

Selected aspects of social and professional activity of elderly people

Wybrane aspekty aktywności społecznej i zawodowej u osób w podeszłym wieku

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Wstęp. Proces starzenia się charakteryzują zmiany na płaszczyźnie biologicznej, psychologicznej i społecznej. Istotnym aspektem wieku podeszłego jest utrzymanie aktywności, na różnych płaszczyznach. Stanowi ona źródło rozwoju psychospołecznego jednostki.

Cel. Zbadanie aktywności społecznej i zawodowej osób w wieku podeszłym.

Materiał i metodyka. Zastosowaną metodą badawczą był sondaż diagnostyczny. Dokonano doboru próby opartego na dostępności badanych. Wykorzystaną technikę stanowił kwestionariusz ankiety. Badania przeprowadzono, w grudniu w 2011 roku, wśród osób w wieku podeszłym, wybranych losowo, zamieszkających na terenie Poznania i okolic.

Wyniki. W badaniu wzięło udział 108 osób w wieku od 61 do 95 lat. Większość tj. 94% badanych otrzymuje świadczenia emerytalne i nie wykazuje dodatkowej aktywności zawodowej. Przeważająca większość osób tj. 66% nie angażuje się w działalność żadnych organizacji społecznych. Badanie wykazało, że tylko 33% osób uprawia regularnie sport. 59% ankietowanych kobiet i 66% mężczyzn nigdy nie chodzi do kina, opery i teatru.

Wnioski. Większość badanych osób stanowią kobiety, ponad połowa to wdowy. Stan ten odpowiada tendencjom demograficznym, określanym mianem feminizacji. Osoby w wieku podeszłym z dużą częstotliwością chorują na choroby przewlekłe i często korzystają z pomocy lekarza rodzinnego i specjalisty. Po przekroczeniu progu starości Polacy wykazują niewielką aktywność fizyczną społeczną i zawodową.

Słowa kluczowe: osoby starsze, aktywność zawodowa, aktywność społeczna

Introduction. The process of ageing is characterized by biological, psychological and social changes. Maintaining activity in various fields is a significant aspect of elderly age. Activity is the source of psychosocial development of a human being.

Aim. To examine the level of social and professional activity among elderly persons.

Materials & Methods. The diagnostic survey was the applied method. The technique was based on the form of questionnaire. The survey was conducted in December 2011, in the group of randomly selected elderly people residing in Poznan and vicinity.

Results. 108 persons aged 61-95 years participated in the survey. Most of them, i.e. 94%, received pension benefits and showed no additional professional activity. Most of the group, i.e. 66%, were not involved in any activities of social organizations. Only 33% practiced sports regularly. 59% of women and 66% of men never went to the cinema, opera or theatre.

Conclusions. Most of the group were women, over half of them were widows. This reflects demographic tendencies described as feminization. Elderly people frequently suffer from chronic diseases, and need assistance of family doctors and specialists. Upon crossing the threshold of old age, Poles show minor physical, social and professional activity.

Key words: elderly person, professional activity, social activity

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Introduction

The process of ageing, considered natural in science, is characterized by biological, psychological and social changes. Reaching old age according to the calendar does not always reflect the spiritual and

physical condition of a human being. Biological age, social conditions in which an individual has functioned over the years and is functioning at present and the individual's mental condition combined together and influencing each other create the image

of the individual [1]. With the exclusion of disease processes, changes that accompany ageing should be assessed with account for the features and fitness of the individual in the previous decades of life. These changes are of an extremely individual character. Advancing deterioration of senses, intellectual functions and problems with self-acceptance frequently result in mental crisis. Therefore, activity in various fields is a significant aspect of elderly age as the source of psychic and social development of individuals. The pension age is related to the end of professional life and frequent changes of social roles in both small social groups, i.e. families, and various larger organizations. The opportunities to change interests and choose new areas of involvement can help maintain social activity. Unfortunately, the destruction of somatic and psychic functions of the body frequently intensifies when an individual reaches the earliest phases of ageing [2]. The conditions of life of each individual changes so considerably that it becomes difficult to accept. Sometimes the change turns out to be a stress agent strong enough to significantly lower the quality of life. This process may start at the age of 60-65 years, i.e. the beginning of old age. As the age advances no optimistic changes appear as a rule. The ageing processes have a strong impact on the worsening of biological and adaptive functions. Changes in the immunological system bring higher risk of infections and chronic fatigue syndrome. Diseases due to infections last longer and have a more difficult course than in younger people. In developed countries infectious diseases are the 4th reason of direct causes of death in the population of over 65 years of age. Cancer is another significant factor of lowering the quality and shortening of life, because as much as 60% of cancerous diseases appear in the old age or even earlier [3].

Aim

The basic aim of the study is to analyze social and professional activity of elderly people. The indirect aim is to investigate the dependencies between social and professional activity and the health condition of the target group.

Material & Methodology

Diagnostic questionnaire was the applied survey method. The technique was based on the form of questionnaire distributed among randomly selected elderly persons residing in Poznan or vicinity. The questionnaire included closed questions with multiple choice answers and open questions that required giving an opinion. The survey was conducted in Poznan in December 2011.

Results

108 persons at the age of 61-95 years participated in the survey. The majority of target group were women, and most of the respondents were at the earliest phase of old age (tab. I).

Table I. Percentage share of persons in various intervals of old age divided by gender

Gender	Early old age	Middle old age	Late old age	Percentage share of respondents
Women	38%	17%	4%	59%
Men	30%	9%	2%	41%
Total number of people in interval	68%	26 %	6%	100%

81% of the respondents lived in the city, the rest (29%) in the country. Most of the target group had comprehensive school education, few of the respondents had higher education, and as many as 26% had only from primary education. The value of the Pearson chi-squared test amounts to $p=0.1638$, i.e. no statistically significant differences between groups of various education levels were observed (fig. 1).

Most of the questioned men, i.e. 77% were married, 23% of them were widowers. Among the women, over a half of them were widows (53%), married women constituted a group of 41%, and only 6% were single.

The majority of the group (i.e. 94% of 108) received pension benefits, and over a half of the pensioners neither showed additional professional or voluntary activity or looked after grandchildren or another person (sick or disabled) on a constant basis, although more women than men occasionally looked after their grandchildren. On the other hand, more men than women who received pensions were still active professionally and engaged in neighbour-to-neighbour programs (fig. 2, 3).

Most of the target group, i.e. 67% were not involved in the activities of social organizations, although women more frequently declared membership in church or senior clubs.

The survey showed that only a third of the target group regularly practiced sport, defined as intensive physical effort such as riding a bike, gymnastics etc., and most of them were men (fig. 4, 5)

Walks are alternative ways of recreation. A significant part of the group spent 2-5 hours a week on walks, but almost the same number devoted less than one hour a week to this activity.

More women than men were engaged in regular work in the garden (apart from the winter season) of over 5 hours a week. However, it is worth noting that some respondents worked in the garden from spring to late autumn for 10-20 hours a week.

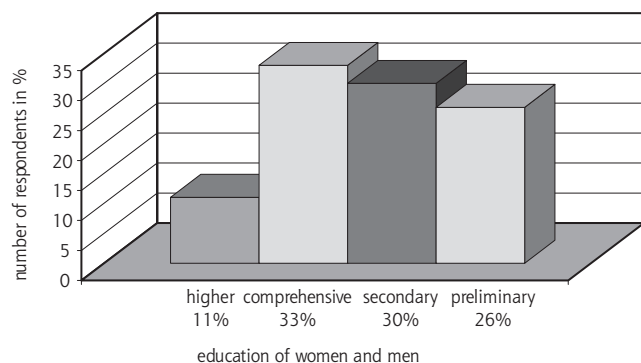


Fig. 1. Education of the respondents

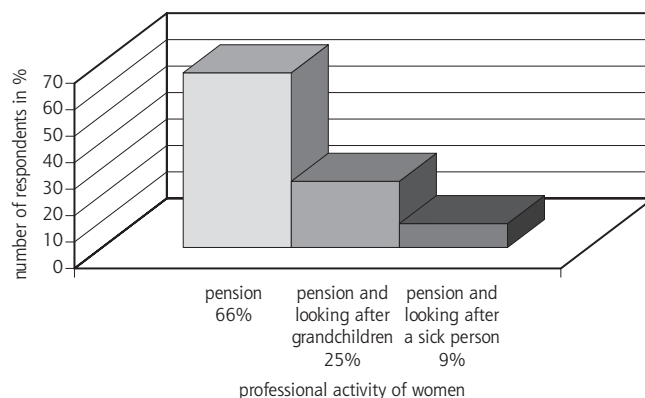


Fig. 2. Professional activity of elderly women

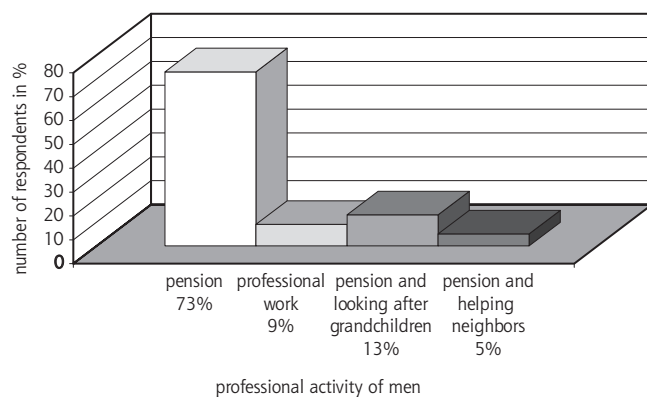


Fig. 3. Professional activity of elderly men

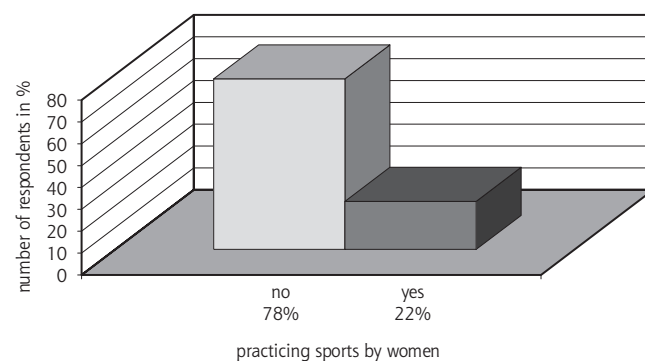


Fig. 4. Practicing sports by elderly women

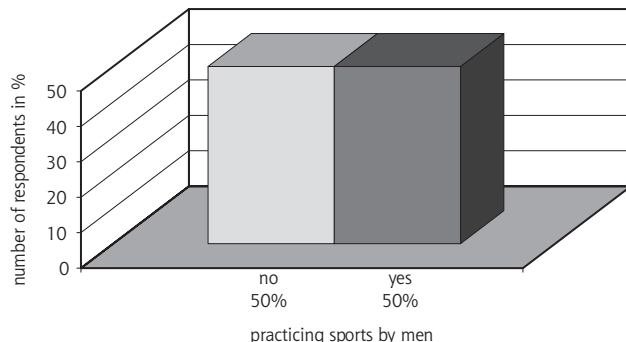


Fig. 5. Practicing sports by elderly men

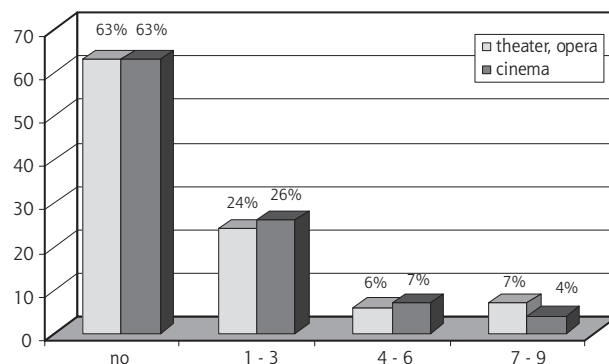


Fig. 6. Frequency of visits to the cinema, theatre and opera among elderly persons

The respondents rarely participated in cultural events, over half of them never went to the cinema, opera and theatre, less than one fourth went there over twice a year, and a bit more went to the cinema (fig. 6).

The respondents devoted a significant part of the day to watching TV, and over half of them spent 3-5 hours a day in front of the TV-set. Unfortunately, these numbers should be enlarged by 15% of persons watching TV over 6 hours a day. A smaller group composed of lonely people watched TV for 12 hours a day.

Most of the target group, i.e. 55% visited their family doctor 4-6 times a year, 25% – 12-24 times a year, 42% visited specialists every second month, and 26% – once or twice a month.

As much as 78% of the respondents declared chronic diseases, of which 46% were cardiac disorders, mostly hypertension, 33% – diabetes, 19% – cancerous diseases, and 2% – other.

The respondents declared no other addictions than smoking. About 20% of them smoked at least 20 cigarettes a day for over 20 years and quit, and 17% of smokers failed to quit.

Discussion

On the threshold of old age the conditions of functioning often change, and individuals who showed intensive professional activity in previous intervals of their lives, mostly due to the necessity to maintain their families, and above all their children (83% of

the respondents were parents), and who worked more than full time, have to face new challenges of the life of a pensioner. In terms of challenge the period of getting old stimulates the development of an individual. A person deprived of the normal routine of life must build a new system of functioning. The time of long-awaited rest after the duties of professional work frequently brings emptiness which must be dealt with by the elderly people. The ability to cope with the new situation depends on previous experience and the present conditions. The family and necessity to assist others gives sense to everyday efforts and stimulates for activity. In the target group 25% of women and 14% of men looked after their grandchildren, others, mostly women, looked after their parents or spouses. Such conditions significantly restrict the possibilities of spending time at the cinema, theatre or other places of entertainment. The results show that over a half of the respondents resigned from additional work and had no duties that make individuals active on an everyday basis. The authors of this study attempted to diagnose activity in other areas, such as sports or culture. It is generally known that activity in these fields is a requirement of staying fit in terms of physical and social condition [4]. Unfortunately, the respondents practice sports rarely. Most of the women of the target group denied practicing any sport. These sad facts were reflected in the Bridging the East-West Gap project implemented in 1996-1999 in 6 counties of Europe. "In comparison with other countries, the Poles showed rather anti-health behaviours". At that time the Poles as a nation had "the lowest rate of people declaring intensive physical activity (about 6-8% of adults) and the highest rate of people with sedentary life style". Unfortunately, despite the lapse of time the study is still showing a low level of physical activity of the elderly [5], although the declarations of men can be considered a bit optimistic. Half of the respondents declared practicing sports for 30 minutes 3 times a week, but if both groups were summed up, only 33% of respondents actually practiced sports, mostly riding a bike, swimming, gymnastics, Nordic walking and jogging. The elderly often chose walking as an alternative, and 44% spent 2-5 hours on walks, although almost the same number walked less than 1 hour a week. Adding the time spent on watching TV to the aforementioned results we obtain an image of elderly people staying in closed spaces for most of the day and having little physical activity. It is astounding that 4% of them, usually lonely persons, watched TV for 12 hours a day. This shows that they have solitary lives, and their replies additionally indicated that they practiced no sports, belonged to no social organizations, did not work in the garden, never went to the cinema or theatre, and if they had a hobby it was usually crocheting or solving crosswords. However, this

extreme situation has its mirror opposite, i.e. a similar number of respondents denied watching TV even for 1 hour a day. These were people who lived with their families, practiced sports, went for walks 4-6 times a week and looked after their grandchildren. Unfortunately, elderly people seldom participate in cultural events and go to the cinema or theatre. However, they are frequent visitors to family doctors, i.e. over half of the respondents visited their doctors 4-6 times a year, and over 25% – 12-24 times a year. This may suggest that visiting the doctor can be a possibility of having an occasional and free conversation with another person. Unfortunately, their material status that cannot satisfy basic needs, low pensions, life at the edge of poverty, tough living conditions frequently jeopardize any pursuit of self-realization in the social and cultural life. Additionally, they suffer from a growing feeling of dissatisfaction and fear of the future [6]. Summing up, the elderly respondents showed symptoms of activity, but those were mostly receptive and recreational activities that were not oriented towards participation in public events and integration. The fear of new situations, where elderly people function worse, independently of their education, can have a significant impact. The low involvement in the activities of social organizations can result from the high frequency of chronic diseases with negative prognosis, e.g. cancer [7]. Therefore, avoiding lifestyles leading to civilization diseases is so important, although examples of such life styles were present in the target group. Thus, the significance of physical activity in improving fitness should be stressed. Participation in various forms of activity shows generativeness of an old man. The generativeness discussed by K. Wiśniewska-Roszkowska (2003) can be of personal, family or social nature. Looking after grandchildren or helping neighbours are forms of activity connected with benefits for others [8]. The authors of the aforementioned study could observe such forms of activity, although at a moderate level. Gardening for instance can be used to teach others or to share experience [9]. The most important things are to break the stereotypes and believe in own potential. Such attitude offers a feeling of satisfaction and brings advantages both to the society, and the interested person. Stereotypes must be broken. An elderly man can still be active and needed in social terms. There is a necessity to stimulate motivation to act, to show the elderly an alternative to watching TV. The reality is more valuable than TV fantasies, and most of all, it requires activity and feeling the purpose in life [10]. Therefore, in light of demographic depression and advancing ageing of societies there is a necessity to found new centres of continuous education adopted to the needs of the elderly and inspiring to improve the quality of life of elderly people [11].

Conclusions

1. Most of the respondents were women, of which over a half were widows. This condition reflects demographic tendencies defined as feminization.
2. Elderly people frequently suffer from chronic diseases and often visit family doctors and specialists.
3. Upon entering the old age a small part of the Poles declare physical, social and professional activity.
4. In light of demographic changes there is a social need to promote active lifestyles among the elderly.

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