

THE NEED TO IMPLEMENT THE EDUCATIONAL PROCESS OF SENIORS WITH HEALTH DISADVANTAGES LIVING IN RESIDENTIAL CONDITIONS

POTREBA IMPLEMENTÁCIE PROCESU VZDELÁVANIA SENIOROV SO ZDRAVOTNÝM ZNEVÝHODNENÍM ŽIJÚCICH V BYTOVÝCH PODMIENKACH

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ABSTRAKT

Príspevok apeluje na hĺbkovú implementáciu procesu edukácie seniorov v zariadeniach sociálnych služieb a vyzdvihuje jeho potrebu vplyvajúcu na zvyšovanie kvality nielen poskytovania sociálnych služieb ale aj života seniorov v týchto rezidenčných podmienkach. Prináša sprostredkované súčasné dianie, ktoré odráža kvalitu poskytovania edukačnej intervencie profesionálmi pracujúcimi v sociálnych zariadeniach. Objasňuje možnosti a vplyvy odborného využívania rôznych nefarmakologických edukačno-aktivizačných programov pri práci so seniormi so zdravotným znevýhodnením.

Kľúčové slová: Aktívna staroba. Etablovanie odbornej sociálno-edukačnej starostlivosti. Aktuálna inštitucionálna starostlivosť. Edukačné a aktivizačné programy. Kvalita života seniorov.

ABSTRACT

The document appeals to the in-depth implementation of the process of education of seniors in social services facilities and highlights its need to increase the quality not only of the provision of social services but also the life of seniors in these residential conditions. It brings mediated current events that reflect the quality of the provision of educational intervention by professionals working in social facilities. It clarifies the possibilities and effects of professional use of various non-pharmacological educational-activation programs in working with seniors with disabilities.

Key words: Active old age. The established professional socio-educational care. Current institutional care. Educational and activation programs. Quality of life of seniors.

INTRODUCTION

This paper intends to discuss the need to implement vocational education programs for seniors living in residential conditions. The controversy is met with examples from practice that point to the relevance of providing educational-activation programs within social services from a quality view, which inevitably connects to the requirement for the subsequent

establishment and deeper professionalisation in this field.

1. Active ageing as a modern phenomenon

Active ageing. This concept is currently receiving much attention. Active ageing was defined in more detail by the World Health Organisation in the late 1990s and has only come into the European spotlight in the 21st century. Population ageing as a global parameter has an increasing tendency wo-

worldwide. The percentage increase in the number of older people, reflecting absolute or relative ageing, brings along the typical concomitant decline in fertility or mortality. At the same time, it is also possible to see the rising curve in the increase in life expectancy or the number of very old people in the population. We present the above-mentioned demographic forecasts because we consider them to be a significant factor in the social sphere, as it is possible to predict the direction in which the social functioning of Slovakia will take. It provides opportunities to take preventive measures to eliminate possible risks. We agree with Hegyi (2012) that active ageing is a process that improves the quality of life based on health, safety and participation. For these reasons, it is essential to provide older people or seniors with a stimulating environment to maintain the level of their mental or physical abilities, respond to their individual needs, and create the conditions to improve and facilitate their lives. Jedličková (2014) joins the controversy, and she considers the attitudes of the current society towards seniors as not very favourable and representing, for example, fears, lack of appreciation of seniors, ageism or other negative perceptions of everything that belongs to old age itself.

Dvořáčková (2012) also points to the overall need for support for seniors. She mentions, for example, the link through e.g. enabling environment, which promotes the idea of active ageing, and supports seniors in carrying out the activities they used to do at a younger age, of course, given their capacity for independence.

Stuart-Hamilton (Hrozenská et al. 2008) in 1999 expressed concern with the term 'demographic time bomb', which included the hypothesis that the growth of an ageing population would place an enormous financial burden on the 21st-century economy. The truth is that Europe only started to pay much attention to active ageing and an overall healthy approach to life at the beginning of the 21st century. The ageing of the population carries a considerable burden, and it is the responsibility of the state to prepare for this situation using the Action plans for the development of social services in given

regional areas. Currently, the action plans include active ageing, which creates opportunities for people to further personal development, e.g. further study at universities of the third age.

Active ageing opportunities are fundamental as they create opportunities for seniors to live a life of psychological well-being and active participation in social events following their desires, abilities, responding to their individual needs (Tokovská and Šolcová 2014). Moreover, it is crucial to develop the entire residential care providing social services on such an individual approach directed to the client. It also includes various activation-educational programs aimed at developing or maintaining the personal potential of seniors.

It is the tools of geragogy, among which Határ (2014) ranks self-education, self-formation, counselling or training, that have a significant impact on the personal progress of seniors. Education itself is a lifelong process bringing with it the potential of one of the most effective tools for systematic education in the pursuit of building a knowledge-based society. In this context, we share the need to build a knowledge-based society in all its complexity. For this reason, it is crucial to support targeted senior education, relying on various institutions, entities or professions. The most adequate is the field of andragogy, which, in agreement with the author, points to the necessity of education in society and its quality mediation by qualified andragogical workers.

2. Implementation of the process of education of seniors with health disadvantages

The educational process is not time-limited. It occurs in parallel with the passage of life, whether we are talking about a child, a person in adulthood or a senior citizen. Čornaničová (2011) also confirms its necessity. She believes that in addition to belonging to the essential activities in a person's life, the process of education is also necessary from the perspective of social changes, which consider education with a temporal definition as insufficient.

It is possible to support this view by the historical trace of the emergence of the need

for specialised education for seniors. In the 1970s, the first University of the Third Age in France answered this need. If we look at the issue from a global perspective, many economically developed countries are drawing attention to it by organising various courses or seminars of a preventive nature. Their content design tries to bring a kind of preparation for the last stage of life, thereby minimising the risk of developing pathological forms of the ageing process (Čornaničová 1998). Already here, it is worth noting the need for education as prevention and the very hint of the beginning of the adaptation process to the very last period of a person's life, which is nowadays immensely important.

At the beginning of the 1990s, senior education naturally belonged to society and had a broad institutional background. In this period, the focus was on pro-senior education, which has evolved considerably from education focused on healthy lifestyles, senior education capturing the need to meet educational needs according to individual interests, education in the employment of workers over fifty, quality of life in advanced old age or education for the sake of the seniors themselves, the so-called pro-senior education. Although nowadays education within the natural environment or residential care is considered natural and downright necessary, there are claims that question its importance or its very potential (Határ 2014).

In the abundance of literature or actual practice, we encounter claims made by various authors or experts concerning the controversy of education concerning social service recipients. The terminology "Education" relates to the meaning of "training or education", often based on the context of different approaches in working with social service recipients. These approaches declare that an adult or a senior is not educated, and the education itself is based on the approach of care for social service recipients only marginally. The other side leans towards implementing educational approaches towards senior clients whose permissibility limit is very fragile.

Šerák (2009) defines senior education within adulthood, while the field of leisure education also complements it since the

essence of its character is voluntary, leisure intention, and taking into account seniors' individual needs. The author stresses the need to view senior education not only in the context of leisure activities but also in the context of further deepening the awareness of seniors. He supports it by the changing demographic situation mentioned above, which focuses on the increasing integration of seniors in the workforce. He also highlighted the need to anchor educational activities within the expertise of andragogy as a profession, which is shared not only by us but also by other authors (Határ 2016; Jedličková 2014). In practice, we dare to state that an essential parameter in the selection of the nature of the education of the elderly is their health condition and the level of cognitive abilities. Figuratively, in the institutionalised care of the elderly these factors determine the legal degree of dependence on social services or their health condition, preserved abilities and skills.

In a brief historical cross-section of the establishment of social-educational care for seniors, this approach has undergone different phases of development. In the early days, charitable activities represented the only form of social care assistance for disadvantaged people for a long time. They also provided it when the municipality or the state lent a helping hand in the care (Haškovcová 2010). This participation of public authorities is still involved in providing social services today, and the progress itself is unquestionable. With the increase in the number of people dependent on the hitherto primary system of social care provision, the urgent need for its further development grew. The redirection of care for people in need of social assistance and its embedding in the family environment is still a topical issue today. Jedličková (2014) dealt with the significance of pro-senior and pre-senior education in the context of family and intergenerational relations. In her publication, she defined her research conducted in the context of the area under discussion in more detail.

Subsequently, there was a need for institutionalisation, which took shape and went through several periods of

development that brought social care provision to its present form and quality. The quality of social service provision depends on the empathetic capture and fulfilment of the needs of the elderly. According to the American psychologist Abraham Harold Maslow, human needs are hierarchically ordered. Soudková and Máliková (Tokovská 2014) supplemented the overall pyramid of needs with the cognitive need and above it the aesthetic need. They both are below the top of self-realisation.

To a large extent, we can see the cause in the insufficient legislative support of senior education in society's educational system and the perceived need for better professionalisation through professional and sufficiently qualified (social) andragogues. Professional social-educational work with seniors stems from respecting these needs, which is not a reality in many social institutions in terms of practice. The often argued reason for its slow establishment is the high age of the clients placed in social institutions and the general perception of their acceptance into care within society. Humanity is constantly dealing with the notion that social care facilities for the elderly are places where seniors have come to live out their lives, and this optic persists to this day. Határ (2014) confirmed this perception of institutional care for the elderly by his research, which yielded confirming views of respondents attending eighth-grade elementary schools from different regions of Slovakia whose grandparents currently reside in a segregated dwelling, while not sharing multigenerational families and also not being placed in a social care facility. The research focused on the current "dying out" of multigenerational families. The research investigation revealed that the respondents' possible care for their parents in a family setting would be more prevalent than social facility conditions. An overwhelming majority of respondents (approximately 95%) agreed on the possibility that they would care for their parents in a home setting. They mentioned reasons for their decision such as gratitude for all they do for them; fear of feeling alone in a facility; unfamiliar surroundings in which they would find

themselves; strangers caring for their parents; the prevailing view that home is best; and others.

3. The need for further professionalisation of social and educational care for seniors arising from current practice

Regarding the quality of social service provision, many social care facilities focus primarily on meeting their clients' physiological needs and providing nursing care and health care. Thus, social care facilities become more of a hospital environment, and social-educational activities remain at the bottom of the ladder of activities provided, or they perceive them as leisure activities. In agreement with Professor Határ (2014) and the practice itself, we dare to say that andragogues point out the need to perceive a person with a disability in all its broad spectrum rightly since the overall care provided depends on it. Social workers also share this view because they are the inherent implementers of the mentioned leisure programs.

The current monitoring of the level of provision of educational intervention by professionals working in social institutions in terms of quality yielded the following findings:

- Practice shows that an essential parameter in the selection of the nature of the education of the elderly is their health condition and the level of cognitive abilities, which more profoundly defines the legal degree of dependence on social services, or the health condition of the elderly, their preserved abilities and skills.
- The need to anchor educational activities within the expertise of andragogy as a profession. To a large extent, we can see the cause in the insufficient legislative support of senior education in society's educational system and the perceived need for better professionalisation through professional and sufficiently qualified (social) andragogues.
- Nowadays, the often argued reason for its slow establishment is the high age of the clients placed in social institutions and the general perception of their acceptance into care within society.

When a person becomes dependent on the care of others, he or she goes to the unfamiliar environment of a social institution. Physical abilities weaken with age, but spiritual, intellectual and interest aspects persist and create room for the attention of professionals. Čornaničová (2011) sees the most crucial stage in the educational process for seniors in the proper preparation stage for old age. The adaptation process to the last phase of life is fundamental. Its neglect can cause serious health consequences. Therefore, we endorse the opinion of various experts who think that appropriately chosen educational programmes that are sufficiently stimulating improve seniors' intellectual abilities and physical and mental health. Šerák (2009) considers the primary goal of educational action of andragogues to be the maintenance of physical and intellectual abilities that would ensure the overall improvement of the quality of life of the ageing population.

From the andragogical point of view, it is about education itself and activation, animation, or professional counselling. In institutional care, the employees most often provide activation activities when working with seniors with various health disadvantages or mental illnesses, which are precisely specified. Čornaničová (2011) and Jedličková (2014) consider one of the essential stages in the educational process aimed at seniors to be precisely the stage aimed at adaptation to old age. The adaptation process to the last phase of life is fundamental. Its neglect can cause serious health consequences.

Seniors' education is a very particular activity, requiring a specific work of (social) andragogues, special educators, social workers. Seniors form a specific target subgroup of educational activities aimed at adults, whose typical character specifics influence the educational focus and direction of the actual or potential group. These more demanding specificities of the target group and their psychological changes require a qualified approach of professional staff who will empathically, sensitively and flexibly create space not only for feedback but, above all, for self-

realisation. Educational and activation programs must consider fulfilling needs in the bio-psycho-social-spiritual area of life. It is also necessary that they take place based on the voluntariness of seniors or recipients of social services in their decision to participate (Balogová 2009; Ondráková et al. 2012).

Concerning the quality of social service provision and the performance of social work, we consider it necessary to mention and at the same time agree with Balogová (2011), who states that we are currently facing the establishment of specific forms of social work, which certainly includes clinical social work. She argues that in order to achieve a mutual symbiosis in social work between a theory with an emphasis on practice, a methodological definition of the basic framework of clinical social work, oriented to the social case diagnosed with dementia, Alzheimer's, Parkinson's, schizophrenia and other mental illnesses, is essential. The work of social workers with these types of clients, as mentioned above, requires a specific professional (clinical) approach of the social worker who carries out activation – educational - therapeutic programs oriented to seniors with different health disadvantages.

In practice, educational and activation programs overlap when working with seniors.

- We offer an incentive-rich environment as part of the activation. Its priority is to prevent passivity in seniors. Activation can be carried out in groups or individually. The advantage of individual activation is that specific exercises correspond to the clients' needs.
- We attach great importance to appropriately chosen communication with the senior. Inadequately tailored professional communication towards seniors can irritate them, causing their non-participation in educational-activation programs.
- In social service institutions, these educational-activation programs are mainly implemented by social workers, who often do not complete the relevant educational or certification modules, as the university studies of social work do

not include these activation programs aimed (not only) at the elderly.

- The social worker (clinical social worker)/social andragogue or the implementer of activation-educational activities should carefully consider and adapt the difficulty of the tasks or stimuli to the still preserved abilities of the clients to make the activation meaningful.
- There is a risk not only of ineffective application of proven methods and techniques but above all the risk of consequences of professionals' unprofessionalism manifested in clients, e.g. deterioration of their health condition.

The principle of professionally performed activation is that it is not essential where the andragogue / social worker (clinical social worker) wants the person in the process of education and stimulation wants to have, but it is crucial where he/she feels himself/ herself to be. Such an appropriately chosen form of educational or socio-cultural activities keeps the seniors in the stage of active old age. Határ (2008) provides a division of activations that use educational activities and that take place through formal, non-formal or informal education. A university or third age academy and other educational institutions represent formal education. Non-formal education has a cultural and residential character in these kinds of facilities. Informal education is the process of learning through unconscious activities based on life experience.

Recommendations for practice:

The use of the senior's life experience (biography).

- Life experiences can make used educational methods more effective.
- Seniors' education should respond flexibly to their changing needs, bringing changes in different areas of life and health (health anamnesis).
- The educational process itself should provide seniors with a solution to the various problem situations they have encountered, thereby improving the quality of their lives.
- In addition, educational and activation programs have a preventive effect on

the emergence of social isolation from the social perception perspective.

- Fulfilling needs or gaining self-confidence represent intrinsic motives for seniors' educational activities, which also positively affects the quality of their lives.

We see great importance in using the seniors' acquired experience in their education. In particular, it is about the experiences that seniors (adults) have acquired during the various social roles they have played during their lives. Such life experiences can make educational and activation methods more efficient and deepen their impact.

For the use of non-pharmacological-activation-educational approaches when working with seniors in residential conditions, we state the importance of adhering to the following steps).

1. Importance of knowing the Biography of the Beneficiary (Senior).
2. Appropriately chosen activation program (individual plan with social rehabilitation) responding to the individual needs of older adults based on their social anamnesis (life story).
3. The most commonly used activation approaches in working with seniors
 - a. Activation of cognitive functions
 - b. Maria Montessori's concept with seniors
 - c. psychomotor stimulation (Moteragogy)
 - d. activations with elements of Art Therapy, Ergotherapy, Music Therapy, Reminiscence, Bibliotherapy, Animotherapy and others.
 - e. Validation by Naomi Feil
 - f. Basal stimulation

Seniors' education should respond flexibly to their changing needs, which bring changes in different areas of life. Also, the educational process itself should provide seniors with a solution to various problem situations in which they have found themselves, thereby improving the quality of their lives. In addition, educational and activation programs have a preventive effect on the emergence of social isolation from the

social perception view. We consider these positive effects of education, such as improved quality of life, fulfilment of needs, gaining self-confidence or maintaining preserved skills, as intrinsic motives for the educational activities of seniors in residential care.

CONCLUSION

An innovative and ideal concept for providing quality activation and educational programs in social facilities for seniors is through the required specialisation training and the subsequent establishment of social workers with adequate specialisation education in clinical social work and their methodological adjustment. We also see the inclusion of therapeutic educators and social andragogues in the interdisciplinary teams implementing holistic social care as a possible required legislative adjustment and inclusion within the interdisciplinary teams. Experience from practice in social institutions brings positive benefits of professionally implemented educational-activation programs that keep the beneficiaries - seniors suffering from various diagnoses, as long as possible in self-sufficiency, stimulate their preserved abilities, support their autonomy, fulfil the need for self-realisation and generally improve the quality of their lives.

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