

S T Á R N U T Í

AGEING

2023



Sborník příspěvků

6. gerontologické mezioborové konference

Proceedings of

6th gerontological interdisciplinary conference

Konference byla uspořádána a tento recenzovaný sborník je vydán s podporou 2. lékařské fakulty Univerzity Karlovy, Alzheimer nadačního fondu, Pražské vysoké školy psychosociálních studií, s.r.o. a Neurotrendu, z.s.

The conference and the proceedings are supported by the Second Faculty of Medicine Charles University, Alzheimer Foundation, Prague College of Psychosocial Studies, and Neurotrend, z.s., in the Czech Republic.

Za obsah veškerých textů nesou plnou zodpovědnost autoři.

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Editor: Hana Horáková ([ORCID 0000-0003-4192-1423](https://orcid.org/0000-0003-4192-1423))

Vydavatel / Publisher:

2. lékařská fakulta Univerzity Karlovy, V Úvalu 84, Praha 5, 150 06

Second Faculty of Medicine, Charles University, V Úvalu 84, 150 06 Prague 5, Czech Republic

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ISBN 978-80-907347-4-6

ISSN 2695-110X

DOI 10.14712/9788090734746

Dostupný z / *To be retrieved from:*

https://www.konferencestarnuti.cz/files/Starnuti_2023_sbornik.pdf

Příklady citování příspěvku / *How to cite* (APA 7th):



Nedvěďová, S., & Vidovičová, L. (2023). Senioři v krizích a otázka věkové přátelskosti složek integrovaných záchranných systémů. In H. Horáková (Ed.), *Stárnutí 2023: Sborník příspěvků z 6. Gerontologické mezioborové konference* (s. 96-106). 2. lékařská fakulta Univerzity Karlovy. <https://doi.org/10.14712/9788090734746>



Schneiderova, M., & Mana, J. (2023). Leisure activities and SuperAging in women: Preliminary data. In H. Horáková (Ed.), *Ageing 2023: Proceedings of the 6th Gerontological Interdisciplinary Conference* (pp. 119-127). Second Faculty of Medicine, Charles University. <https://doi.org/10.14712/9788090734746>

Redakce / *Editing:* Hana Georgi, Hana Horáková

Obálka / *Cover page:* The image was created with the assistance of DALL-E 2.

DEVELOPMENTAL TASKS QUESTIONNAIRE FOR SENIORS: CZECH ONLINE SURVEY

DOTAZNÍK VÝVOJOVÝCH ÚKOLŮ PRO SENIORY: ONLINE ŠETŘENÍ V ČESKU

Hana GEORGI ✉, Zuzana TICHÁ

Pražská vysoká škola psychosociálních studií, s.r.o.

✉ hanageorgi.cz@gmail.com

Abstract

Classical developmental theories work with the tasks that humans face during different stages of their lives. The Developmental Tasks Questionnaire for Seniors (DTQ-S) from 2020, which we hereby introduce in the Czech environment, is used to determine the level of their performance. We hypothesize that the level of coping with the developmental tasks of old age is related to affective atonement and personal well-being.

After translation into Czech, the questionnaire was administered in an online survey targeting Czech seniors. Recruitment was mainly conducted via Facebook and personalized emails. In addition to the DTQ-S, respondents also completed the Geriatric Depression Scale (GDS-15), the Geriatric Anxiety Inventory Short Form (GAI-SF), the Psychological Well-Being Scale (PWB) and the Satisfaction with Life Scale (SWLS). The DTQ-S consists of 3 subscales of 5 items each, thus containing 15 items - statements. The respondent is asked to indicate on a scale from 1 to 5 how much the statement describes him/her (1 definitely not - 2 rather not - 3 hard to say - 4 yes - 5 definitely yes). Subscales: Acceptance of one's life, Adaptation, Acceptance of Passing.

The DTQ-S was completed in full by 502 persons aged 60-89 years ($M=69.8$; $SD=5.63$; 81.3% female). The DTQ-S total score took on values between 31 and 75 ($Med = 58$; $M = 57.6$; $SD = 6.97$). The sample showed a slightly higher rate of achievement of the developmental tasks and less variability than the authors' original data (i.e., vs. $M = 55.95$; $SD = 8.38$). The internal consistency of the scale is sufficient according to McDonald's $\omega = 0.788$. Principal components analysis, PCA, indicated a 3-factor structure, as did the authors' test data. Two items were outside of expectations. Item 5, "I maintain social contacts with people my own age," emerged as a component of the Acceptance of One's Life factor (not Adaptation); Item 15, "I consider the signs of aging that occur in me to be normal at my age," emerged as a possible component of two factors, with a slightly stronger argument for the Acceptance of My Own Life factor (not Acceptance of Passing). Internal consistency according to the original subscale items Acceptance of One's Life ($\omega = 0.832$; original paper 0.80), Adaptation ($\omega = 0.504$; original paper 0.60), Acceptance of Passing ($\omega = 0.766$). Internal consistency subscales according to PCA: Acceptance of One's life (7 items; $\omega = 0.819$; original work 0.75), Adaptation (4 items; $\omega = 0.506$), Acceptance of Passing (4 items; $\omega = 0.786$). Both ways of dividing the subscales consistently show sufficient internal consistency for Acceptance of Own Life and Acceptance of Passing, but insufficient internal consistency for Adaptation. The DTQ-S correlated significantly negatively with the GDS-15 ($\rho = -0.22$) and GAI-SF ($\rho = -0.26$) and significantly positively with the PWB ($\rho = 0.31$) and SWLS ($\rho = 0.38$; all $p < 0.001$).

The DTQ-S in an online survey of Czech seniors showed similar characteristics to the original work of the authors of the method from Poland. The results showed slightly higher values compared to the population used in the original work and a statistically significant as-

sociation with the affective tuning and personal satisfaction questionnaires. The DTQ-S is an adequate method for detecting the achievement of developmental tasks in older age.

Keywords: developmental tasks; old age; self-assessment; psychometric properties

Abstrakt

Klasické vývojové teorie pracují s úkoly, které člověk řeší během různých etap svého života. Pro zjištění úrovně jejich plnění se nabízí Dotazník vývojových úkolů (*Developmental Tasks Questionnaire for Seniors*; DTQ-S) z roku 2020, který tímto představujeme v českém prostředí. Předpokládáme souvislost míry vyrovnání se s vývojovými úkoly stáří s afektivním laděním a osobní pohodou.

Po převodu do českého jazyka byl dotazník administrován v online šetření cíleném na české seniory. Nábor proběhl převážně prostřednictvím Facebooku a personalizovanými emaily. Kromě DTQ-S respondenti vyplnili také Geriatrickou škálu deprese (GDS-15), zkrácený Inventář geriatrické úzkosti (GAI-SF), Škálu psychologického well-beingu (PWB) a Škálu spokojenosti s životem (SWLS). DTQ-S se skládá ze 3 subškál po 5 položkách, obsahuje tedy 15 položek – výroků. Respondent má na škále od 1 do 5 označit, nakolik ho/ji daný výrok vystihuje (1 rozhodně ne – 2 spíše ne – 3 těžko říci – 4 ano – 5 rozhodně ano). Subškály: Přijetí vlastního života, Adaptace, Přijetí smrti.

Dotazník DTQ-S kompletně vyplnilo 502 osob ve věku 60-89 let ($M=69,8$, $SD=5,63$; 81,3 % žen). Celkový skóre DTQ-S nabýval hodnot 31 až 75 (Med = 58; $M = 57,6$; $SD = 6,97$). Soubor vykazoval o něco větší míru dosažení vývojových úkolů a menší variabilitu než původní data autorů (tj. oproti $M = 55,95$; $SD = 8,38$). Vnitřní konzistence škály je dostačující dle McDonalda $\omega = 0,788$. Analýza hlavních komponent, PCA, ukázala na 3faktorovou strukturu stejně jako data autorů testu. Dvě položky se vymykaly očekávání. Položka 5 „Udržuji společenské kontakty s lidmi mého věku“ se ukázala jako součást faktoru Přijetí vlastního života (nikoli Adaptace); Položka 15 „Známky stárnutí, které se u mě vyskytují, považuji v mém věku za normální“ se ukázala jako možná součást dvou faktorů, přičemž o něco silnější argument byl pro faktor Přijetí vlastního života (nikoli Přijetí vlastní smrti). Interní konzistence dle původních položek subškál Přijetí vlastního života ($\omega = 0,832$; původní práce 0,80), Adaptace ($\omega = 0,504$; původní práce 0,60), Přijetí smrti ($\omega = 0,766$). Vnitřní konzistence subškál dle PCA: Přijetí vlastního života (7 položek; $\omega = 0,819$; původní práce 0,75), Adaptace (4 položky; $\omega = 0,506$), Přijetí vlastní smrti (4 položky; $\omega = 0,786$). Oba způsoby dělení subškál shodně ukazují dostačující vnitřní konzistenci u Přijetí vlastního života a Přijetí smrti, naopak nedostačující u Adaptace. DTQ-S korelovalo významně negativně s GDS-15 ($\rho = -0,22$) a GAI-SF ($\rho = -0,26$) a významně pozitivně s PWB ($\rho = 0,31$) a SWLS ($\rho = 0,38$; všechna $p < 0,001$).

DTQ-S v online šetření českých seniorů vykazovalo podobné charakteristiky jako originální práce autorů metody z Polska. Výsledky ukázaly o něco vyšší hodnoty oproti populaci užití v původní práci a statisticky významnou souvislost s dotazníky afektivního ladění a osobní spokojenosti. DTQ-S je adekvátní metodou pro zjištění dosažení vývojových úkolů ve starším věku.

Klíčová slova: vývojové úkoly; stáří; sebehodnotící dotazník; psychometrické vlastnosti

Funding/Grantová podpora: PVŠPS IGA2.2021.2.

Psychological methods standardized for older population in the Czech Republic lack sufficient variety as for the areas they aim to measure. One of the blind spots is developmental tasks of old age, the level of accommodation to the challenges of that life stage. While the tasks of the previous life stages may be maintained to a certain degree, there are some specific tasks with each following stage (Freitas et al., 2013). Zadworna-Cieślak (2020) proposed a self-report measure to assess the level of one's attainment of developmental tasks, which may fill in the gap in the Czech psychological armamentarium.

The Developmental Tasks Questionnaire for Seniors (DTQ-S) is a 3-factor (*Acceptance of one's life; Adaptation; Acceptance of passing*), 15-item method for an assessment of the level of developmental tasks attainment in older age (Zadworna-Cieślak, 2020). It was built mainly upon the most prevalent developmental theories: the Erik Erikson's theory of life-stage crises and psychosocial development (Erikson, 1950), and Robert Havighurst's activity theory of aging, and the developmental tasks (Havighurst, 1948, 1961). It does not include all the tasks as they were proposed in those two theories. Zadworna-Cieślak discusses this with notion of generational differences between the times of the origin of the classical developmental theories of aging and the contemporary times. Table 1 shows an overview of tasks by R. Havighurst and E. Erikson with the specific items of DTQ-S related to them. The final composition of DTQ-S resulted from a psychometric study and through removing majority of items that went to the pilot study. Thus, the tasks not cov-

ered by DTQ-S items may have been incorporated in the 40-item pilot version but did not meet satisfactorily the set criteria. The internal consistency of the DTQ-S was found good (Cronbach's $\alpha = 0.81$; McDonald's $\omega = 0.88$). Two individual subscales/factors had acceptable internal consistency: *Acceptance of one's life* ($\alpha = 0.74$; $\omega = 0.80$); and *Acceptance of passing* ($\alpha = 0.73$; $\omega = 0.75$). The internal consistency of the factor of *Adaptation* had somewhat lower internal consistency ($\alpha = 0.62$; $\omega = 0.60$).

Besides the declared and obvious inspiration from Havighurst's and Erikson's theories (Table 1), we may detect other sources for the items. The scale encompasses the social engagement (items 5 and 14), which is also an important part of Rowe and Kahn's model of successful aging (Rowe & Kahn, 1997), whose "engagement with life" stresses importance of good personal engagement and productive engagement. Item 14, *I use the help of others when necessary*, that we do not see directly related to Havighurst's tasks, reflects the confirmed role of social support in older persons' well-being (Du et al., 2022). Item 10, *In my retirement, I'm trying to pursue my dreams and interests*, may be found to reflect the model by the World Health Organization (WHO, 2015) that connects healthy aging with ability of older people to "be and to do what they have reason to value", or Gene Cohen's Phase II—Liberation (ages late 50s into the 70s) and the „If not now, when?“ (Cohen, 2005, p. 52).

Table 1.

Specific tasks for older age according to R. Havighurst and E. Erikson and corresponding items in DTQ-S.

Theory	Developmental Tasks / Goals of Later Maturity	DTQ-S
RH	Adjusting to decreasing physical strength and health.	8(A). I am adapting my behaviour and decisions to the state of my health. 15(D). I see the signs of ageing occurring in me as normal events at my age.
RH	Adjusting to retirement and reduced income.	2(A). I am adapting my expenses to my income in retirement. 4(L). I am satisfied with life in retirement. 11(A). I am adapting to the changes that come with retirement.
RH	Adjusting to death of a spouse.	3(D). I have become accustomed to the fact of loved ones passing.
RH	Establishing an explicit affiliation with one's age group.	5(A). I maintain social contacts with people my age.
RH	Meeting social and civil obligations.	--
RH	Establishing satisfactory physical living arrangement.	--
EE	Development of sense of integrity based on retrospection and feeling of having had a successful life.	1(L). I am satisfied with my past life. 7(L). I feel fulfilled in my life. 13(L). Looking back, I feel I have lead a well-lived life.
EE	Reaching peace about death.	6(D). I have come to terms with the inevitability of death. 9(D). I feel peace when thinking about passing. 12(D). I accept the fact that the end of my life is approaching.
		10(L). In my retirement, I'm trying to pursue my dreams and interests. 14(A). I use the help of others when necessary.

Note. DTQ-S – Developmental Tasks Questionnaire for Seniors; RH - Robert Havighurst; EE – Erik Erikson; (L) – Acceptance of one's Life; (A) – Adaptation; (D) – Acceptance of passing.

DTQ-S showed positive significant correlation with the Satisfaction with Life Scale and other scales used in Poland for assessing older adults' well-being, health and other personal resources (i.e. satisfac-

tory convergent validity), and negative significant correlation with Geriatric Depression Scale – Short version (i.e. satisfactory divergent validity). The found psy-

chometric qualities deemed the scale fit for use and therefore also for translation. Poland and Czechia are neighbouring countries in Central Europe both having a Slavic language, and sharing much of the history (both were a part of the socialist/communist, Eastern, bloc dominated by the Soviet Union after the World War II, both are democratic countries now). While there are some differences such as in religiosity of the population (Catholic Poland, secular Czechia: e.g. Byrnes & Katzenstein, 2006), the cultures are similar enough to expect a smooth transferability of psychological methods.

The goals of our study were to translate DTQ-S in Czech, find out about its internal consistency and factor structure, and analyse its associations with symptoms of affective disorders and well-being. In case the results are, we intend to introduce the method in Czechia. We hypothesize that there will be a negative correlation with depression and anxiety symptoms, and positive association with well-being and health. As the study was realized during covid19 pandemic, the respondents were reached through Internet, and data collection was done online. While there are still older persons without an access to Internet and without computer or digital technology skills, the situation changes rapidly and online surveys are viable also among older persons (Kelfve et al., 2020).

METHOD

Procedure

The online survey, advertised under the name Standardization of geropsychological methods, was open for the volunteers from July 1 until September 10, 2021 via GoogleForm. The survey was advertised

through PVSPS website and Facebook profile, personal contacts of the researchers and via snowball.

The study was approved by the Institutional Review Board of the Prague College of Psychosocial Studies under reg. Nr. 6/2021.

Measures

Developmental Task Questionnaire for Seniors (DTQ-S) was translated from English to Czech by the authors. The translation was discussed at the research department and then back-translated by a bilingual native Czech- and English-speaking psychologist for potential adjustment of the wording. It contains 15 statements. One is asked to choose on a 5-point scale which characterizes him/her the most (1 - definitely not, 2 - rather not, 3 - difficult to assess, 4 - yes, 5 - definitely yes). The total score may range from 15 to 75; each of the three subscales (factors) score ranges from 5 to 25 points (Zadworna-Cieślak, 2020). The final version of the Czech translation is enclosed as the Additional material to this article.

Other methods used in the standardization of DTQ-S:

The Satisfaction With Life Scale (SWLS) is a 5-item method developed to assess global satisfaction with one's life and cognitive component of subjective well-being (Diener et al., 1985; Pavot & Diener, 2009). It includes items such as "*In most ways my life is close to my ideal*". The standard scoring scale is 7-point Likert-like, with 1 being 'strongly disagree' and 7 being 'strongly agree' with the statement. A shorter 5-point scale has been also used in research (Kobau et al., 2010). There are several translations in Czech, our study utilized one that would enable comparison

of the results with other Czech studies of older persons (Mudrak et al., 2016).

The **Short Form Health Questionnaire SF-12** is a self-report measure of subjective psychological (MHS) and physical health (PHS). It is also used as a quality-of-life proxy. SF-12 is commonly used in Czech research within and outside the framework of the European Health Interview Study (Daňková & Otáhalová, 2017; Dostálová et al., 2021; Ware et al., 1996). The 1st item (**SF1**) offers a five-point scale (excellent – very good – good – fair – poor) and can be used as a standalone measure to assess responder's general health (GH) (Ware et al., 1996).

Psychological Well-Being Scale (PWBS) is an 18-item scale (Ryff & Keyes, 1995) derived from a 120-item method (Ryff, 1989a) based on eudaimonic approach to well-being (as opposed to hedonic) that “encompass the meaning-making, self-realizing, striving aspects of being human” (Ryff, 2014). It includes items such as “*When I look at the story of my life, I am pleased with how things have turned out so far*”. The 6-point Likert-like scoring scale ranges from 1 ‘completely disagree’ to 6 ‘completely agree’. Eight items negatively worded are coded reversely for the analyses. PWBS comprises 6 subscales for domains of Self-acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in Life, and Personal growth. The domains resulted from the previous work related to aging (Ryff, 1989b) based on personal growth (Maslow, 1968; Rogers, 1961), mental health (Jahoda, 1958), and life-span developmental theories (Erikson, 1959; Neugarten, 1973).

Geriatric Depression Scale (GDS) is a self-report instrument designed to assess depressive symptoms in older adults. Users answer Yes/No. The shortened form GDS-

15 consists of 10 items indicating the presence of depression when answered positively, the other 5 when answered negatively. The usual cut-score for detecting depressive symptomatology is 5/6 (Sheikh & Yesavage, 1986). The short of the **Geriatric Anxiety Inventory (GAI-SF)** was designed as a self-report instrument to detect any anxiety symptoms common in older age. GAI-SF includes 5 Yes/No items, the cut-score used is 2/3 (Byrne & Pachana, 2011). “Yes” indicates presence of a symptom. GAI-SF is a useful screening measure for identifying anxiety in older adults (Johnco et al., 2015). Both GDS-15 and GAI-SF are used in Czech clinical practice and research; Czech norms are available (Heissler et al., 2018, 2020).

Analysis

All statistical analyses were performed using freeware jamovi 1.6.23. One sample t-test was used to compare DTQ-S with the original study. Then, associations of DTQ-S with socio-demographics were analysed using Mann Whitney U test (gender and type of education) or Spearman correlation coefficient (age). Principal Component Analysis (PCA) was performed to verify the factor structure. Then, internal consistency of the scale and subscales was analysed using Cronbach's α and McDonald's ω . Spearman's correlation coefficient was used for the evaluation of associations between DTQ-S and other measures. For all analyses the level of significance was set at 0,05.

RESULTS

Participants

The total number of responses sent was 546. After exclusion of younger persons and double responses (2 persons fulfilled the survey twice; we excluded their latter response from the analysed dataset), the

sample consisted of 537 older adults aged 60-89 years out of whom 502 filled the complete DTQ-S (age $M=69.80$, $SD=5.63$; 81.3% women). 407 (81%) with higher education (i.e. graduated with the “*maturita*” state leaving exam from a secondary education institution or graduated from a post-secondary or tertiary institution). 234 persons (43.6%) were citizens of the capital or a university-seat city. 255 persons (50.8%) were married or lived with a partner. 439 persons (87.5%) reported that their prevailing profession during their adulthood was of mental or rather mental nature (as opposite to manual). 242 persons (48.2%) were residents of larger towns or cities (with over 50.000 inhabitants). 31 persons (6.82%) appraised their health as fair or poor.

Distribution and associations with socio-demographics

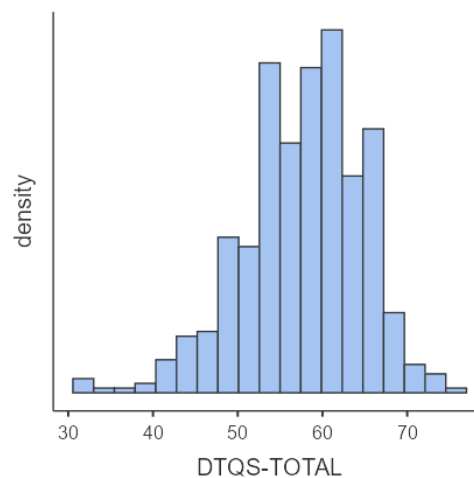
The DTQ-S score ranged from 31 to 75 (Med = 58; $M = 57.60$; $SD = 6.97$). The distribution of the DTQ-S total score is in Figure 1. A one sample t-test was performed to compare DTQ-S in the original study ($M = 55.95$; $SD = 8.38$; $N = 851$) and ours, which found a significant difference ($t(501) = 12.6$; $p < 0.001$).

DTQ-S total score did not show a strong significant association with gender ($U = 15816$; $p = 0.015$); and no association with education type (lower or higher; $U = 10229$; $p = 0.624$). Only *Acceptance of passing* showed significant association with gender ($U = 13876$; $p < 0.001$): Women ($M = 17.90$; Med = 18; $SD = 3.89$), and Men ($M = 19.80$; Med = 20; $SD = 3.51$).

DTQ-S had a significant correlation with age ($\rho = 0.22$, $p < 0.001$). As for the 3 factors, *Acceptance of one's life* did not correlate with age ($\rho = 0.04$, $p = 0.985$), *Adaptation* and *Acceptance of passing* did significantly correlate with age ($\rho = 0.22$ and $\rho = 0.86$; both $p < 0.001$).

Figure 1

Distribution of DTQ-S total score.



Factors

To verify the factor structure, we performed PCA. The results are in Table 2. PCA returned three distinct factors. We maintain the original names *Acceptance of one's life* (factor 1 in Table 2), *Acceptance of passing* (factor 2 in Table 2), and *Adaptation* (factor 3 in Table 2). Table 3 shows the composition of the factors based on PCA and according to the original study.

Internal Consistency

Internal consistency of the scale was acceptable (Cronbach's $\alpha = 0.76$; McDonald's $\omega = 0.79$). Internal consistency of the 3 factors is in Table 4, that also shows a comparison of the factors in our study with the items as in the original study (each factor specific 5 items), or each factor including the items in accordance with the results of our PCA. The last column shows the internal consistency of the factors in the original study. Internal consistency of two factors (*Acceptance of one's life* and *Acceptance of passing*) was acceptable or good, as in the original study. However, the internal consistency of factor *Adaptation* was poor, the same results were found out also in the original study.

Table 2*Principal Component Analysis of DTQ-S; Component Loadings.*

Item	Component			Uniqueness
	1	2	3	
1. I am satisfied with my past life.	0.833			0.305
2. I am adapting my expenses to my income in retirement.			0.612	0.608
3. I have become accustomed to the fact of loved ones passing.		0.639		0.580
4. I am satisfied with life in retirement.	0.770			0.399
5. I maintain social contacts with people my age.	0.472			0.693
6. I have come to terms with the inevitability of death.		0.832		0.296
7. I feel fulfilled in my life.	0.682			0.493
8. I am adapting my behaviour and decisions to the state of my health.			0.715	0.461
9. I feel peace when thinking about passing.		0.795		0.339
10. In my retirement, I'm trying to pursue my dreams and interests.	0.742			0.435
11. I am adapting to the changes that come with retirement.		0.424	0.558	0.497
12. I accept the fact that the end of my life is approaching.		0.758		0.377
13. Looking back, I feel I have lead a well-lived life.	0.728			0.454
14. I use the help of others when necessary.			0.453	0.724
15. I see the signs of ageing occurring in me as normal events at my age.	0.465	0.332		0.617

Table 4*Internal consistency of three factors/subscales; McDonald's omega.*

Subscale	Original items	PCA	Original study
<i>Acceptance of one's life</i>	0.83	7 items; 0.82	0.80
<i>Adaptation</i>	0.50	4 items; 0.51	0.60
<i>Acceptance of passing</i>	0.77	4 items; 0.79	0.75

Note. PCA – Principal Component Analysis.

Association with depressive and anxiety symptoms and well-being

Spearman's correlation coefficient was computed to assess the monotonic relationship between DTQ-S total score and each of the measures of depressive and

anxiety symptoms, health, and well-being. Table 5 shows associations of the DTQ-S total score and its 3 original factors with the well-being, health and mental health (or affectivity) measures.

Table 5

Spearman's correlation matrix of the measures of well-being, health, affectivity, and DTQ-S.

	SWLS	PWB	SF1	GDS15	GAI-SF
DTQ-S	0.38***	0.31***	-0.14**	0.22***	-0.26***
<i>Acceptance of one's life</i>	0.70***	0.57***	-0.337***	-0.49***	-0.35***
<i>Adaptation</i>	0.04	0.07	0.061	-0.01	-0.05
<i>Acceptance of passing</i>	0.14***	0.07	-0.06	-0.01	-0.14**

Note. DTQ-S – Developmental Tasks Questionnaire for Seniors total score; SWLS – Satisfaction with Life Scale; PWBS – Psychological Well-Being Scale; SF1 – Short Form Health Questionnaire item 1; GDS-15 – Geriatric Depression Scale 15; GAI-SF – Geriatric Anxiety Inventory – Short Form; *** - $p < 0.001$; ** - $p < 0.01$.

DISCUSSION

Our objective was to introduce the Developmental Tasks Questionnaire for Seniors in Czechia if it shows satisfactory psychometric qualities. DTQ-S showed similar psychometric characteristics in Czech online survey as it did in the original study realized in central Poland. The internal consistency was acceptable (Cronbach's $\alpha = 0.76$; McDonald's $\omega = 0.79$), yet slightly lower than in the original study ($\alpha = 0.81$; $\omega = 0.88$), the 3factor structure was confirmed. The internal consistencies of the individual subscales were comparable in both studies (Table 4). The factor *Acceptance of one's life* and *Acceptance of passing* proved good internal consistency while *Adaptation* factor has a poor internal consistency (<0.6). As the differences are negligible between factors according to original and PCA, we suggest to use the original factors as intended. We may conclude that our sample showed quite similar distribution of total scores, and also the three subscales. The authors warn about interpretation of the *Adaptation* factor because of lower reliability caused

probably due to higher content diversity. Our data show the same, the *Adaptation* factor has a rather poor reliability. On the other hand, the factor *Acceptance of one's life* shows the highest reliability in both studies. The sub-score has better psychometric parameters than the total DTQ-S score, i.e. including stronger correlations with the selected measures of well-being or the depression/anxiety risk.

Another similarity with the original study was the lack of gender-specific results (total score, *Acceptance of one's life*, *Adaptation*) except for *Acceptance of passing*, which was significantly higher in both studies in men than in women. This may be a specific result pertaining to the method. For example, another recent Polish study showed no difference between older women and men in acceptance of death using the Inventory of the Attitude towards Death (Wysokiński et al., 2019). Some studies report higher death anxiety among women (cf. literature review (Missler et al., 2012)), which would correspond to our results; yet, some fail to

find such difference (Fortner & Neimeyer, 1999; Sebea et al., 2021).

In the original study, DTQ-S showed negative association with a measure of depressive symptoms, GDS-15, and positive association with several measures of well-being and personal resources. Our study showed the same overall picture and the established hypotheses were thus confirmed.

The original study sample included non-demented older persons aged 60-88 years coming from various sources. It included persons who needed help filling in the questionnaires, which somewhat raises doubts about their cognitive status. On the other hand, our sample consisted only of adults who were able to reach the online survey and fill the answers. Online surveys have a large potential nowadays as to reaching many older persons. Yet, the accessibility is not universal and some groups of older people are excluded by the choice of the distribution method (Kelfve et al., 2020). Despite the important differences in the recruitment strategy, and sample composition, both our studies resulted in quite similar data.

The names of the factors are rather consistent with the content of the scale, which does not really focus on the active approach to life, except for the items 5 "*I maintain social contacts with people my age*", and 10 "*In my retirement, I'm trying to pursue my dreams and interests*". Taken that and the fact that *Acceptance of one's life* does not correlate with age but *Adaptation* (only our study) and *Acceptance of passing* does (both studies) into account, we suggest that the scale is more relevant to oldest people rather than for people over 60. Our future study will thus be

aimed at a construction of life stage-specific measure built on the older population's opinion as for the developmental tasks for both genders and reflecting the ongoing developmental changes throughout aging. The age of 60 may be substantially different from the age of 85 as for the health, functional abilities, and performance of activities, as well as the tasks and goals one might have (Cohen, 2005).

Limitations

The most notable limitation of the study is a certain exclusivity of the sample. It must be taken into consideration when interpreting the results and its generalizability. Nevertheless, the obtained data were not exactly the same but very similar to the original study. This, in our opinion, substantiates the scale's potential for adequate use in Czechia. We may hypothesize that representative sample of Czech seniors would render slightly lower levels of achievement of the developmental tasks listed in DTQ-S, similarly to the Polish sample.

CONCLUSION

Developmental Tasks Questionnaire for Seniors is a usable instrument in the Czech culture as it shows satisfactory psychometric characteristics.

Acknowledgment: A great thank you belongs to sociologist Oldřich Čepelka, who helped to distribute the invitation to participate among his contacts, and to our colleague Radek Trnka. The study was a part of the internal project of Prague College of Psychosocial Studies Nr. IGA2.2021.2.

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