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ORIGINAL ARTICLE

Social and health care needs of elderly people living in the countryside in Poland

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Abstract

Introduction. The needs of elderly people living in the countryside constitute serious health, social, financial and organizational problems.

Aim of the study. To define the needs of elderly people living in the countryside regarding complex living actions.

Data collected and methodology. The study was carried out among 89 village citizens from the Podkarpackie Voivodeship (N=55; 61.8% women; N=34; 38.2% men) aged 61-2. Average age in the group was 76.3 (+/ -7.9 years). Research methods were 3 different questionnaires, applied to evaluate: socio-demographic data, occurrence of diseases and rehabilitation usage, mental and intellectual status, as well as the Lawton scale (IADL) assessing complex life activities.

Results. 18 subjects (20.2%) were fully functional in the scope of complex everyday activities. The highest number were independent in their financial affairs (N=52; 58.4%), preparation and taking of medicine (N=45; 50.6%), and using the telephone (N=39; 43.8%). Lack of self-reliance was most commonly observed with difficult housework (N=62; 69.7%), shopping (N=55; 61.8%), and walking distances exceeding regular walks (N=46; 51.7%). No relation was observed between gender, usage of social welfare, and self-reliance in complex everyday activities. Deterioration in efficiency in the scope of complex everyday activities was observed which progressed with age, and was worse among the unmarried subjects. A relation between material situation and independence, based on the IADL scale, was confirmed, with the exception of using the telephone.

Conclusions. 1). People of old age living in the countryside most often need help with complex everyday housework, shopping, and walking distances exceeding regular walks. 2). With the advancement of age, the subjects need help with all IADL activities increased.

Key words

elderly people, country, health needs

INTRODUCTION

The needs of elderly people generally do not vary from the basic needs of people of other ages, but there are some needs that are very different and specific for this period of life [1]. Along with the age, the daily routine which very often is too difficult to be undertaken done by oneself becomes more significant [2].

Elderly people constitute a very diverse group due to their age, state of health or mental and social condition. That is why they acquire an individual needs definition [1]. L. Jablonsky et al. divided the needs of elderly people into 3 groups:

1. Basic needs, which concern place of residence, place of rest and possibility to use a nursery or doctor's help, if needed.
2. Mental needs, which means the need for security, freedom of choice and decision, self-esteem, respect, sense of usefulness – which is the possibility to be active and develop interests, and the need to be accepted by the environment.
3. Spiritual needs, such as the need for prayer and contact with members of the clergy [3].

Researches have proved that the needs of the elderly who live in the countryside are big, involving health, social, financial and organizational problems. Appropriate recognition and satisfaction of the needs has a positive influence on their full functioning in society. Lack of possibility to implement the needs or inconsistent implementation with the expectations, significantly impairs daily functioning [4].

It is considered that village citizens of old age fulfill their health and rehabilitation needs on a very much lower level than city citizens of the same age [5]. Difficulties may result from environmental conditioning, for example, long distances which impede getting to hospital, specialist clinic, or rehabilitation, which are usually in distant cities [6], and also from a poor financial state due to the fact that a farmer's salary or retirement pension are lower than the salaries and retirement pensions for employed people [5].

The aim of the presented study was to define the needs of elderly people living in the countryside, regarding complex living actions.

MATERIALS AND METHODS

The study was carried out among 89 village citizens from the Podkarpackie Voivodeship (N=55; 61.8% women; N=34; 38.2% men) aged 61-92 years of age. The average age in the group was 76.3 (+/-7.9 years). Research methods applied:

1. Self-designed interview questionnaire consisting of questions concerning socio-demographic data, occurrence of diseases, and rehabilitation usage.

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2. Short mental ability test according to Hodkinson, which is used to evaluate intellectual ability. In this test, a result of more than 6 points gives the correct status, from 4-6 points – moderate impairment, less than 4 points – severe impairment [7].
3. Lawton scale (IADL) used to assess complex life activities, such as: use of the telephone, shopping carried out independently, preparing meals, undertaking easy/ hard housework, preparing/taking medicines, and money management. Those who were unable to cope with at least one of the above functions were considered as disabled [7].

For the statistic analysis, the STATISTICA programme was used and the sufficient significance level was accepted at the value $p<0.05$. The tests used were:
- Ch – sqare test
- U Mann – Whitney test
- Kruskall – Wallis test

RESULTS

Most of respondents were married people (N=49; 55.1%); 40 were single (44.9%); 30 widowed women, 8 widowed men, and 2 were single. The sources of livelihood for 80 (89.9%) of the respondents were a retirement pension, for 8 (9%) a salary, and for 1 (1.1%) man salary. 44 respondents (49.4%) described their financial situation as 'good', 37 (41.6%) as 'satisfactory', and 8 (9.0%) as 'poor'. Most respondents (N=84; 94.4%) did not use social help. For 51 (57.3%), their housing was 'good', for 16 (18.0%) – 'very good' or 'average', and for the remaining 6 (6.7%) – 'poor'.

The great majority of respondents (N=61; 68.5%) lived with their families. 8 people (9.0%) lived with their spouse, another 17 (19.1%) with strangers 3 (3.4%). Positive family relations were stated by 74 (83.1%) respondents, neutral – 7 (7.9%), but for 8 (9.0%), the relations were negative.

A sense of sight examination showed that 44 (49.4%) had no disorders, 43 (48.3%) suffered from amblyopia, and 2 (2.2%) were blind. On analyzing the sense of hearing it was discovered that 48 (53.9%) did not have any disorders, but 41 (46.1%) reported mishearing, and only 4 people used a hearing aid.

All of the analyzed suffered from 1-8 diseases. The dominant illnesses were: hypertension (N=77; 86.5%), osteoarthritis (N=57; 64.0%), diabetes (N=39; 43.8%), atherosclerosis (N=19; 21.3%), diseases of the joints (N=18; 20.2%), cerebral stroke (N=18; 20.2%), enlargement of the prostate (N=17; 19.1%), dementia (N=9; 10.1%), tumour (N=5; 5.6%), other (N=38; 42.7%). The great majority of analyzed respondents (N=67; 75.3%) had normal mental agility, 14 (15.7%) were severely impaired, 8 (9.0%) had moderate impairment.

73 (82%) had been hospitalized from 1-18 times, 16 (18.0%) have never been in hospital. Orthopedic equipment was used by 56 respondents (62.9%); crutches were used most often (N=27; 30.3%), and walker (N=23; 25.8%). The number of used equipment was from 1 (N=31; 34.8%) to 5 (N=1; 1.1%). Rehabilitation was required by only 10 people in the analyzed group, long-term care by 22 respondents (24.7%), 1 person (1.1%) was in hospice care.

Most respondents (N=66; 74.2%) were in the care of their families or guardians. 20 (22.5%) respondents could not always count on somebody's help, 3 (3.4%) were left alone.

The results of the Lawton scale research (IADL) were within in the range 8-24 points. The average number of points was 15.15 years (±6.50; Me=14). The largest group were respondents who received 8 points.

Only 18 (20.2%) respondents were totally efficient in complex daily life actions.

Most respondents were self-reliant in the area of money managing (N=52; 58.4%) rather than in preparing and taking medicines (N= 45; 50.6%) and using the telephone (N=39; 43.8%). Frequently, there was no independence in undertaking hard housework (N=62; 69.7%), shopping (N=55; 61.8%), and the ability to walk further than a normal walking distance (N=46; 51.7%) (Tab.1).

Table 1. Results of self-reliance evaluation, taking into consideration complex daily-life actions for all questionnaire items

No.	Content of questionnaire items	Responses		
		Without help	With some help	Cannot do it independently
1	Are you able to use the elephone?	39 (43.8%)	18 (20.2%)	32 (36.0%)
2	Are you able to walk distances exceeding regular walks?	30 (33.7%)	13 (14.6%)	46 (51.7%)
3	Are you doing shopping by yourself?	29 (32.6%)	5 (5.6%)	55 (61.8%)
4	Are you able to prepare your own meals?	31 (34.8%)	11 (12.4%)	47 (52.8%)
5	Are you able to do easy housework by yourself?	31 (34.8%)	14 (15.7%)	44 (49.4%)
6	Are you able to do hard housework by yourself?	21 (23.6%)	6 (6.7%)	62 (69.7%)
7	Are you able to prepare and take medicines?	45 (50.6%)	8 (9.0%)	36 (40.4%)
8	Do you manage your money independently ?	52 (58.4%)	5 (5.6%)	32 (36.0%)

There were no significant statistical differences between men and women when taking into consideration complete efficiency in complex daily-life actions ($\chi^2=0.00$; $p=0.9465$). No significant statistic differences were discovered between genders, considering the results on the Lawton scale ($Z= -0.55320$; $p=0.5945$), and considering declared independence in 8 complex daily-life actions.

It was shown that there is a statistically significant age difference between the group of completely independent and dependent in IADL – the average age of complete independence was lower than the others by 11.82 years ($Z=4.2080$; $p=0.0000$).

Measurement of the relationship between age and point score in the Lawton scale revealed an inversely proportional correlation between age and scores in Lawton scale ($r= -0,5844$; $p=0.0000$) – the older the respondents, the worse the results.

Dependent people in complex daily-life actions were older than those who were independent; for all their actions, the differences were statistically important (Tab. 2)

All respondents who got attained the highest Lawton scale (N=18) score were still married. Analysis of the relation between self-reliance in complex daily-life actions and marital status, proved a stronger independence of respondents who were married (Tab. 3).

There was also shown a correlation between the assessment of marital status and self-reliance in complex daily-life actions ($\chi^2=40.68$; $p=0.0000$). Analysis of the relation between independence in complex daily-life actions and self-esteem of

Table 2. Self-reliance in complex daily-life actions, considering the age of respondents.

No.	Content of questionnaire items	Self-reliance		Z	p
		yes	no		
1	Are you able to use the telephone?	71.85	79.70	4.6927	0.0000
2	Are you able to walk distances exceeding regular walks?	70.07	79.41	5.2770	0.0000
3	Are you doing shopping by yourself?	68.83	79.37	5.3267	0.0000
4	Are you able to prepare your own meals?	69.65	79.79	5.8515	0.0000
5	Are you able to do easy housework by yourself?	69.97	79.62	5.5242	0.0000
6	Are you able to do hard housework by yourself?	67.71	78.90	5.6334	0.0000
7	Are you able to prepare and take medicines?	72.93	79.66	4.1318	0.0000
8	Do you manage your money independently ?	73.60	80.00	3.7961	0.0001

Table 3. Marital status in connection with complex daily-live actions

No.	Content of the questionnaire items	Marital status	Self-reliance		χ^2	p
			yes	no		
1	Are you able to use phone?	Married (n=49)	29	20	10.45	0.0012
		Single (n=40)	10	30		
2	Are you able to walk distances exceeding regular walks?	Married (n=49)	27	22	20.25*	0.0000
		Single (n=40)	3	37		
3	Are you doing shopping by yourself?	Married (n=49)	26	23	18.79*	0.0000
		Single (n=40)	3	37		
4	Are you able to prepare your own meals?	Married (n=49)	27	22	17.80*	0.0000
		Single (n=40)	4	36		
5	Are you able to do easy housework by yourself?	Married (n=49)	28	21	21.77*	0.0000
		Single (n=40)	3	37		
6	Are you able to do easy housework by yourself?	Married (n=49)	20	29	15.87*	0.0001
		Single (n=40)	1	39		
7	Are you able to prepare and take in medicines?	Married (n=49)	32	17	9.48	0.0021
		Single (n=40)	13	27		
8	Do you manage your money independently?	Married (n=49)	36	13	10.16	0.0014
		Single (n=40)	16	24		

*the results consider the Yates correction.

financial situation, proved the presence of such a correlation, with the exception of using the telephone (Tab. 4).

There were no differences in the Lawton scale questionnaire between people using and not using social help (Z=1.6214; p=0.1049). There were also no differences comparing self-reliance in particular IADL actions. No differences were found in correlation between the assessment of housing conditions and the results in the Lawton scale ($H_{(3, N=89)}$= 3.3801; p=0.3366); there was also no correlation between housing and independence in particular IADL actions.

DISCUSSION

For the elderly, the place of residence is the main area of their activities and fulfilling their needs [8]. Because age is often related to motor disability, among all the needs

Table 4. Self-esteem of financial situation correlating with the self-reliance of particular complex daily-life actions

No.	Content of the questionnaire items	Financial situation	Self-reliance		χ^2	p
			yes	no		
1	Are you able to use the telephone?	Good	23	21	5.15	0.0761
		Satisfactory	13	24		
		Poor	3	5		
2	Are you able to walk distances exceeding regular walks?	Good	22	22	21.53	0.0000
		Satisfactory	8	29		
		Poor	0	8		
3	Are you doing shopping by yourself?	Good	21	23	21.62	0.0000
		Satisfactory	8	29		
		Poor	0	8		
4	Are you able to prepare your own meals?	Good	21	23	17.21	0.0001
		Satisfactory	10	27		
		Poor	0	8		
5	Are you able to do easy housework by yourself?	Good	21	23	17.21	0.0001
		Satisfactory	10	27		
		Poor	0	8		
6	Are you able to do easy housework by yourself?	Good	18	26	36.56	0.0000
		Satisfactory	3	34		
		Poor	0	8		
7	Are you able to prepare and take medicines?	Good	28	16	12.23	0.0022
		Satisfactory	15	22		
		Poor	2	6		
8	Do you manage your money independently?	Good	31	13	24.02	0.0000
		Satisfactory	18	19		
		Poor	3	5		

of this group the most important are the needs for house and environment adaptation, the supply of orthopedic and rehabilitation equipment, needs of treatment, care, and the support of other people [1]. Satisfaction with housing conditions contributes to the mental and physical condition of the elderly, providing a sense of security, the possibility of self-realization and rehabilitation, satisfaction and happiness [9]. The presented study shows that most of the respondents described their housing conditions as 'good'. There was no connection between housing situation and self-reliance in complex life actions.

From the literature, it results that elderly people living in the countryside experience many deficiencies in satisfying their needs in orthopedic and supply of rehabilitation equipment, and in special equipment enabling them to move freely around the village area. This kind of equipment is available for elderly people living in the USA, Canada, Japan, and many European Union countries. However, in Poland they are very rare [1].

The lack of simple and more advanced rehabilitation and orthopedic equipment may partly or totally limit the independence of elderly people [10]. This is confirmed by the presented study, because the respondents usually used crutches and did not have special equipment enabling them to be mobile Moreover, over 51.7% pointed to lack of independence in walking distances exceeding their regular walks.

Old age is often connected with presence of many pathologies – 'big geriatric problems' – which lead to disability and result in the loss of self-reliance and necessity to receive help from other people [11].

The presented study shows that all respondents were suffering from one to several diseases, while 20.2% were completely dexterous in complex life actions. Various research results [2] and own researches prove that along with the age, the demand for help to cope with complex life actions increases. Among all the needs of the elderly, especially the disabled whose life situation is very hard, there is the need to receive support from other people or institutions [1]. Medical care needs the satisfaction of support from the family, and institutions need the satisfaction of have a great impact on the life satisfaction of the elderly. On the other hand, lack of fulfilling these demands causes senility, feelings of rejection, marginalization, and expulsion by society [12]. However, elderly people who live in the countryside first of all expect help from their family and neighbours, rarely from the institution [1]. Most often elderly people needed help with hard housework, shopping, and moving long distances. German researchers found that elderly people suffering from cancer most often need help in shopping and preparing meals [2].

For the majority of elderly people home is a guarantee of warmth, love and security. Along with old age, the need for contact with family and friends increases [12].

According to W.Wnuk, among all the needs of elderly, particular notice attention should be paid to the acceptance of social utility and the emotional bond, needs which are all identified by them as their life sense. Elderly people must feel needed, appreciated and treated as partners. To satisfy these needs, it is essential to balance the environment and the psyche [13]. Analysis of the results showed that among the respondents the great majority lived with their family and were able to benefit from help from other people. They rarely used social help, rehabilitation, long-term and hospice care.

Andragogues in particular pay attention to communication, which is necessary to maintain interaction with the society. Communication creates the possibility for the elderly to express themselves and overcome difficulties [13].

It is also very important for elderly people to maintain their intellectual abilities, because this enables them to satisfy financial, educational, social and cultural needs [12]. Realization of those needs raises their self-esteem, creates positive thinking about themselves, offers the possibility for self-creation, improves family relations, and causes change from the previous life-style [13]. Satisfaction of the psychical needs is crucial for the elderly, because if they lack this kind of satisfaction, in spite of fulfilling other needs, this leads to unhappiness, redundancy and hostility [3].

It often happens that elderly people do not express their needs, do not want to use someone elses help, are afraid of committment, reduce their social contacts, and slowly but surely become marginalized. This is why there is a need for the promotion of a new lifestyle, full of activity, creativity, in which independence is really important. Moreover, it must be supported by education for old age and strengthen the respect for old people [12].

Nowadays, there is a significant need of health promotion and old age education, because only reliable information offers the possibility to understand the issue of biological, mental, and social old age. They also enable recognition of the way to lengthen life, good condition, and social usefulness. It is essential to be aware of the fact that the quality of old age depends on the prevention made even in childhood, then youth and middle age. It is because people 'work' for their old age throughout their whole lives [3].

The needs of the elderly cannot be ignored due to the fact that they are medium of universal timeless values, valuable life wisdom, prudence, knowledge and experience. Because of this, respect for the elderly must be strengthened; people must take heed of their needs, let them share their life-experiences, especially with the young generations, and allow them to take part in the creation of reality [12, 13].

CONCLUSION

1. Elderly people living in the countryside most often need help with hard housework, shopping, and getting further than their regular walking distance.
2. The elderly living in the countryside have great independence in money management, preparing and taking medicines, and using the telephone.
3. Along with age, the need forhelp in all IADL actions is increasing.
4. A difficult financial situation significantly influences the need for help in complex daily-life actions, apart from using the telephone.

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