births, has a decisive influence on the age structure of the population. This decline is largely due to changes in the family model. It is visible, for example, in the departure from the model of large families or in the fact that nowadays women at a more advanced age decide to give birth to children, which means that the number of older people in society is relatively increasing.

The second of the distinguished factors influencing changes in the population structure is the decrease in the total number of deaths. It is the result of the development of healthcare, including the so-called restorative medicine, increasing the general state of hygiene, which has led, among others, to lower perinatal mortality, immunisation of organisms - primarily through vaccines, changes in eating habits (diet) and changes in lifestyle (Growing ..., 1993).

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<sup>2</sup> I usually use terms such as the elderly, elderly people, people in advanced age or advanced in years as synonyms.

This reduction in the number of deaths has in effect contributed to the extension of the average human life span. Moreover, this upward trend in the life expectancy of women and men - both in Europe and worldwide - is projected to continue into the future, although it should not be forgotten that gender-specific life expectancy is often significantly different. (Europe ..., 2009, p. 159).

Finally, let us pay attention to the third of the distinguished factors responsible for the intensification of the ageing process of the population, i.e. migration. In the past, the ageing of the population in some areas was the result of mass migration, with mainly younger people migrating, for example in search of work. Nowadays, this phenomenon does not play as important a role as in earlier centuries, although it may still have a fairly significant dimension, for example due to the opening of new labour markets (we observed it in Europe, especially after the accession of new countries to the European Union in 2004).

## **1.2. Selected indicators showing the demographic situation in Poland<sup>3</sup>**

The ageing of the Polish population is largely influenced by the same factors as mentioned above. It is worth emphasizing, however, that until recently the population of our country was considered young in terms of demographics compared to many European countries, especially those from the so-called Western Europe, because, for example, in 2008, the percentage of the Polish population 65+ was 13.5%, while the average for the 27 countries of the European Union was then 17.0% (Europe ..., 2010, p. 166). These differences in the age structures of individual national populations resulted, inter alia, from the fact that the behaviour characteristic of the so-called second demographic transition (later age when families were established and children were born, greater tolerance in the approach to the possibility of a breakdown of marriages) first appeared in countries that modernized earlier, but by the end of the 20th century they became visible all over Europe (Prognoza ..., 2014, p. 125). We also know that the aforementioned demographic behaviour developed more rapidly where it appeared at the latest, for example in the post-communist countries like Poland. Therefore, there is no doubt that the population in Poland has recently started to age very rapidly, and this process will accelerate even more in the near future.

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<sup>3</sup> The content presented in this section can be a starting point for determining the directions and topics of research (including comparative research) and for searching for areas in which the research results can be applied in practice. For example, recommendations that will be used in the functioning of social and medical services or in shaping social policy programmes may turn out to be useful.

### 1.2.1. Old age index

The indicated tendency is clearly illustrated by the percentage of people aged 65 and over in the structure of the Polish population, referred to as the old age index (Ludność ..., 2021, p. 16), which I present taking into account the relatively long, 150-year-old time perspective (Table 1).

Table 1. Percentage of the population aged 65 and over in the structure of the Polish population in the years 1900-2050.

Population	Year										
	1900	1921	1939	1950	1967	1990	2000	2009	2020	2035	2050
Total population (in thousands)	25106	27176	35090	24614	31944	38183	38254	38167	38265	36 477	33 951
Population 65+ (in thousands)	910	1142	1754	1322	2353	3884	4726	5162	7120	8937	11102
The percentage of the population aged 65+ in the entire population	3.6	4.2	5.0	5.4	7.4	10.2	12.4	13.5	18.6	24.5	32.7

Own elaboration based on: E. Rosset, 1967, p. 195; Roczniki statystyczne GUS (Statistical yearbooks of Poland); Prognoza ludności ... (Population projection ...), 2014, p. 134; Ludność ..., 2021, pp. 14,17; Sytuacja ..., listopad 2014, p. 35.

Analysing the data presented in Table 1, we notice that the number of Polish elderly population (65+) grew very slowly in the first half of the 20th century, exceeding the so-called demographic old age threshold in 1967, and the medium/advanced age threshold in 1990. Currently, people 65 and older constitute almost 19% of the total population of our country<sup>4</sup>, and the increase in the number of this sub-population which is observed every year has been caused by the fact that now these are the people born in the 1950s, i.e. in the times of the baby boom, that are getting older (Ludność ..., 2021, p. 16).

On the other hand, based on the current population forecast, we predict that the ageing of the Polish society will soon become even more pronounced, as the percentage of people

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<sup>4</sup> For clarification - in 2019 there were 9.7 million Poles aged 60+, i.e. they constituted 25.3% of the total population [own calculations based on table 14: Population by sex and age (cont.), Rocznik demograficzny 2020 (Demographic Yearbook of Poland 2020), p. 139].

aged 65 and over is expected to reach 24.5% in 2035, and almost 33% in 2050 (Sytuacja ..., listopad 2014, p. 35).

When we take into account the percentage of people who are most advanced in age, for example, 80-year-olds and older, we can also notice very clear changes here. The share of these people in the total Polish population is expected to increase from the current 4.4% to around 7.9% in 2035 and to 10.4% in 2050 (Sytuacja ..., listopad 2014, p. 37). At first glance, these percentage increases may seem insignificant, but when we look at the absolute values reflecting the number of people of this age, only then do we notice that in the next 30 years, i.e. by the middle of the 21st century, the number of such people will increase by about 1.8 million (from the current number of almost 1.7 million to over 3.5 million people). As a result, not only the number of the oldest people will increase, but also the care situations in which subsequent individuals will be involved (family members, neighbours or employees of social and medical services).

When analysing the current demographic situation in Poland, i.e. the one from 2020 (and the one from the first half of 2021, but the latter is only beginning to be considered in the literature on the subject), let us note that this situation was shaped by the SARS-CoV-2 coronavirus pandemic. It resulted in a low level of births, a high number of deaths, clearly a lower number of marriages in comparison to previous years, as well as in the inhibition of immigration to Poland (Ludność ..., 2021, p. 10). It may soon turn out that the demographic changes resulting from the COVID-19 pandemic will force a correction of the scenarios taken into account when creating population forecasts for the coming decades, and therefore the data concerning the future presented in this Report will be appropriately modified.

### **1.2.2. Life expectancy**

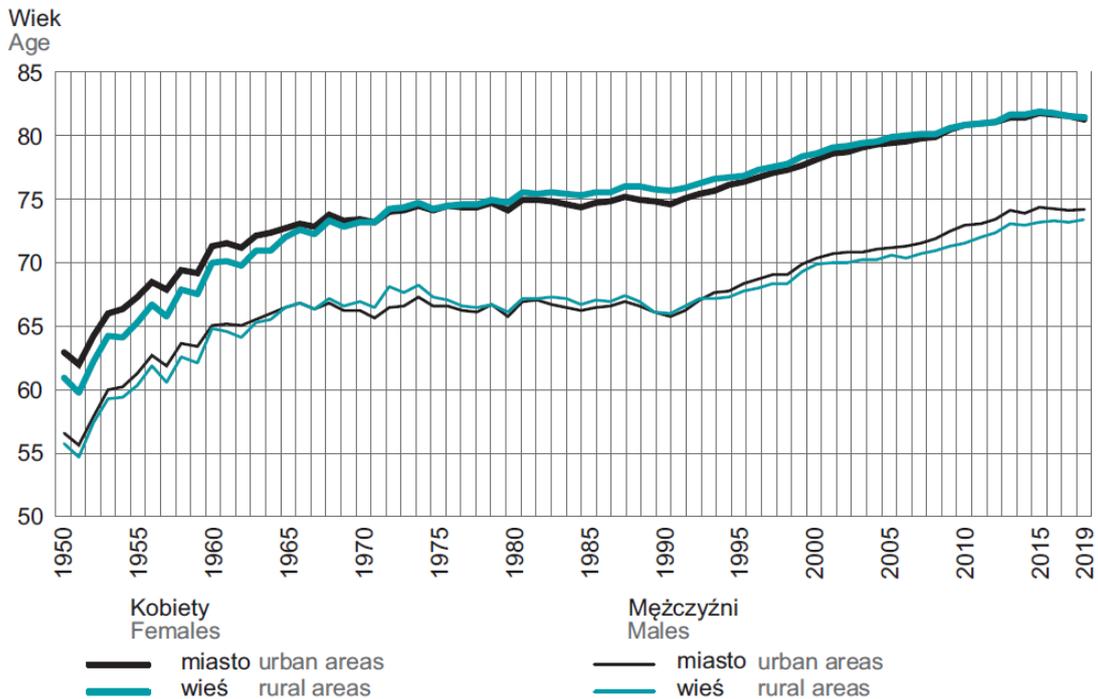
As for the average life expectancy of the inhabitants of Poland, similarly to the growing trends observed in Europe and in the world, it is significantly prolonged over a long-term perspective<sup>5</sup>, although in our country in 2018 it was slightly unstable, and the COVID-19 pandemic may temporarily shorten it (P. Błędowski, J. Chudek, T. Grodzicki et al., 2021). Nevertheless, this general extension of life is clearly illustrated in Fig.1.

Fig.1. Expectation of life in Poland in 1950-2019

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<sup>5</sup> In the Middle Ages, the average human life expectancy was about 20 years, and only at the end of the 19th century it reached the level of around 40 years. In turn, only in the period of one century, that is, during the 20th century, this life expectancy almost doubled, approaching 80 years (K. Wiśniewska-Roszkowska, 1982, p. 4).

## PRZECIĘTNE TRWANIE ŻYCIA EXPECTATION OF LIFE



Source: Rocznik demograficzny 2020 (Demographic Yearbook of Poland 2020), p. 525.

In the period of nearly 70 years, i.e. from 1950 to 2019, the average life expectancy of men increased by 18 years: from 56.1 to 74.1, and for women by over 20 years: from 61.7 to 81.8 years (Polska ..., 2020, p. 5). This trend is also expected to continue in the future, because in 2035 the life expectancy index is to reach 78.4 years for men, 84.8 years for women, and in 2050 it is expected to reach 82.1 for men and 87.5 for women (Prognoza ..., 2014, p. 162). Despite these favourable changes in extending the average life expectancy, Poland still comes out unfavourably compared to the most developed European countries because the age of Polish men and women is shorter by several years compared to the life expectancy of representatives of both sexes in those countries (Trwanie ..., 2008, p. 27).

### 1.2.3. Maintaining a healthy life

A useful extension to the concept of the average life expectancy of people is to make predictions about their future health. One of such indicators is the one that determines the number of healthy life years (HLY), i.e. the expected number of years that a person at a given age is to live in sufficiently healthy condition (Europe ..., 2009, pp. 158 -159). This indicator is also called the Disability-Free Life Expectancy – DFLE (Prognoza ....., 2014, p. 75).

From 2009 to today, a systematic increase in the life expectancy in healthy condition for both sexes has been visible in Poland (with a slight fluctuation in 2019 - Trwanie ..., 2020, p.19). The estimated number of years of life without restrictions due to disability for a man born in 2019 ( $HLY_0$ ) is 59.8 years, and for a woman - 63.3 years, assuming that the current conditions of mortality and loss of health of the population will remain at the current level (cf. however, the previous comments on the potential impact of the Covid-19 pandemic). In the analysed period, the level of  $HLY_0$  changed proportionally to the value of the average life expectancy ( $e_0$ ); for men it was about 80% of  $e_0$ , and for women about 77%. This means that although men are expected to live shorter lives, they survive a bit more of it without disabilities. It is also important that since 2009, for people aged 65 years, not only the value of healthy life expectancy ( $HLY_{65}$ ), has increased, but also its share in the average life expectancy, which indicates an improvement in the health of people of this age. In our country, however, there is a large spatial differentiation of the HLY coefficients.

#### **1.2.4. Demographic dependency ratio**

Another parameter used to determine the level of population ageing is the age dependency ratio (ADR), which means the proportion of the number of people over 65 to the number of people aged 15–64 (Trwanie ..., 2020, p. 14). The value of this indicator has been increasing in Poland for years, and in subsequent periods an intensification of the upward trend is forecast, assuming that by 2050 this indicator will more than double its value from the year 2019 (from 27.2 now to 59.2).

#### **1.2.5. Main causes of death**

Taking into account the main causes of deaths, there is no doubt that the importance of particular groups of diseases constituting the causes of deaths changes with age (B. Wojtyniak, 2021). The most common causes of death among elderly Poles are cardiovascular diseases - in 2018 among people 60+<sup>6</sup> they were responsible for the deaths of 44.3% of all deaths at this age (40% for men and 48.3% for women) and malignant neoplasms – 24.4% of all deaths (27.9% for men and 21.2% for women). If we take, for example, the year 2013, among the inhabitants who died that year, people aged 65 and over accounted for about 72% of the total number of deaths (Sytuacja ..., listopad 2014, pp. 19-20).). From the information obtained from the National Cancer Registry, we learn that then every second case of malignant neoplasm was diagnosed in people aged 65 and over.

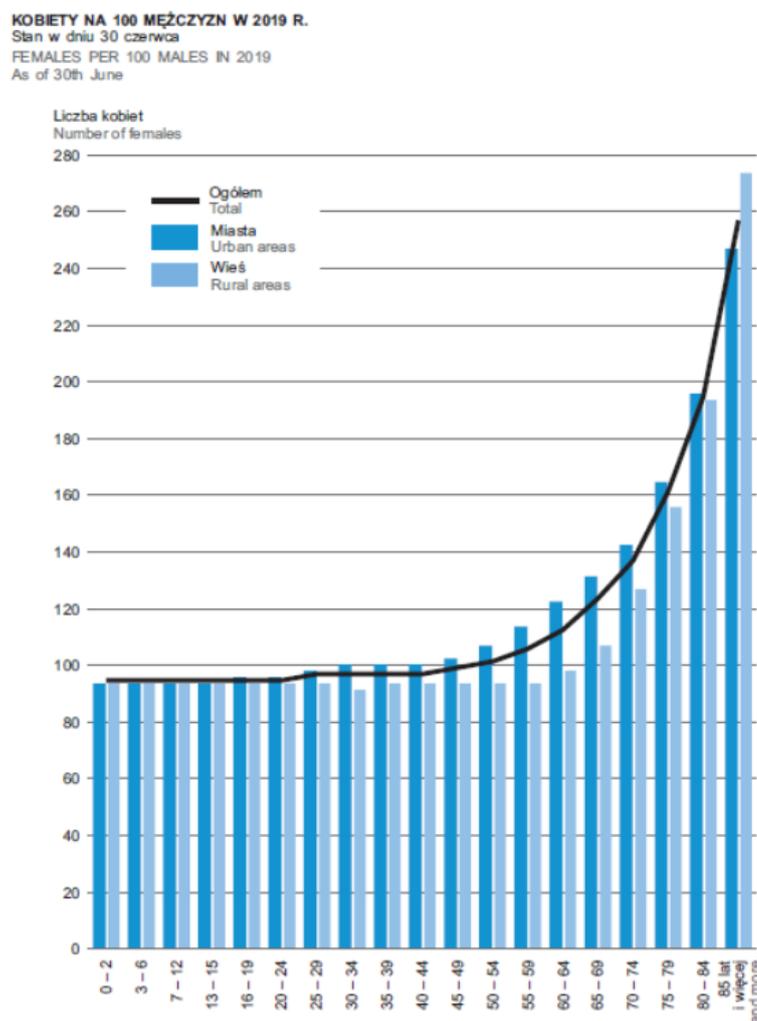
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<sup>6</sup> The conventional beginning of old age is often taken into account in medical analyses.

### 1.2.6. Feminisation rate

A well-known tendency indicating the presence in the population of individual countries of a definitely greater percentage of women in advanced age than men, which is the result of a longer life expectancy of women, finds its clear representation in the so-called feminisation rate. This coefficient, which determines the number of women per 100 men, was calculated for each age category and presented in Fig. 2.

Fig. 2. Females per 100 males in 2019



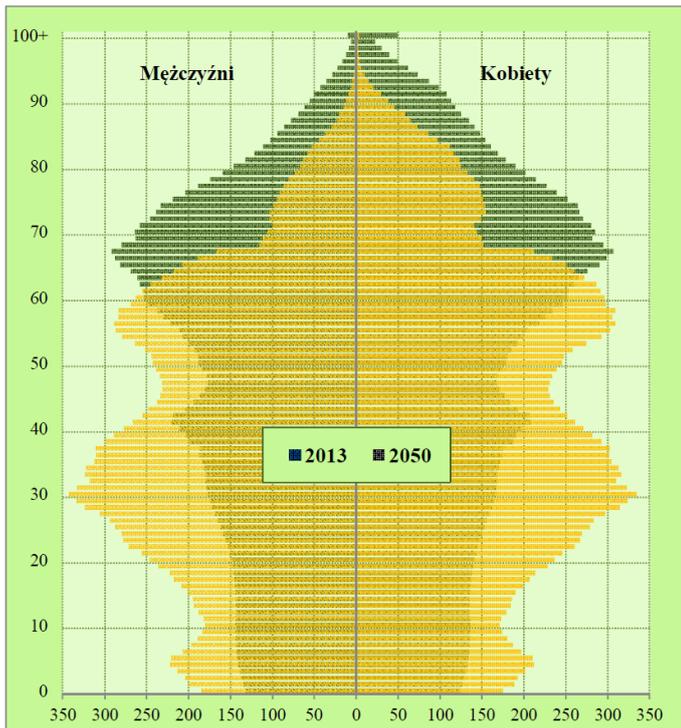
Source: Mały Rocznik Statystyczny Polski 2020 (Concise Statistical Yearbook of Poland 2020), 2020, p. 114.

In the following year (i.e. 2020), the percentage of women in the total population of Poland - as in the previous several years - accounted for almost 52%: there were 107 women per 100 men (Ludność ..., 2020, pp. 15-16). However, the feminisation rate changes with age. In 2020, among the population of up to 48 years of age, we notice a numerical predominance of men, as more boys than girls are born (in the indicated age range, there were fewer than 99 women per 100 men). From around the age of 50, the gap between the number of women and the number of men begins to widen and over the years, due to the excessive mortality of men, the number of women gradually exceeds the number of men, so that among the oldest people it reaches a level that people are rarely aware of. While for the group of people aged 50 and over, the feminization rate is currently 126, in the oldest age groups (e.g. 75 years and more) there are 196 women per 100 men on average, and in the case of the group of people of 85+, there are as many as 255 women per 100 men. (Rocznik ..., 2020, p. 210).

#### **1.2.7. Age pyramid**

Summing up, if we assume that the ageing of the population means increasing the percentage of elderly people while reducing the percentage of children, many of the demographic trends signalled so far, both those observed today and those predicted by the middle of the 21st century, can be clearly illustrated by two overlapping age pyramids (Fig.3): Men (left), Women (right).

Fig.3. Population by sex and age (age pyramid) in Poland in 2013 and 2050



Source: Sytuacja demograficzna osób starszych ..., listopad 2014, p. 34.

Without going into much detail, the analysis of the shape of the age pyramid from 2013 clearly shows that at that time age groups covering children were less numerous than those of middle-aged people (especially those around 30, who turned out to be the most numerous in general), and those slowly approaching the limit of old age (around 56-57 years old) and even those starting to get old (64-65 years old). On the other hand - according to the assumptions of the demographic forecast prepared by the Central Statistical Office - in less than three decades the age group of people aged 66-67 will dominate, with the number of the youngest (below ten-year-olds and teenagers) smaller than today and definitely less numerous 25-35-year-olds - as a result, the number and percentage of older people in general, including the oldest women (100+), will significantly increase in the structure of the Polish population in the middle of the 21st century.

### 1.2.8. Foreign migrations

Finally, I am going to refer briefly to the issues of foreign migrations concerning Poland, as their analysis in comparison with the analysis relating to the previously discussed

processes, such as reproduction or mortality, is much more difficult due to the fact that migration phenomena are multidimensional (Sytuacja ..., 2017, pp. 13-14). Poland and most of the countries from Central and Eastern Europe should be considered as emigration countries. Not only the opening of borders in the European Union, but especially the access to new labour markets in it, influenced the directions of migration of Poles, who in the vast majority chose Great Britain, Germany and Ireland as their countries of residence, thus accelerating the decline in the population, especially of people of working age. Poland is not a very attractive country for foreigners and is often treated as a transit country before leaving for Western Europe, hence it is difficult to assume that the demographic situation in our country will improve as a result.

## **2. Institutions, organisations and research networks related to research on old age**

### **2.1. Institutions and organisations**

In Poland, for many decades we have been asking for the establishment of a national, independent and specialised research institution dealing with issues related to the elderly. The basic tasks of such an institution, called by him the National Institute of Gerontology, were presented by Z. Woźniak (2020<sup>7</sup>, p. 24), which I literally recall below. They are as follows:

- 1) coordinate research on the process of ageing and old age in Poland;
- 2) gather and synthesise the scientific output of Polish and world gerontology;
- 3) perform diagnostic and prognostic functions;
- 4) constitute a platform for the exchange of experiences of national and international researchers and practitioners;
- 5) educate gerontological staff (postgraduate education);
- 6) combine objectivised knowledge with concepts and proposals of public authorities in the process of developing strategies for resolving issues and satisfying needs of older adults;
- 7) be a centre for formulating premises justifying the decisions of public authorities concerning the vital interests of the eldest generation;

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<sup>7</sup> Polish version of the article – see Z. Woźniak, 2018.

8) constitute an institution collaborating with similar organisations abroad, in particular, countries that are members of the European Union and the United Nations.

I would add to the list of tasks for such an Institute funding gerontological research from own resources, having a professional team of interviewers who could carry out such research (see point 5.4 of the Report: Professionalisation of interviewers' work) and conducting internships, including the research ones, for people dealing with gerontology.

Due to the lack of such a scientific and prognostic centre, some of its functions, especially those related to the research (more broadly - academic) dimension, have been taken over and are still being successfully realised by other entities. I mean, in particular, departments of geriatrics or gerontology operating at medical universities (e.g. in Białystok), at "traditional" universities with medical colleges (Jagiellonian University in Kraków), as well as at "traditional" universities (e.g. University of Lodz). Sometimes this "gerontological" activity can be noticed at other types of universities (e.g. at the Institute of Social Economy of the Warsaw School of Economics) and in institutions such as the Institute of Labour and Social Studies ([IPiSS | Placówka naukowo-badawcza](#)) or the Polish Ombudsman (Committee of Experts on Elderly People). Some of the tasks of a potential national gerontology centre are also undertaken by foundations related to issues focused on older people, such as the National Institute of Senior Economy ([Krajowy Instytut Gospodarki Senioralnej \(kigs.org.pl\)](#)) or Senior.Hub. Institute of Senior Policy ([Instytut Polityki Senioralnej - Fundacja ZACZYŃ](#)). The former, established in 2014, whose "mission is to collect and exchange knowledge as well as to prepare solutions aimed at adapting the economy and society to longevity", recently published a research report entitled "Needs and health of seniors during COVID-19" (respondents 60+). In turn, Senior.Hub. the Institute of Senior Policy published its report entitled "Survey on the quality of life of seniors in the time of the COVID-19 pandemic" (respondents 60+), and in 2021 submitted separate financial offers for research teams and doctoral students interested in the subject of old age, and since 2015 it has been publishing the "Senioral Policy" magazine.

Some hope for the establishment of a Polish scientific research centre could be associated with the establishment of the National Institute of Geriatrics, Rheumatology and Rehabilitation named after prof. MD, PhD Eleonora Reicher ([National Institute of Geriatrics, Rheumatology and Rehabilitation \(spartanska.pl\)](#)), however, the data on the scientific achievements of the Institute available on its website do not indicate significant activity of this institution in the field of geriatrics and social gerontology (P. Błędowski, 2021). In this

situation, we still have to wait for the creation of the independent gerontological institute described at the beginning of this section.

## **2.2. Research funding**

If we want to obtain money for research on a larger scale in Poland, we have the opportunity to apply for grants at the National Science Centre or under the so-called Norwegian Funds, but relatively rarely do we come across sources of funding for research aimed directly at gerontological issues, although in the case of the Norwegian Funds, you can apply for funding basic research related to, *inter alia*, demographic changes. On the other hand, on a regional or local scale, funds for research related to the elderly sometimes appear in the budgets of voivodship self-governments, if they are interested in diagnosing the situation in this respect, in order to improve the regional or local social policy. Sometimes, the greater openness of decision-makers to allocate funds to research related to the elderly can be associated with initiatives such as the UN's declaration of 1999 as the International Year of Older Persons or the recognition of 2012 as the European Year of Active Ageing and Solidarity between Generations. Undoubtedly, an important step to expand the gerontological research topic would be the allocation of appropriate budget funds for nationwide and regional projects (priority: commissioned research), which would be used to evaluate the social situation and health condition of various categories of elderly people (Z. Woźniak, 2020, p. 24).

## **2.3. Research networks**

Research networks that bring together only Polish researchers dealing with issues of old people, which are formalized in nature, were and still are something unique. Our researchers focused rather in informal teams around eminent gerontologists (e.g. W. Pędich, O. Czerniawska or B. Synak), around certain ideas, such as popularizing the sociology of old age in Poland, getting to know each other at international conferences or co-creating research teams carrying out national or international research projects.

When it comes to formalised research networks, scientists from Poland co-create some international networks. An example of a spatially wide network is the Research Network on Ageing in Europe (RN01) which “facilitates international networking and knowledge-exchange between those with research interests in ageing”, which has been operating within

the European Sociological Association<sup>8</sup> (ESA) since 2001 year ([RN01 - Ageing in Europe | European Sociological Association \(europeansociology.org\)](#)).

If we look for networks with a more limited territorial dimension, we will encounter networks connecting researchers mainly from the countries of the former socialist camp. Looking back, it is worth recalling the network from many years ago - the Eastern European Network, founded in 1993 as part of the international project of the European Commission COST A 5: Ageing and Technology. It grouped researchers from Croatia, the Czech Republic, Hungary, Poland, Slovakia and Slovenia (V. Gathy, 1993, p. 7). Thanks to the prepared country reports (see V. Gathy, 1993, Z. Szeman and V. Gathy, 1996) and conferences and workshops carried out by members of this network together with researchers from Western Europe, the latter could understand some phenomena concerning, for example, caring for older people in Poland at that time. The researchers from western Europe were surprised that older family members did not use the phones when they needed to call for help (then it had to be done without the use of telephone lines, as the number of telephones among citizens was limited for political and not technological reasons) or why people in wheelchairs could not use the toilet (this problem appeared due to too narrow door frames to the toilet or bathroom, which was the result of the then "economical" building standards). When giving an example of a contemporary network of a territorially similar character, attention should be paid to the EAST network, i.e. the 'Central and Eastern European Research Network' of the Oxford Institute of Population Ageing, currently grouping members from nearly 20 countries ([Central and Eastern European Research Network \(EAST\) | Oxford Institute of Population Ageing](#)). As part of the activities of this network scientific workshops, among others, are organised, resulting in various studies (see e.g. A. Hoff, 2011).

Summarizing the issues presented in chapter 2 of the Report, it is worth emphasizing that the role of the keystone of broadly understood research and organizational activity related to the elderly in our country is played by the Polish Society of Gerontology (PTG), which was established in 1973 on the initiative of a sociologist, J. Piotrowski ([Polskie Towarzystwo Gerontologiczne \(gerontologia.org.pl\)](#)). The Society has several local branches and currently has about 500-600 members. Professionals who are members of the Society not only initiate various research activities (e.g. a nationwide project called the Polish Old Age, which will be discussed later), but also prepare expert opinions, e.g. for state authorities, organise scientific

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<sup>8</sup> In Poland, we have not yet established an analogous network within The Polish Sociological Association (PTS) or, for example, within the Polish Psychological Association

conferences or popularise knowledge about ageing and old age by announcing, since 1993, national competitions for the best bachelor's, master's and doctoral dissertations devoted to this type of subject, and the forum for the exchange of experiences is the journal "Polish Gerontology" (previously published under the name of Problem Papers of the Polish Society of Gerontology, published since 1995).

### **3. Types of research**

In research on old people - due to the very large internal diversity of this community, as well as the exceptionally wide diagnostic area, including e.g. health, family relationships or living conditions, a lot of different research methods and techniques are used. What is more, we also diagnose issues related to younger people, who are involved, for example, in caring for the elderly, so these thematic areas related to research on issues related to ageing and old age are even wider. Since gerontology is a multidisciplinary science, it is not surprising that the research methods used in it were borrowed from individual experimental (biological), medical (clinical) and social sciences that each contribute to it. For example, the list of social research methods used in examining the situation of old people, presented by G. Fennel, Ch. Phillipson and H. Evers (1993, pp. 60-79) includes: participant observation, direct but non-participant observation, an interview conducted on a smaller scale (for example, to be used by one researcher), but also one carried out on a larger scale (usually conducted by a team of interviewers using standardised tools) and examination of personal documents (diaries, letters, thematic biographical collections or photos). It is probably worth extending this analysis of widely understood documents to include the study of the so-called official data created in institutions such as health care facilities (medical history) or social welfare centres (scope and methods of support provided). Needless to say, each of the above-mentioned methods has its own advantages as well as limitations.

In turn, B. Szatur-Jaworska, P. Błędowski and M. Dzięgielewska (2006, pp. 25-34) presented four important criteria that can be used to systematise various types of research, applicable in diagnosing the situation of the elderly, presenting them in their work very clearly and in detail (here they are only briefly outlined). These are as follows:

1. Taking into account the type of leading research questions, they distinguished the following research:

1) diagnostic (sample question: What is the financial situation or the health condition of old people?),

- 2) historical (sample question: What was the functioning of multi-generational families in the interwar period?),
- 3) prognostic (sample question: In what direction will the health policy focusing on the elderly develop?),
- 4) comparative (sample question: What are the similarities and what are the differences in the system of helping the elderly in Poland and France?)
- 5) evaluative (sample question: How do we evaluate the effectiveness of medical care and social assistance in solving life problems of old people?).

2. Taking into account the type of data obtained in the research, they distinguished the following research:

- 1) quantitative - the results presented, inter alia, in the form of numbers,
- 2) qualitative – the results expressed only by means of a description,

3. Taking into account the scope of the subject of the research, they distinguished the following research:

- 1) monographic and case studies, which are descriptions of selected research subjects, without drawing any more general conclusions on this basis,
- 2) research covering larger groups, conducted in order to search for common features or regularities occurring in these communities (whole groups or their parts are examined on the basis of appropriately selected samples).

4. Taking into account the time in which the subject of the research is diagnosed, they distinguished the following research:

- 1) cross-sectional (transverse) - data collection is carried out by means of a one-time measurement of issues that are of interest, for example, the equipment of old people's homes or eating habits, so it is a static survey. Research of this type may consist in examining groups of people of different ages in order to identify possible differences between them due to this different age (D. Boyd and H. Bee, 2008, p. 30) or comparisons relating to old people in different countries (P. Błędowski, 2002, p. 74),

2) dynamic (longitudinal) - several measurements are carried out here to determine any changes occurring in a given congregation in the studied period (e.g. we test the same group of people at different periods of life).

3) pseudo dynamic - we recognise changes in them over time, but by making only one measurement, assuming that, based on a specific theory, it is possible to determine a specific phase of changes in which the examined subject is.

The above list can also be supplemented with a criterion related to whether it will be research for theoretical or practical application.

The abundance of applicable types of research outlined above (limited in this description mainly to those used in social sciences) is a significant advantage in recognizing the situation of older people, as it creates an opportunity to illustrate their functioning from various research perspectives<sup>9</sup>.

On the other hand, this multitude of types of research poses significant methodological challenges for researchers, hence professional cooperation in this field usually turns out to be necessary in interdisciplinary teams carrying out multi-threaded research<sup>10</sup>.

## **4. Characteristics of gerontological research conducted in Poland**

### **4.1. The earlier period**

Taking as a starting point the subject of sociological research<sup>11</sup> focused on older people carried out in Poland more or less until the end of the 20th century (B. Synak, 1999, p. 147), it can be observed that the most frequently studied issues were family issues, the situation of older people in rural areas, as well as issues related to social welfare and old age policy. In the last decade of the 20th century there also began to be diagnosed the impact of the political transformation launched in 1989, i.e. after the end of the socialist system in Poland, on many dimensions of the lives of older people, such as their social position, material situation, quality of life or health. Despite the existence of a certain thematic richness in the described period, there is no doubt that sociological research on old age was then

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<sup>9</sup> See for example, a relatively extensive list of techniques used by the authors of the book *Researching Ageing. Methodological Challenges and their Empirical Background* (M. Łuszczynska, 2020, p. 322), published in the Routledge Advances in Research Methods series.

<sup>10</sup> This will be dealt with in more detail in point 5, which is devoted to methodological issues.

<sup>11</sup> B. Synak (1999, p. 144), like L. Morgan and S. Kunkel (1998, p. 18), points out that social gerontology is often equated with the sociology of old age.

undertaken relatively rarely and was usually descriptive, diagnostic and static, with a predominance of socio-practical inclinations. What was mostly missing were Polish long-term studies such as GLAS (The Groningen Longitudinal Ageing Study) in the Netherlands or BASE (The Berlin Aging Study) in Germany, and the exception was the participation of the Białystok gerontology centre in the long-term European ELSA - European Longitudinal Study on Ageing (B. Bień, 1996). There was also little international comparative research such as Carers of Older People in Europe, C.O.P.E (Polish partner: the Medical Academy in Białystok - see B. Bień, Z. B. Wojszel, J. Wilmańska and J. Sienkiewicz, 2001), and research aimed at creating gerontological theories.

## **4.2. The modern period**

### **4.2.1. International projects**

The situation outlined above has significantly improved during the first two decades of the 21st century. And so, when it comes to foreign cooperation and Poland's participation in international research projects, one can mention, for example, such projects as: EUROFAMCARE (EFC) - Services for Supporting Family Carers of Elderly People in Europe: Characteristics, Coverage and Usage (Polish partners: the Medical Academy in Białystok, the University of Gdańsk, the Warsaw School of Economics - see B. Bień (ed.), 2006), ActiveAge - Overcoming the barriers and seizing the opportunities for active policies in Europe (J. Perek-Białas, 2017a, pp. 130-131), ASPA - Activating Senior Potentials in Ageing Europe (2008-2011) (J. Perek-Białas, 2017b, p. 131), Carers@Work - Between Job and Care: Conflict or Opportunity? A Strategy for Securing Sustainable Future Care and Productivity Potentials in an Ageing Society - A European Comparison (J. Perek-Białas, 2017c, pp. 135-136), Breaking the Taboo (Breaking ...) devoted to violence against older women in families (in the last four Polish projects the Polish partner was the Jagiellonian University in Kraków), Collaborative Research on Ageing in Europe - COURAGE in EUROPE (K. Piotrowicz, E. Klimek, Z. Szweda Lewandowska et al., 2021) or PACE - Comparing Palliative Care in Care Homes Across Europe (K. Piotrowicz, E. Klimek, Z. Szweda Lewandowska et al., 2021).

Some of the international projects co-implemented in Poland are, however, to a greater extent of implementation (utility) rather than of scientific nature, often involving the use of the so-called good practices (e.g. Active A.G.E., with the participation of the city of Starogard Gdański or Quality Ageing in an Urban Environment, with the participation of the city of

Sopot. In this type of project, research is also done, but it is of auxiliary nature, and researchers play the role of experts in the projects.

#### **4.2.2. Research topics**

Compared to the previous period, the thematic scope of gerontological research has significantly expanded (or deepened) in the first two decades of the 21st century. These issues nowadays include such topics as: violence against the elderly, digital exclusion, the situation of people in retirement age on the labour market (and other issues related to the silver economy), the use of the voluntary insurance system, housing situation, family care and institutional care, long-term care, hospice and palliative care, religiosity, loneliness, quality of life, life satisfaction, opportunities for development in old age, intergenerational relations, including the social roles of grandmothers and grandparents, education in old age (including the functioning of universities of the third age), physical and social activity (including voluntary work of older people), and more recently - the impact of the COVID-19 pandemic on the functioning of members of the oldest generations.

Let us now follow the research topics of the last 25 years, in which medical rather than social issues dominate (K. Piotrowicz, E. Klimek, Z. Szweda-Lewandowska et al., 2021). The authors divided this type of research into those in which the research problem was either geriatric (then it usually had a relatively wide range of topics related to old age medicine) or - as they put it - "organ", i.e. related to the individual dimensions of the health condition of the respondents (among them the elderly). And so, within the short review of the so-called geriatric research, we will find issues related mainly to health, diet, sexual life, disability, the need for home nursing services or issues involving neglect and self-neglect of people in advanced age. On the other hand, among the research projects referred to as "organ-related", we can find those in which individual factors influencing the state of health were diagnosed, mainly cardiovascular diseases, but also allergic diseases, visual disturbances and poisoning. In the case of both types of research, numerous research samples were used many times, including even several thousand people of the studied group (patients). Among the tools used in the research were - as noted - medical or medical-social questionnaires, either authored or based on standardised tools for medical diagnosis, but also medical tests, e.g. ophthalmologic tests, or anthropometric or blood pressure measurements were made.

### 4.2.3. Selected nationwide research

What is still missing in Poland, however, is the almost complete lack of longitudinal studies that have been carried out for years abroad, such as the English Longitudinal Study of Ageing, the Canadian Longitudinal Study on Ageing, the Baltimore Longitudinal Study of Ageing, the Longitudinal Ageing Study in India or the Chinese Health and Retirement Longitudinal Study (T. Zdrojewski, Ł. Wierucki, H. Kujawska-Danecka et al., 2021). In signalling this problem, however, let us pay attention to four nationwide surveys based on representative samples of older Poles, conducted with the use of *face-to-face* structured interviews. They were implemented over the last 50 years, i.e. in three different epochs in the development of Poland: during the period of socialism, during the political transformation and after the country's accession to the European Union. The first of these studies was a study on the place of the old man in the family and society, carried out by the team of J. Piotrowski at the turn of 1966 and 1967, based on a sample of over 2 700 people aged 65 and over (see J. Piotrowski, 1973)<sup>12</sup>.

It was only after more than three decades, i.e. in 2000<sup>13</sup>, that researchers from the Polish Gerontological Society (PTG), led by B. Synak, conducted a comparative study to the previous one. It was carried out under the project "Living conditions of the elderly in Poland - current state, directions of change and tasks of social policy" (1999-2001), and involved over 1800 respondents (65+), and is commonly referred to as *the Polish Old Age* due to the title of the book which compiled the results of this research (see B. Synak (ed.), 2002). The third study was carried out under the supervision of P. Błędowski in the project entitled "Medical, psychological, sociological and economic aspects of ageing in Poland - PolSenior" (2007-2011) - see M. Mossakowska, A. Więcek and P. Błędowski (eds), 2012<sup>14</sup>.

It should be emphasized that both previously described projects significantly influenced the thematic scope of the *PolSenior* research (P. Błędowski, 2011a, p. 1, 2011b, p. 1), and the possibility of comparing the results obtained from it appeared, inter alia, with

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<sup>12</sup> This study was prepared in international cooperation and was a comparative study to those carried out in England, Denmark and the USA in 1962 (see E. Shanas, P. Townsend, D. Wedderburn, H. Friis, P. Milhøj and J. Stehouwer, 1968, *Old People in Three Industrial Societies*), and its program and tools have been adjusted based on foreign experience and adapted to Polish conditions after several trial studies (J. Piotrowski, 1973, pp. 9-10).

<sup>13</sup> It is worth noting that, although between the research of J. Piotrowski's team and the research of the PTG, several other nationwide studies were carried out, but none of them was based on a representative sample of people aged 65+ and none had such a wide thematic scope (B. Synak, 2001, p. 54). ). Importantly, the PTG study led by W. Pędich was enriched with regional studies conducted in 7 culturally different communities (see W. Pędich, 2002, pp. 231-285).

<sup>14</sup> Currently, the *PolSenior* project is called the *PolSenior 1* project in order to clearly distinguish it from the latest *PolSenior 2* project.

reference to the PTG (*the Polish Old Age*) study, especially in the part devoted to material living conditions and family situation (M. Mossakowska, A. Szybalska and P. Błędowski, 2012, p. 31). The research sample here included nearly 5 700 people (aged 55-59 and 65+); the research was carried out during three visits to the respondents' homes (as the interviews conducted by nurses were supplemented with measurements enabling an objective assessment of the body structure or blood pressure level), and with regard to 1 000 respondents, the study was additionally extended to include medical diagnoses. The last of the four studies mentioned, i.e. *PolSenior 2*, the results of which are currently being developed and will be published soon, was carried out under the supervision of T. Zdrojewski in 2018 and 2019, as part of the project "Researching individual areas of health of older people, including quality of life related to health" (2017-2021) – [see Ł. Wierucki, H. Kujawska-Danecka, M. Mossakowska et al., 2020, P. Błędowski, T. Grodzicki, M. Mossakowska and T. Zdrojewski (eds), 2021]. This very broad cross-sectional study is highly comparative with the *PolSenior 1* study. The study sample included 6 000 people aged 60 and over this time and like the previous study it was carried out during 3 visits to each of the respondents, and managed to collect biological material for laboratory tests from nearly 93% of them ((T. Zdrojewski, Ł. Wierucki, H. Kujawska-Danecka et al., 2011). The main criterion that was taken into account when selecting the research tools was to obtain high-quality results as well as the possibility of comparing them with the results of previously conducted research both in Poland and in Europe and in the world (T. Zdrojewski, Ł. Wierucki, H. Kujawska-Danecka et al., 2011). However, in order to be able to optimally use the results of the *PolSenior 2* study, the plans of the authors of the Project include, inter alia, conducting a supplementary survey among respondents in 2021 - by means of a telephone interview - in order to assess the social and health effects of restrictions caused by the COVID-19 pandemic (the main field study was completed two months before the start of this pandemic), merging the databases of the *PolSenior 1* and *PolSenior 2* projects and repeating the survey with the same respondents in 2024-2025 (T. Zdrojewski, 2021).

Finally, let us note that conducting nationwide research may additionally encourage research that will allow for making significant comparisons between the life situation of older people in the country and that occurring on a local or regional scale: for example, the study "Gdańsk old age" referred to the functioning of old people (65+) living in a large Polish city (see P. Czekanowski, J. Załęcki, M. Brosz, 2013), while the results of the study "Pomeranian

old age" illustrated the life situation of older people (60+) in selected cities and villages of the Pomeranian Voivodeship (see M. Brosz, 2018)<sup>15</sup>.

## **5. Selected methodological problems in studies of the elderly**

This part of the *Report* describes several methodological issues that significantly determine the standards, quality and consistency of research. This selective choice was largely determined by the experience gained in connection with the preparation, implementation and publication of results from national and international studies conducted in Poland. The presented issues would probably be worth discussing in order to expand (or modify) our knowledge in the areas discussed.

### **5.1. An older man (senior) i.e. who?**

Not only in colloquial speech or in journalism, but also in some scientific studies, we encounter an ambiguous use of terms that are supposed to indicate that we mean old people. In the case of the language that we use every day, the use of various terms signalling that we mean a man in the so-called advanced age is natural and does not lead to major mistakes. However, when we take into account press articles or other types of media reports, and especially publications in the field of various academic disciplines, from some authors we could expect more precision in applying specific terminology related to the community of elderly people, because in various reports there is a lack of it. Already many decades ago, the Polish demographer E. Rosset (1959, p. 107) noted that a researcher who studies issues related to old age is faced with the question what age a person should consider as the beginning of this period in his/her life, and L. Frąckiewicz and B. Żakowska-Wachelko (1987, p. 58) add that "one of the most difficult issues in gerontology is defining the limit of old age". Although, in the opinion of E. Rosset, obtaining an unambiguous answer to this question is always problematic, he considered it necessary to make certain conventional arrangements in this regard, because without making arrangements in this regard, it will not be possible to determine the number and, consequently, the structure of the community of old people<sup>16</sup>.

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<sup>15</sup> Regardless of the results obtained from individual studies, an important source of data may be those collected in connection with the publication of the Act on Older People in 2015 - this document shows that the Council of Ministers annually presents to the Sejm and the Senate multidimensional information on the situation of elderly people (60+) in Poland.

<sup>16</sup> This author (1959, pp. 133-134), after making in-depth analyses of various age classifications, finally came to the conclusion that since there is no generally accepted initial age limit, he must rely on the existing classifications. As a result, he applied a practical solution: in order to analyze the research and statistical

Many decades after the observations made by E. Rosset, it turns out, however, that this conventional and compromise agreement concerning the beginning of old age has still not been made, since, for example, the United Nations and Eurostat take 65 as the beginning of old age (I myself support such a differentiation <sup>17</sup>), and WHO or the Polish authorities in the Act on the elderly (*Ustawa o osobach starszych*) of 2015– consider 60 as the beginning of old age. It is worth remembering that the subjects themselves do not have to identify themselves with the conventional beginning of old age, which makes it easier for us to select people for research. For example, in a representative study of elderly people (65+) living in a large Polish city, when asked whether the respondent felt old, more than half of them (54%) gave a negative answer, 28% of the respondents indicated that in some respects they feel like old people, but in some respects they do not, and only the remaining respondents (18%) declared that they feel old people (P. Czekanowski, J. Załęcki, M. Brosz, 2013, p. 23).

We encounter a similar problem when we want to establish uniform sub-periods occurring in this phase of life, i.e. old age, because again we encounter some freedom in determining the length and duration of age ranges, which in turn also affects the limited comparability of the presented data.

In order to avoid the ambiguity of the terms referring to the old man in scientific and popularising studies, it is worth paying attention to the fact that at the beginning of a given conference presentation or in the introduction to the publication, the surveyed groups should be named by name, specifying precisely whether it is the age criterion or other kinds of premises constituted the basis for distinguishing the described communities. In the former case, we often encounter the problem of presenting data on the categories of elderly people, without specifying who we really mean. Usually, this is information about the population of people 60+ and 65+, but it is important whether, for example, we consider certain percentages of old people who are 60+ or 65+, who in Poland currently constitute around 9.5 million or slightly over 7 million, respectively. It will also often turn out that despite the use of the term seniors or elderly in the title of the presentation or article, we are not talking about people who are in this phase of life, which is old age. It is enough to mention here the presentation of

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material he was interested in, he adopted the working concept of old age, i.e. old age in the biological sense (threshold of 60 years) and old age in the economic sense (threshold of 65 years), presenting in his work the results taking into account these two thresholds of old age.

<sup>17</sup> As it is known, such an arbitrarily set threshold of old age does not suit all researchers, but the proposed solution can be justified by the statement of E. Rosset (1959, p. 133), “that in the absence of objective evaluation criteria one cannot distinguish between the classification of ‘good’ and ‘bad’; what can and should be done, however, is to give certain age classifications a conventional value of goodness”.

the results of research conducted among: students of the Third Age Universities (among whom we meet both middle-aged and older generations), long-time employees (e.g. 50+), because we consider their situation due to the support programs from the European Union, pensioners (currently in Poland women 60+, men 65+)<sup>18</sup>, grandmothers and grandparents (we enter these social roles when, for example, we are 40 years old) or among earlier pensioners (often disabled young people).<sup>19</sup> The examples presented above are probably sufficiently clear that the postulate relating to the most unambiguous formulation of information taking into account the age criterion should find a larger group of supporters than before. Only a specific and clear approach will allow us to make reliable summaries of data relating to analogous communities, and as a result will allow us to avoid ambiguities or sometimes even misunderstandings (this postulate becomes important especially in the context of the increasing number of international comparative analyses).

Concluding the linguistic issues related to advanced age<sup>20</sup>, I want to draw your attention to one more important issue that has amazed me for years. In Poland it has become increasingly common for people to avoid using phrases such as "an old person" or "old people" and replacing them with terms such as "elderly people" or - probably a term that is used most often - "seniors" (this word has become incredibly popular in our country and is an almost universal term in relation to matters related to ageing and old age). Perhaps the described situation is a derivative of a phenomenon that we have been observing for a long time in English-speaking countries. The occurrence of such a problem was clearly indicated, for example, by I. Stuart-Hamilton (2006, p. 12) in his book on the psychological aspects of ageing. In the third edition of this work, he explained the reason for introducing an age-related linguistic modification to it: "The last of the changes worth mentioning is that, according to the latest practice, in many (but not all) statements I tried to avoid using the phrase "Old", etc. These phrases, used in previous editions, have never been pejorative (I do not think they can be read negatively), but being aware of the changing convention, I would like to adapt the terminology I use, accordingly."

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<sup>18</sup> W. Pędich (2000, p. 60) warns against identifying people of retirement age with the elderly, because "from the biological and medical point of view, there are no rational justifications for differentiating the onset of old age of women and men".

<sup>19</sup> In Poland, we often include both retired people and those receiving a disability pension into the same common category of people, and then identify the resulting unified community with older people. What really connects the two communities is receiving social benefits from the budgetary sphere, not their similar age.

<sup>20</sup> This issue was raised in 2013 in a national debate initiated by the Committee of Experts on Elderly People at the Ombudsman Office (see the publication: B. Szatur-Jaworska (ed.), 2014, *O sposobach mówienia o starości. Debata, analiza, przykłady* (On the ways of talking about old age. Debate, analysis, examples).

## 5.2. Qualitative and quantitative approach - potential limitations

For many years, we have been observing discussions on the division of research methods into those of a quantitative and qualitative nature. According to some authors, the emotions of researchers related to this division have already been subdued and it can be assumed that it is quite commonly believed that both approaches are not opposed to each other and that it is pointless to oppose them, however, there are also some who are of a different opinion. They point out that attempts to build bridges between qualitative and quantitative methods have not been particularly successful and ending the qualitative-quantitative debate or dispute seems still premature. It can therefore be assumed that the differences in the assessment of the relationships between both concepts of research approaches, and the possible greater popularity or even hegemony of one of them, are related to the stage of development of the research methodology in a given country. Without deciding in this *Report* which of these research approaches may prove to be better and which worse, which should have more, and which supposedly less "cognitive capacity", let us consider what potential limitations should be taken into account when choosing a qualitative method or quantitative method in the planned research in order to be able to conduct it reliably (see P. Czekanowski, 2012, pp. 107-111, 2020, pp. 133-135). With regard to qualitative methods, these issues were clearly presented by B. Synak (1997, pp. 17-19), who for years insisted on using qualitative methods more often in Polish studies of older people (see B. Synak, 1988, p. 30, 1997, p. 20). Drawing attention to the need to carry out such research, however, the author indicated - based on various sources - seven features that could have a positive or negative impact on the implementation and preparation of the results of qualitative research. Since these observations are still valid, let us see which issues should or even have to be considered by supporters of qualitative methods used in the study of old people. These are as follows:

- 1) consequences resulting from the possibility of free creation of an image of the examined subject or phenomenon based on one's own and subjective perception of it (limitation of standardization),
- 2) difficulties related not only to the ability to ask open questions and creating an appropriate atmosphere during an interview, but also the researcher's self-awareness of his/her own attitudes or even prejudices in relation to the studied reality (both factors affect the ability to "read" feelings and meanings that are experienced by other people),
- 3) narrowing down the scope of research, i.e. the size of the studied community or meeting places, to a number in which the researcher himself is able to participate,

- 4) difficulties in making comparisons of the results of qualitative research (different perceptions of the same matters by different researchers or different interpretations of the situation by the same researcher at different times or in a different situation),
- 5) lack of certainty that - despite the use of various procedures - we have reached the primary, real reality during the study,
- 6) complications in presenting research results to diverse audiences, such as professionals or decision makers. It turns out that the way the report is prepared (its style or form) influences the belief of the recipient of the research report that the research was objective and presents "facts" (real reality) to a greater extent than it is in the case of quantitative research,
- 7). ethical dilemmas resulting from a personal nature of contacts with the respondent: issues related to trust, emotionality in relationships, transfer of intimate information, etc.

What cautions, in turn, should be addressed to people carrying out quantitative research in order to avoid basic mistakes? In this case, it is about the following situations, i.e. (Czekanowski, 2012, pp. 113-116, 2020, p. 136):

- 1) creating research as if "from behind the desk", i.e. without sufficient knowledge of the identified issues. Such a situation causes that the research tool is treated only as a creation in itself, often correct, but only from the "constructional" side. In addition, in such cases, the tool may not be refined in terms of the requirements related to its use in the field, i.e. taking into account the specific characteristics of the surveyed people, and yet it will be targeted at specific people staying in specific places. This problem is often exacerbated by underestimating or even neglecting the important role of trial studies (pilot studies) in the research procedure, which should precede the appropriate structured interviews<sup>21</sup> and serve to improve the structure of the questionnaire. It should be emphasized that the role of pilotage turns out to be indispensable in the preparation of international comparative studies, especially due to the cultural and institutional differences between the countries.
- 2) using in the interview only (or mainly) closed-ended questions by the researcher, if there is no substantive justification for this. The motivation to make such choices is probably the intention to easily and quickly develop research results, i.e. usually the desire to escape from the challenge of often tedious analysis of answers to open-ended questions, which we deal with especially in the case of more numerous research trials. Sometimes it is only thanks to the analysis of the answer given to open-ended questions that the researcher is able to detect

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<sup>21</sup> A structured interview (in Polish we often use other names, such as standardised, categorised or questionnaire interviews), it is an interview in which all questions as to their content, number and order are determined before the study is conducted.

additional meanings hidden in the respondent's statements (style and form of expression, used vocabulary).

3) lowering the level of standardization necessary in the implementation of quantitative research, which we sometimes experience when working in multidisciplinary teams. This problem becomes apparent when researchers representing one scientific field lack openness to the methodological requirements in force in another scientific discipline or, even worse, even disregard these requirements. For example, there is sometimes a misunderstanding by some representatives, especially of medical sciences, of the need to formulate questions in an unambiguous and clear manner, and then a standardized way of asking them to respondents, required in structured interviews. In such cases, we hear from the researchers statements such as "probably people will understand it somehow" or "the interviewer - if there is such a need - will explain the meaning of the question". Therefore, it can be assumed that they identify their experiences related to conducting interviews only with the implementation of diagnostic interviews, i.e. those with patients which usually resemble a normal conversation, while structured interviews are governed by different rules.

4) elaborating research results in a manner called crass empiricism (D. Caplowitz, 1983, pp. 383-386). We usually encounter this situation in questionnaire studies, in which the researcher analyses all data (counts all possible relationships) before considering and preparing a detailed table of contents on the basis of which he/she will create a research report.

5) narrowing the scale of the analysis consisting in the fact that we pay attention only to the variables between which there are statistically significant differences. In such cases, situations disappear which, due to the lack of the occurrence of these differences, may indicate important similarities between the examined persons or the existence of a certain continuity of events, and therefore such data also contribute significant values to our diagnoses, especially in the case of panel research.

### **5.3. Field research vs. remote research**

The SARS-coV-2 virus pandemic caused, among other things, that much research that had been planned in the field, or that had already started, was suspended due to legal regulations that temporarily prevented - or significantly limited - direct contact among members of our societies. People themselves were afraid of meeting someone outside their household, especially an unknown person. In such a situation, some forms of research, for example oral interviews, which were previously conducted face-to-face with respondents, in

addition usually in their own homes, could sometimes be transferred to the virtual world. Someone may even say that such a solution, provoked by a pandemic situation, should be considered worth disseminating, and even desirable, as it will significantly facilitate interviews and, as a result, even increase the number of researched elderly people. The latter conclusion seems to be justified in this situation, since the authors of various studies indicate that older people are not only less willing to participate in social research than younger people and they also get tired faster (B. Szatur-Jaworska, P. Błędowski and M. Dzięgielewska, 2006, p. 24), but in Poland there is also a steady decline in the readiness of citizens, especially the elderly, to participate in research and other scientific projects (T. Zdrojewski, Ł. Wierucki, H. Kujawska-Danecka et al., 2021). We may add that, according to these authors, an analogous reduction in the level of participation in surveys in which a visit by an interviewer, i.e. a stranger, at home is required, has already been observed in Western countries. Is it necessary to turn to using the media more often and conduct online interviews with them due to the indicated downward trend in their participation in research? There will probably be supporters of such a solution, because we cannot exclude that in some cases this indirect form of communication has already been used and tested in research. When deciding on such a solution, however, it is worth realizing perhaps the most important difference relating to the course of interviews conducted directly and those conducted remotely. The use of programs such as Zoom<sup>22</sup> or MS Teams during interviews with respondents means that such an important complementary element in conducting a direct oral interview, which is the observation accompanying such an interview, was necessarily limited to a static camera shot of the face or a larger part of our body of the interlocutor (sometimes with a view of the room somewhere in the background). Therefore, the scope of information obtained from such observation is significantly marginalized, because we do not see, for example, the body layout of the examined person, the equipment or the layout of the flat of the examined person and we do not always know whether the other household members are not listening to the interview, which can significantly affect honesty of the answers. In addition, remote communication with people from the oldest generations, especially - due to the use of the camera - with the use of their image, is not as natural for some of them as e.g. transferring information face to face in the street or in a telephone conversation. Therefore, conducting a video interview can significantly embarrass these people and affect the nature of the answers provided. What is

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<sup>22</sup> With regard to qualitative interviews, the issues related to the use of this software are presented by M. Żadkowska, M. Gajewska, B. Dowgiałło, M. Herzberg-Kurasz and M. Kostecka, 2021.

more, selecting people for research may be much more difficult, and sometimes even selective, because a limited access to electronic devices with a camera, inability to use them or not having an Internet connection at all, may limit or even exclude some elderly people from participation in research. In such a situation, there will be a certain selectivity in the selection of people for research trials, due to solely technical reasons. Of course, over the years, this limitation will lose its relevance due to the fact that these will be the people who use computer equipment or mobile phones on a daily basis that will be growing old.

#### **5.4. Professionalisation of interviewers' work**

When we want to use an oral structured interview as part of the so-called quantitative research approach, then for the implementation of such an undertaking, especially with the participation of a larger number of respondents, we need interviewers who are carefully prepared. In the case of gerontological research, however, there are - which I strongly emphasize - two key and complementary requirements for interviewers: methodological and substantive. First, then, it is desirable to have interviewers who are proficient in conducting structured interviews. We may assume that this is a feature that relatively many of them have because they are, for example, graduates of social sciences, often sociology. However, the mere fact of completing this type of studies may turn out to be insufficient, because it is worth remembering that we learn interviewing skills mainly through practice (S. Kvale, 2010, p. 20). As for the exemplary methodological requirements, in the case of structured interviews, a very high degree of unification of the interviewers' behaviour is necessary, and the standardisation of their conduct includes many elements. One of the most important requirements here is the one that insists that questions be read, and answers be written literally, without making any changes to them.

The second extremely important requirement relating to interviewers is that they have reliable knowledge in the field of gerontology. Such combined requirements result from the particular specificity of research conducted on the elderly. What are the features of this specificity? It applies, for example, to the necessity on the part of the interviewers to free themselves before contacting or meeting respondents from the fairly common stereotypical perception of elderly people in society, which for this reason is sometimes shared by both interviewers and even researchers themselves. It is equally important to be sensitive to the moral principles of the so-called previous epoch, which include, among others, considering the appropriate standards of courtesy when making contact (hallo effect) and throughout the interview. Carrying out an interview with an elderly person, we may

encounter complex health problems affecting some of the respondents, e.g. hearing loss or memory problems, so then the interviewer should properly strengthen his/her voice or adjust the speed of asking questions to the pace of answers. It happens that some interviews with the elderly are extended, for example, by anthropometric tests, hence the need for the interviewer to have additional skills that go beyond the standard knowledge about older people is even more visible. In the case of the latter kind of survey, the interviewers are often nurses who receive appropriate training in the methodology of social research. When talking about educating interviewers, one cannot ignore extremely important ethical issues, because often during the interviews they ask respondents about personal or even intimate matters, such as problems with self-service or fear of death, hence the ability to behave appropriately in such situations is also important.

By pointing to how I imagine a model interviewer interviewing an older man (or asking about old age topics), I am aware that finding reliable interviewers with "double" qualifications, i.e. with methodological skills and gerontological knowledge, is not an easy task. There is no doubt, however, that the presence of deficiencies in the interviewer's work is always highly inadvisable because - as we know - the degree of reliability of the research material collected during their contact with respondents depends primarily on the professionalism of the interviewers, and the deficiencies in their work cannot be compensated in any way at the subsequent stages of the research process.

## **6. Future challenges**

There is no shortage of challenges that researchers, but also other people dealing with issues relating to older people and their environment, face. In this type of *Report*, they can only be indicated, the more so as they are largely related to the issues discussed earlier.

It seems necessary to standardise the conventional beginning of old age and the phases distinguished in this period of life, which is old age, so that it is possible to make the necessary comparisons on a local and international scale. It is also necessary to clarify many other terms used in gerontological studies, because this will definitely facilitate communication of researchers representing various scientific disciplines not only with themselves, but also with other people, especially with recipients of knowledge resulting from our research, such as journalists, politicians or officials.

Since the qualitative and quantitative research paradigms are to a large extent still perceived separately, it is worth continuing to improve the methods they operate in, but also

to look for a methodological third way (mixed methods). This type of approach will facilitate the development of optimal and perhaps gerontology-specific research techniques.

The examples of demographic indicators cited in the *Report*, which clearly reflect the trends announced in the population forecasts, sometimes impose the research topics on their own. For example, since we know that we are now living much longer than before, it is worthwhile to test people from the oldest age groups more often; if the life expectancy of women is often significantly greater than that of men, more attention in research should be paid to women living alone, their sense of loneliness, experiencing mourning, and self-help; in turn, the different proportions of younger and older people in society should lead to more research on new forms of marriage and family life and the possibility of fulfilling care functions by family members, while the demographic dependency indicator should raise awareness of the need for broader socio-economic research and analyses, including learning about motivation to stay longer in professional activity (but also in any other).

It is also worth developing research on the stereotypical perception of older people, on seniors' networks, the impact of the COVID-19 pandemic on various aspects related to the life of older people, on *cohort effects*, and popularising research conducted by elderly people among the elderly themselves<sup>23</sup>. In Poland, it is necessary to conduct longitudinal studies. Further research is also needed, in which we see certain issues, e.g. relations of older people in the family with their adult children and grandchildren, but with the participation of respondents from all generations who contribute to these relations (today we usually examine these relations from the perspective of representatives of one generation).

Finally, it is worth noting the challenge of making research results useful and, therefore, usable in practice by a variety of recipients, if only to improve the quality of life by optimising the direction of social policy development<sup>24</sup>. For example, identifying changes in the family model should contribute to the development of the aid sector (often with the use of new technologies, including robotics); making citizens aware of the scale and pace of ageing of the population and identifying the reasons for satisfaction (or lack thereof) with paid work can help in the task of skilfully preparing members of society for the unpopular need to retire later; research in the field of andragogy and geragogy will allow for more effective

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<sup>23</sup> Earlier, the Swiss authors A. Stuckelberger and F. Höpflinger (2000, pp. 49, 8) pointed to the need to conduct both mentioned types of research.

<sup>24</sup> Many of the latest challenges faced by public politicians in the European Union countries were presented in a document undergoing public consultations in the first half of 2021 entitled *Green Paper on Ageing. Fostering solidarity and responsibility between generations*.

preparation of the educational sector for the upcoming population changes (educating people who will work, among others, in the area related to the silver economy, but also educating people of advanced age in a broader formula than current universities of the third age), and conducting more research by the elderly among older people themselves may be a remedy for the problems related to the growing reluctance of older people to participate in research (they will then not only play the role of passive participants in research, but will actively create it).

To sum up, in an ageing society, a reliable, up-to-date and multidimensional social diagnosis turns out to be more and more needed, which can make it easier to face the challenges that we already encounter.

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