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## Social Care in the Modern Living of the Old People

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### Abstract

The old people are specific category of the population and they have common desires, interests, needs, lifestyle, attitudes, but in some way they are different in their origin, place of living, religion and economic statute. The old people as members of this specific category have a common sense of category. It is very important to emphasize that during the process of aging, the old people must be socially integrated, but due to different conditions they sometimes could be segregated, feeling unequal, even to be humiliated. This condition in the American literature is called "ageism". The main aim of this research paper is to acquire knowledge for the conditions and needs in terms of social care in the modern living of the old people, primarily the need of organized approach to the appropriate services, because the decreased capacities of the psychophysical opportunities of the old people complicate the independent living. The basic methodological approach is performed dominantly by descriptive-analytical method. In the frameworks of this research are also included the analyses of the relevant existing regulation (strategies, declarations and ect.) as well as plans for promulgating acts, programs and projects in the near future. Basic instrument for receiving data is the questionnaire with leading interview for the old people. The results received from this research lead us to the need of presenting the prior problems and prior old people groups for urgent acting, finding right approaches for caring

of this, in important percent, present population. It is expected that the findings received from our research will serve as particular contribution in successful organization and realization of the contemporary social care of the old population in Republic of Macedonia.

**Keywords:** social care, old people, needs, conditions, quality living

## Introduction

The old people represent a specific category of the population who share common desires, interests, needs, lifestyle, attitudes, but at the same time they are different in origin, place of living, religion and economy status. The old people, as representatives of this group, have common sense of category.

The group belonging is characterized by establishing bigger or smaller, stronger or weaker mutual relations, which usually can be realized in the needs or various activities relations, appropriate to the adult characteristics. Within the smaller old people groups, there is also a role and function division as well as activities and tasks division in general. According to these relations we can say that the satisfaction from the life is realized and reflected which leads to aspirations motivation in order to found solutions for quality life improvement.

It is important to emphasize that in the aging process the old people must be socially integrated, but because of various circumstances they must be segregated, feel unequal, or even humiliated. This condition of the old people is called "ageism" in the English Literature.

Considering the aging as a dynamic biological process leads us to realize the fact that the old population is not homogenous. Also, it is globally considered as the longest period of the human life. In this term the old people care is neither possible to be investigated nor realized, only at a global level. Although the age factor is not the only criteria for aging, also there must be investigated the whole situation the old person is involved in. Related to this we considered as important in this paper to present the characteristics of the age periods in subordination with the social, cultural and physical characteristics. There are many types of aging periodization, depending on the division condition.

According to the gerontologist criteria there are at least 3 logical periods of aging:

- Early aging period from 56-68 years
- Late aging period from 69-78 years
- Deep aging period which starts from 79 years and lasts till the end of the life.

The gerontologists accepted this periodization due to the biggest percent of the old population, the psycho-physical activities of the old people. This type of periodization

is basis for further studying and projecting of the social care of the old people according to the gerontologists. On the other hand, the demographers represent the position that the old people can not be considered as a homogenous group taking into consideration the majority of the demographic characteristics which the old people poses. According to the demographers' criteria the old people are grouped into two big categories: young old and old.

Young old are the old people from 60-75 years. Led by the basic criteria that are usually independent to carry out daily activities, have the capacity and opportunity to actively engage in the social life as well as opportunities to help the others, especially in the primary family, from which they draw. This aging period of the old people, in terms of the social aspect must be sized to large number of activities for benefit not only of the old people but also for the important needs of the community. During this period, the old person can not be the only beneficiary of the social services, but may provide social services in all sectors of the society.

The second group of the old people according to this categorization is the old people above 76 years till the end of their lives, and it is characterized with gradually decreasing of the social, work and health capacities of the individual. Recently we are witnesses of the modern achievements in the medicine, technology, home services which influence the removing of this age border regarding this category. Regarding the life in the family, as a basic cell of the social living, it also could be a subject of old people periodization. Within this criteria the aging according to the life cycle of the family is divided into three period as: period when the children leave the family, period after the children's leaving (empty nest) and period when one of the parents stays alone.

The period when the children leave the family, usually is between 45-59 years of the parents and it is called "middle aging". In the foreign literature this period has specific characteristics because by leaving the family in a large amount are decreased the family contacts, and due to that the need of mutual support and help. In our region, according to the practice as well as the theory, is shown that usually the family is left by getting married, but the relations between them are direct, close, cooperative, and before everything emotionally responsible.

The aging period starts from 76 year and above and it is characterized by excising need of bigger dependence of the older members from the services of their children or the social care forms of the country. The social care of the old people is a global phenomenon, with a wide-ranging character firstly of the family members, they originate from, as well as the family community, neighbor support, the care of the religious community to which they belong to, but above all to the direct social protection of the state.

### **Old people services in the society**

Baverige, (New Comer 2002) in the social state system, call the social services as “ the fifth element”, which shows that this way the old people care plays a dominant role on the society. Alfred, I.Kahn (New Comer 2000) defines the social services as a non-financial assistance that directly or indirectly increases the opportunities of the old people to function in the society. The term social care covers both the formal and informal services, not only those which are the legal responsibility of the state services, but also the services organized by independent agencies and self-help groups, the private sector, as well as the appropriate care of the family and the civil society directed towards the mitigation prevention and direct care in the social functioning (Johnson and Shwartz 1994) of the old people. Social services are closely related to material services respectively by supporting the old people and focus on improving their financial position (pensions, welfare, health insurance). Besides the above-mentioned financial services for social care, " the social services are focused on completeness, non-financial actions, activities, programs and measures which are taken or provided by the state institutions as well as the private (profit and non-profit) institutions and individuals in order to promote and improve the physical, social, psychological and health capacity of the individuals or groups of old people” (Bornarova, 2004). Led by the region criteria for giving services, we can divide three social services category:

1. Social services offered in the old person home
2. Social services organized by the services and institutions of the local community
3. Social services which are of institutional character on a national level

The social services directed into taking care of the old people are not only distinguished by the level of the environment they are realized, but also differ in the types of activities they realized (social, health, educational, recreational, etc.). Social services within the social care are implemented by appropriate organizational structure which is based on functionality, staffing, financing, methodical implementation and thematic preoccupation.

The social care at home implements the following dominant services such as:

1. Services for assistance and care at home
2. Services for hoe adapting a home based on the old people needs
3. Home maintenance services
4. Home food distribution services
5. Nursing home services

In terms of the social care of the old people within the local community can be organized these dominant social services that greatly emphasize the social care as follows:

- Daily care centers
- Clubs for old people
- Social centers
- Social Services Management
- Transportation services Regarding the social care with institutional character on a national level we can distinguish institutions with dominant social activities and institutions with dominant activity for specialized health care for the old people. Within this group are included the following institutions:
  - Homes for the old people
  - Shelter for the old people
  - Specialized residential communities
  - retirement villages, retirement homes
  - regions with organized help for the old people
  - Temporary multi functional shelters
  - Food provided homes for the old people
  - Common housing for old people
  - Guardian family adoption
  - homes for the old people care
  - Geriatric hospitals
  - rehabilitation centers
  - Hospitals for acute diseases
  - Hospitals intensive treatments
  - Hospices - care institutions before the end of life

The social care in modern living of the old people mainly implies the need for an organized approach to the appropriate services because of the reduced psychophysical capacities of the old people make more difficult the independent living.

The quality and complexity of the social policy and social protection of the old people care is primarily assessed in terms of the social services. The social policy and social protection in Republic of Macedonia can not ignore the care for the old people because as we all know, our country is one the countries where the old population from year to year needs to be provided favorable conditions for adequate care. Despite the systemic approaches to the social policy and social protection in the old people care, necessarily are included all segments of the social living, so only then we can talk about social care. Although the services providing basically is closely linked, in every term of the word, by material goods, funding in general, still an important role is realized by the traditional approaches to the old people care. Basically the services

for the old people should have a long-term character, aimed at meeting the social, health, psychological and personal needs for various degrees of power of the old people in order to ensure a dignified and quality life.

In our research we decided to investigate the conditions and challenges in the modern living of the old people, primarily in terms of the modern living in Macedonia. By studying the social care of the old people we mean organized and spontaneous forms, measures and activities that reflect the quality of life of the old people. In that respect they are conditioned by the place of living of the old person, the availability of the services and institutions for care and protection (clubs, centers, counseling, nursing and retirement homes), education for life and information technology, legal legislation and so on.

In the investigation are included 600 participants above 60 years old with stratified example in appropriate relation by age and gender, place of living (Skopje, Kumanovo, Kicevo and Strumica) and ethnicity, and at the same time the example is designed based on the institutions where the investigation is completed as: in the premises of the registry ambulances (280 participants, respectively 47%), clubs and daily centers (155 participants respectively 26%), retirement homes (60 participants respectively 10% of the sample) and nursing homes, state and private (105 participants respectively 18%). In the research are inquired 600 old people older than 60 from the both genders.

### **Services**

The modern way of living decreases the scope of the traditional relation with the old people by the family, against the legal obligations and duties. More and more, the modern living conditions impose the need of including the state in many forms of the social care. Respecting the need of the old people to live in their own home (as long as possible), we considered as important to investigate the types of services which are realized in the old people's homes in terms of their availability and accepting by the users. The data of this need investigation is presented in Table 1.3 Age and gender of the old people and the types of services. Basic indicators of the services for the old people are: addition to cash compensation for assistance and care of another person, help at home (Red Cross, etc.), private service engagement, service delivery of food and transportation. The results gained and the answers of the old people are presented in table with numbers and percents, and also in diagram for more clear view of the proposed indicators. In the table we can see that the biggest percent of the old people (100%), from Skopje use the public transport as a service. In that direction it is very important to emphasize that this step of the country is accepted with a great pleasure by the old people, not only to use the free time, but also to complete some personal everyday needs, duties and etc.

This pleasure the old people express not only in mutual discussions, but can be seen from their smiling faces when riding the bus. In terms of other services we can notice

that financial compensation for care of another person with 22.22% and private service engagement with 16.16% in a relatively small percentage are represented in the lives of the old people.

However it is important to emphasize that despite the large need of the old people for help at home is very poor realized mostly by short projects of the civic associations. A possible reason for the difficulty of the implementation of this service lies in the poor information and preparation of the old people to accept this form, because basically they are often suspicious and reluctant to accept a stranger into your home, even for their direct benefit. A serious problem of the old people in the second, and even more in the third age group is the need for grocery shopping and preparation of daily meals.

**Table no.1.3 Age and gender of the old people and types of services**

Old people by age and gender											
Types of services		60-69		70-79		over 80		Total		Total	
		M	F	M	F	M	F	M	F		
		f		f		f		f		f	
		%		%		%		%		%	
	Add. to cash comp. for assist. and care of another person		5	10	15	25	35	20	55	55	110
		1,01% 2,02%		3,03% 5,05%		7,07% 4,04%		11,11% 11,11%		22,22% %	
Help at home		2	3	12	15	8	8	32	26	58	
		0,40% 0,60%		2,42% 3,03%		1,61% 1,61%		6,46% 5,25%		11,71% %	
Private service engagement		0	3	23	28	12	14	35	45	80	
		0% 0,60%		4,64% 5,65%		2,42% 2,82%		7,07% 9,09%		16,16% %	
Service delivery of food		0	0	3	0	4	5	7	5	12	
		0% 0%		0,60% 0%		0,80% 1,01%		1,41% 1,01%		2,42% %	
Transportation		104	110	105	80	38	58	247	248	495	
		21,01% 22,22%		21,21% 16,16%		7,67% 11,71%		49,89% 50,10%		100% %	

So far, in our country does not find useful and immediate, massive, reliable delivery of groceries and eating in the homes of the old people.

Although several supermarkets realized preparation and sale of ready meals (which is a positive step), we find that from one side it is still expensive for the low pensions of the old people and on the other side the facilities to purchase such products are distant from the place of living, and it makes it more difficult for the old people to access them.

**Statistic indicators of the sample**

Symbols	$\chi^2$	C	N
Values	10,128	0,248	165

**Statistic indicators of the theoretical values used for the investigation**

Symbols	Df	P%	theoretical $\chi^2$
Theoretical values	4	5	9,49
	4	1	13,28

The  $\chi^2$  size and intensity of the contingency show that there is a significant statistical relation between the old people and the types of services offered.

Within these stores are included the delivery services to home consumers, but the scarcity of food and the percentage required for delivering food to prevent the old people use this form of service. In terms of this presentation we can conclude that despite the high demand for these services are not enough realized in the life of the old people and require serious efforts from the government and NGOs for directly strengthening the old people in the realization of this form.

**Institutional accommodation**

We considered as important to investigate the conditions and challenges of the modern living of the old people in terms of institutional accommodation in an institution. Despite the fact that the old people do not find very attractive the institutional accommodation, we considered that it is necessary to show the condition in order to realize the future plans for appropriate care of the old people.

In Macedonia, the number of institutions for accommodation of the old people is not satisfactory as well as the services and the direct work with the old people in order to overcome this problem. Recently, on the institutional accommodation market, raises the number of private retirement houses, but during our investigation we found out that they are too much commercialized and inappropriate regarding the real conditions and needs of the old people, so that often they are forced to care only old people with higher level of disability and their stay very quickly ends fatally. These challenges for the institutional accommodation of the of people, we think that should alert not only the state institutions (primarily the Ministry of Labour and Social Policy), but also by a sub systematical approach to find and solve more appropriate methods for this population in the country.



During the investigation of the old people accommodated in a retirement house, it was showed that in Skopje this form is very attractive, which is due to the good equipment (bar in Skopje) from one side, and the relatively economic viability, especially those of the overhead costs. Although it should be emphasized the need cited by the old people in terms of availability of forms and programs, as meeting the services as well as in terms of leisure time and accommodation. There is no retirement house which can offer directly organized access to the institutions for the needs of the old people, providing opportunities for educational activities that are supposed to enrich the service quality.

**Table no. 2.1: Age and gender of the old people and the institutional accommodation**

Old people by age and gender										
Institutional accommodation		60-69		70-79		above 80		Total	Total	
		m	f	m	f	m	f	m	f	
		F		F		F		F		f
		%		%		%		%		%
	Public Institution	9	9	13	15	6	7	28	31	59
		1,5%	1,5%	2,16%	2,5%	4,6%	1,16%	4,66%	5,16%	9,83%
	Private retirement house	7	5	9	13	4	8	20	26	46
		1,16%	0,83%	1,5%	2,16%	0,66%	1,33%	3,33%	4,33%	7,66%
	Retirement house	0	12	16	20	5	7	21	39	60
		0%	2%	2,66	3,33%	0,83%	1,16%	3,5%	6,5%	10%
Total	16	27	38	48	15	22	69	96	165	
	2,66%	4,5%	6,33%	8%	2,5%	3,66%	11,5%	16%	27,5%	
	43		86		37		165			
	7,16%		14,83%		6,16%		27,5%			

1. The statistical data are presented with N (the total number of participants in the research N=600)

P- the total number of respondents in the current table P = 165

p- the total percentage of the respondents in the table = 27,5%

Q- the total number of respondents not taking part in the table =435

q- the total percentage of participants not taking part in the table (this statistical analyzes is analyzed in a table with less than 600 respondents) =82,5%

2. Analyzes by age categories where:

N- the total respondent number = 600

n- the total number of category 3

I B n1=28

II B n1=20

III B n1=21

n2=31

n2=26

n2=39

N=600 P=165 p=27.5% Q=N-M Q=600-165=435

q=100%-27.5%=72.5%

Med = 60 (retirement house)

The retirement homes in the other cities of Republic of Macedonia, including those that were the subject of our research, do not accomplished the conditions for normal living of the old people, so we guess that is due to inappropriate decisions for property and maintenance between the Association of pensioners of R. M and the Pension and Disability Insurance.

In Macedonia there are four nursing homes as the state institutions in Skopje, Kumanovo, Bitola and Prilep. The small number of such institutions, and also the small capacity, except in Skopje, often conditioned to initiatives and proposals for building greater number of institutions, which we suppose to increase the quality of care for this category of the population.

In the last decade, primarily influenced by the need of accommodating the old people in the institution, in terms of the need of greater care are also open private nursing homes. Due to inadequate support by the legal regulation these institutions until recently have been declared as companies, which resulted with the absence of the appropriate standards for housing and care as well as inadequacies in the opportunity for professional control, from one side and on the other there were created opportunities for some of them to gain unreal and big profit in terms of finance for the accommodation in the house. From table no.2.1: Age and gender of the old people and institutional accommodation, we can see that despite the relatively high cost of housing and the small number of offered institutions, there is the need for bigger and more current accommodation. From the presented data we can conclude that the most represented are the old people accommodated in retirement homes, 60%. However the most recent initiatives and decisions of the Ministry of Labour and Social Policy put the situation under control.

Regarding the socio economic conditions we can conclude that there are many problems and partly resolved forms and approaches in the care of the old people, affecting the challenges in the future to get down to serious resolving of the direct approaches in accommodating this significant number of present population in the social life in Macedonia.

### **Services in dominant socio-health function**

The aging in its objective length is a long period in the human life, which is characterized by a gradual reduction of labor, social, mental and physical activities which result with health disorders and health problems. These conditions disable the man to live independently and depending on the level of their own vulnerability, there

are needs for accommodation in health institutions. Such institutions are homes for the old people, ie geriatric hospitals, rehabilitation centers, hospitals, public health services and so on.

- Homes for the old people care serve for accommodating the old people in terms of medical staff care, due to continuous chronic disease, or disable eye functione, Alzheimer's or Parkinson's disease, when due to adequate health threat are not able to take care of the daily health prevention and proper hygienic care.
- The Geriatric hospitals are institutions which mainly provide medical service for people with hard or disabled movement and with certain acute and hroniochni diseases, as well as a mental health disorder. These people need to be provided with comprehensive health and Nursing care with more active presence of nursing staff. Despite the important role of nursing staff also actively are involved therapeutic services and social services-primarily with active involvement of a social worker.
- The rehabilitation centers provide short-term or long-term services directed to appropriate rehabilitation in order to return to the old person party of the former level of physical and social functioning and to enable better quality living. Because most rehabilitation centers are short-term character, the institutional staff and the social workers have an important role in helping the old people, as well as helping the family to adequately accept the old person after leaving the center.
- Hospital care in the final phase of life of the old person- Hospice. These homes basically have health character, with a dominant care, which enables the old person to submit easily the pre death trauma. Also, important function of these hospitals is the work with the family members or relatives of the old person in order to accept easily the pre death agony, the care in those moments and the death.

The services for the old people are the basis of the social protection, since it refers to those old people who due to various circumstances (economic, social, health) are not able to independently care of themselves. This form is a basis of the humanity towards the old and helpless people and it releases a message to all people to maximally contribute in improving the modern life of the old people. The services as the most dominant form of care for the old people have a flexible character, with more dimensional character as for the modern development of science, engineering and technology in this domain, as well as in economic terms, ie the capacity of the state and social care in general, the level of the social form of communication of the person with the family and relatives and the level of development and availability of the health services. However we must emphasize that despite the multiplicity of forms of

social services within the social care for the old people there must not be neglected and should be given a dignified place to the role of the family and relatives in the forms of cohesion as a priority task of the social services. The family has been and will be the basic nest of the society where the individual feels safe and protected regardless of the age and the adults' features.

## **Conclusion**

The services realized in the home of the old person person such as: helping the old person, a private service engagement, service delivery of food, public health nursing, are amenities that facilitate the own home living. However the survey also showed that they are represented in a relatively small percentage. Possible reasons for the difficulties in the services implementation can be enumerated in the insufficient organization of social care, insufficient information for direct work with the old people by the governmental and NGOs for accepting, because basically the old people treat with distrust and suspicion the unknown person in the home.

The old people with physical and mental disabilities (regardless the age category), basically are left to the conscience and responsibility of the social care. Within the institutional treatment it is necessary to be completed the categorization in terms of physical and mental disabilities of the old people and the institutional services. Within these parameters it is needed to be adopted appropriate regulations in order to allow a successful treatment, and thus greater accessibility to these institutions.

The conditions of the modern living of the old people despite the partially realized forms and approaches to the care are generated by a significant number of problems and needs that are challenges in order to find direct access to the care of this significant percentage of the present population.

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