Education of Seniors in Residential Facilities in the Framework of Activation Activities in the Form of the University of the Fourth Age (Minireview)

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Abstract:
The article presents the University of the Fourth Age as one of the new possibilities offered pedagogical, educational and activation activities for seniors in residential facilities defined by the legislation of the Czech Republic (Act #108/2006 Coll.). In connection with the increasing demographic population aging in contemporary society there are changes in the social policy of the state, which is reflected in the concept of active aging seniors. One of the possibilities of im-
Introduction

Old age is an integral part of our life. It is a part of every individual and it significantly influences the life of a senior. It is closely linked in the physical, mental, social and spiritual changes (Dvorackova 2012). Aging is understood as an irreversible biological process that is universal for nature, beginning on the day of birth. From the perspective of medicine, old age has an individual manifestation that depends on the state of health, education, social environment, lifestyle, etc. confirms Tosnerova (2009). Although old age is clearly an objective reality (Cevala et al. 2012) its definitions and concepts; setting the parameters of life in old age; parameters of leaving retirement and pension insurance; conception of expected needs; the rights and duties of older people a changing social construct; who is the result of permanent transformation and negotiation between different social actors; responding to major societal changes which currently include mainly demographic change; improving the health and functional condition of seniors and civilization development with the advent of the information society including ground-breaking new technologies.

The 20th century was considered a century of children; the 21st century can be called a century of seniors. With this statement is linked to increase topicality and strengthening intergenerational solidarity of each other and it in a context of respect and thoughtfulness as Nova states (2018 108 p.).

As is apparent from the above, the demographic aging of the population poses a number of problems that society, as well as an aging person, must be able to cope with. There is better social protection, high level of health care, higher education of citizens, but on the other hand, social problems are increasing in connection with the aging of the population and its quality of life in its natural environment, or in residential social services facilities (Pavelkova 2019).

The aim of the paper is to reflect on the seniors’ leisure time in residential social services facilities and opportunities to expand the providing of new education and activation activities. With regard to the specifics of the topic, the analysis of specialized secondary sources and data is used; partial passages are using comparison in framework of the Czech environment.

The quality of life of seniors

Every senior wants to live a quality life that will be fulfilled in health by satisfying his needs, values and priorities (Cevala et al. 2012). Quality of life can be understood as a measure of self-realization and mental harmony; a measure of life satisfaction and dissatisfaction; expression of happiness (Ochaba & Rackova 2018). The World Health Organization views quality of life as an expression of how one perceives one’s position in life in the context of culture in which lives and in relation to their goals, expectations, lifestyle and interests, leisure activities (Pribyl 2015). Especially in the elderly, the subjective experience of old age and the perception of living conditions are significant factors in the quality of life (Krajcik et al. 2000). This stage of life is not generally perceived as a difficult or complicated time; on
the contrary, a positive attitude often prevails in seniors’ attitudes, sometimes despite difficult living conditions (Kucharova et al. 2002). As Kucharova states, the non-material aspects of life are relatively more important than the material aspects of life satisfaction. Leisure activities are important for people of working age, but are also gaining importance in experiencing in quality of old age and should always bring joy, fulfilment and relaxation and to motivate seniors to implement the concept of active aging (and it in the so-called fourth age of the senior population 75+), which is an essential condition for the successful spending old age life.

**Activation activities of seniors in residential facilities**

Being beneficial to society and for even myself is the foundation of human survival. A human changes environment during life in which one lives. One possible environment, where a senior can live and finish one’s life for various reasons, is also residential social services (Hnykova 2019). The essence of welfare services is to help people and ensure their physical and mental self-sufficiency. The aim is to enable them to participate as much as possible in the everyday life of society and in cases where this does not allow their condition, to provide them with a dignified environment and treatment (Molek 2011). Provided help and support is associated with respect for human dignity and is based on the individual needs of the client (Capicarova & Holeckova 2017). The basic services offered in the providing of social services in homes for the elderly under Decree #505/2006 Coll. Paragraph 15 includes: Providing of accommodation; food; help in coping with routine tasks of personal care; help in personal hygiene; mediating contact with the social environment; socio-therapeutic activities and activating activities.

Social work is an integral part of social services where a social worker: plays an irreplaceable and important place; helps and advises the client on how to handle a difficult situation; provides and mediates care for the client and family members including the adaptation process; etc. (Matel & Schavel 2013). An important part of the work description of the social worker is also the methodological guidance of the activation section and setting up leisure activities for seniors in residential facilities to provide them a varied range how to spend their free time.

Of these facts, activation is one of the basic tasks in providing social services (so-called activation programs). The client in the residential facility has enough free time and in which he has the opportunity to use according to his interest and the offered pedagogical, educational and activation activities. According to Pavkova (2014), activation activities have their functions, which can be divided into pedagogical, educational, health, social and preventive ones. Pedagogical function can effect the senior in how to spend free time. During educational activities, a senior learns which of them he/she can use in his/her daily life. The health functions of activation activities bring benefits in the area of physical health, but also contribute to the well-being of the elderly. The social function of activation activities contributes to the prevention and improvement of relationships in society towards the elderly. All the above mentioned functions lead to the improvement of the position of the senior in the society, not only in the senior, but also in relation to others and fulfill the preventive function (Pavkova 2014). The activation of the senior and spending his/her free time is connected with the motivation that continues his/her needs (Vagnerova 2012). Physical and mental activation programs in residential facilities of social services for seniors are focused on healthy aging of seniors, but also seniors affected by various types of diseases. According to Novotna with a team (2018), during providing activation activities, we must adhere to the principles that the provided activities are effective and fulfill their function (for example, cognitive training, sensory stimulation, physical activity, canistherapy, music therapy, creative techniques, reminiscence therapy, activities aimed at practicing daily activities, competitions, party games, etc.).

**University of the fourth age as a new possibility of educational activation activities**

Residential facilities offer a range of the above-mentioned activation activities, which are based on legislation supported by pedagogical, educational and activation activities (Act # 108/2006 Coll.). Due to the demographic development of the progressive aging of the Czech population, the number of people aged 65 and
over will increase over the next decades, for which there is hope life expectancy until the so-called fourth age, over 80 and more. It can be assumed that there will be a greater number of secondary and university educated clients; those will have the need to meet their needs through an expanded range of activation activities, especially in the field of education. Based on this fact, there is also prepared an educational activity called the University of the Fourth Age (Hnykova 2019). It is a modification of the senior education so-called as university or a third age academy, but offered in a residential facility. Similar issues have been addressed by several authors, for example H. Haskovcova (2010), D. Benesova (2014), L. Sramkova (2015) or Janis & Skopalova (2016) & others.

Solved educational activity called University of the Fourth Age is prepared for seniors of residential facilities; Seniors may participate in this activity if their health and mental state allow them to do so and motivates them to further education, deepening their interests and meaningful spending their free time in the residential facility.

The educational program itself is designed for a given facility with a maximum of 10 persons. This number is considered optimal to allow the group to discuss the issue; to comment on the topic; communicate. Lectures are devoted to various topics: law; healthy living style; health and illness; social sciences and social events; it can be extended to topics requested by the seniors themselves (such as computer or financial literacy, consumer rights, modern literature, etc.), of which seniors will be able to choose (suggest for them another interesting educational themes, which will correspond to the interests and demands of seniors, of course with regard to their possibilities and abilities). The educational activity can be conceived, for example, within four months, when weekly lectures on selected topics will be held (maximum 2 hours), depending on the client’s interest and health. As lecturers, physicians, social workers, healthcare workers, well-known personalities from public and social life and volunteers can be enlisted. Participants who attended selected lectures considered regular meetings, new information, establishing new relationships, communication between clients, creating a community as very beneficial (Hnykova 2019). On the basis of this activation activity it is possible to non-violently improve the quality of life in a residential facility for seniors.

The presented activity can also be prepared for clients suffering from chronic diseases. The educational program would be conceived as education of clients suffering from e.g. diabetes mellitus in the given residential facility, in the number of maximum 6-8 persons (Possibility to discuss the issue, comment on the topic, communicate, talking about experiences with eating habits, physical activity, compensatory aids, etc.). It is possible to build on the experience of educational programs. It is possible to build a program based on practical models focusing on the specific needs of clients. Sharing experiences is also essential. It is advisable to select clients for activation activities in the form of the University of the 4th Age for whom education is beneficial in terms of compensation or incipient complications. These educational programs should be followed by further communication between health care professionals and patients with diabetes mellitus (Jirkovska 2017, pp. 12-17).

Individual lectures for clients with e.g. diabetes mellitus in the framework of the University of the 4th Age in social facilities can be devoted to:

- Dietary recommendations (principles of diet therapy, menus, exchange units)
- Self-monitoring (blood pressure measurement, use of blood glucose meter, blood sugar control, regular weighing in cooperation with medical staff)
- Regular physical activity (meaning of exercise, exercise, leg exercise)
- Treatment options for diabetes mellitus (oral antidiabetics, insulin therapy)
- Diabetic foot care (daily check, skin care, nail care, mycosis prevention)
- Appropriate footwear and socks (diabetic footwear, principles of appropriate footwear for diabetics)
- Prevention of diabetic foot - first warning signs of limb threat

**Conclusion**

The paper is devoted to reflection on experiencing and spending free time of seniors in residential social services facilities and the possibil-
ities of expanding the providing of new pedagogical, education and activation activities. Currently, seniors form a large social group with specific biological, psycho-social and spiritual needs, which they are paying attention of the social policy of the state in the form of compliance with legislation in connection with the concept of active aging in home and residential facilities. One of the new educational activities, called the University of the Fourth Age, which can help actively spend leisure time in seniors, is presented. It is an interactive educational leisure activity where seniors can obtain new information at regularly held lectures in the residential facility, and so to improve their lives and at the same time to get closer to the common life of seniors in their natural home environment, bring satisfaction, fulfilment, joy and experiencing a full life up to old age. Its use is also suitable for clients with chronic diseases, such as diabetes mellitus, when lectures on this civilization disease in the framework of the University of the 4th Age can appropriately stabilize and compensate for the condition of their disease and support their active aging in residential social service facilities. They will help to improve knowledge and skills related to self-management of disease, improve the clinical parameters of disease compensation as well as cooperation with health care and social workers. The benefit is also a reduction in health care costs.

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