

Anna Leszczyńska-Rejchert

ORCID: 0000-0001-5535-2730

University of Warmia and Mazury in Olsztyn

Formal Care for an Elderly Person in Terms of Geragogy: Conceptual Assumptions of Supportive Care

Opieka formalna nad osobą starszą w ujęciu
geragogiki – założenia koncepcyjne opieki
wspierającej

ABSTRACT

In an era of progressive aging of societies, the care of the elderly is becoming an important gerontological issue and an important area of interest for the educational sciences. Designing properly administered care for seniors is a special challenge and task of geragogy. The article explores the care of the elderly as a subject of interest of various scientific disciplines, in particular geragogy. The main discussion focuses on the author's concept of formal supportive care for the elderly. The concept uses the ideas of the following theories: social support, activity, education for old age, gerotranscendence, selective optimization and compensation. Reference is also made to the concepts of successful and positive aging. The article ends with conclusions and recommendations for those providing formal care for the elderly. The most important conclusions are that formal carers should be professionally trained and have the necessary competences, including gerontological knowledge and skills, based on a methodology-based approach to working with the elderly. It should also be

KEYWORDS

geragogy, care,
supportive care, care
for the elderly, the
elderly, old age

SŁOWA KLUCZOWE

nowe uzależnienia,
uzależnienia
behawioralne,
uzależnienia
czynnościowe,
uzależnienia od
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required that their actions be consistent with a culture of care for the elderly, according to which, guided by the principle of the good of the elderly, one strives to ensure the highest possible quality of seniors' life and creates conditions for them achieving well-being. Formal care for the elderly should be so-called supportive care, founded on all types of social support and including activities in the field of developmental support.

ABSTRAKT

W dobie postępującego starzenia się społeczeństw opieka nad osobami starszymi staje się istotnym zagadnieniem gerontologicznym oraz ważnym obszarem zainteresowania nauk o wychowaniu. Kształtowanie właściwie sprawowanej opieki nad seniorami jest szczególnym wyzwaniem i zadaniem geragogiki. W artykule ukazano opiekę nad ludźmi starszymi jako przedmiot zainteresowań różnych dyscyplin naukowych, w szczególności geragogiki. Zasadniczą treść stanowi autorska koncepcja formalnej opieki wspierającej osoby starsze. W koncepcji wykorzystano założenia teorii: wsparcia społecznego, aktywności, wychowania do starości, gerotranscendencji, selektywnej optymalizacji i kompensacji. Odwołano się także do koncepcji pomyślnego i pozytywnego starzenia się. Tekst kończą wnioski i rekomendacje dla osób realizujących opiekę formalną osób starszych. Najważniejsze z nich wyrażają się w postulatcie zadbania o profesjonalne przygotowanie opiekunów formalnych, którzy powinni posiadać stosowne kompetencje, obejmujące wiedzę z zakresu gerontologii, jak i umiejętności oparte na metodycznym warsztacie pracy z osobami starszymi. Należy też wymagać, aby ich działania były zgodne z kulturą opieki nad człowiekiem starszym, zgodnie z którą – kierując się zasadą jego dobra – dąży się do zapewnienia jak najwyższej jakości życia oraz tworzy warunki do osiągnięcia dobrostanu. Opieka formalna nad ludźmi starszymi powinna być tzw. opieką wspierającą, opartą na wszystkich rodzajach wsparcia społecznego i zawierającą działania z zakresu wspomaganie rozwoju.

Introductory remarks

In the age of progressive demographic ageing, gerontological issues concerning human ageing and old age are becoming very important. Ageing is a natural process, inherent to human nature, and old age itself is the last period in human development. The article

assumes that old age (late adulthood) is a phase of life that begins at the age of 60. This threshold for old age is in line with the opinion of the World Health Organization (WHO), as well as the Law of 11 September 2015 on the elderly.

Among various gerontological issues, the problem of care is extremely important today. This is not only due to the increasing number of older people, but, above all, to the phenomenon known as double ageing, i.e. the increasing number of people aged 80+ among older people. Most people aged 80+ need varying degrees of care, which is determined by their condition of health and psychophysical fitness. Older people can receive care from informal carers (usually immediate family members or neighbours) and/or from formal carers. Formal care is provided through care services at the patient's place of residence (e.g. by community nurses/carers), in day care institutions (such as day care homes or community self-help homes) or in 24-hour care institutions (e.g. social care homes, family care homes, nursing homes, assisted living facilities, sheltered housing, hospices or hospitals). At the same time, it should be remembered that the ageing process is individualised, so the need for care for a particular elderly person may arise in early old age (from 60 to 74 years of age), although most often elderly people need care in old age proper (from 75 to 89 years of age) and in longevity (from 90 years of age).

Care of the elderly is of interest to a number of sciences, including the medical and health sciences, which analyse care activities mainly from a physiological and practical perspective, related to treatment, rehabilitation and nursing. The political and economic sciences are developing systemic solutions for the care of the oldest generation, resulting in the policies of the European Union, such as the promotion of the concept of *active ageing* (WHO 2002), as well as in the idea of intergenerational integration and the related concept of "Society for all ages" (Tymowski 2015: 24). Also, in Poland the consequence is a multifaceted senior policy (Resolution of the Council of Ministers...). The aforementioned two main ideas of the European Union's senior policy, i.e. active ageing and intergenerational integration, have permeated the senior policy developed and implemented in our countries, regions and local communities.

Care activities are also the object of analysis in the educational sciences. One of these sciences is the pedagogy of ageing and old age, also

referred to as geragogy, which deals with pedagogical aspects of ageing and old age. In geragogy, elder care is viewed multidimensionally, entailing the development of the elderly and the methodology of care and therapeutic work with the elderly. Preparing both informal carers and professionals for working with older people is one of the most important areas of interest in geragogy (Leszczyńska-Rejchert 2021).

The article presents the author's concept of formal supportive care for seniors, taking into account geragogy. The interpretative perspective is provided by the following theories: social support theory, activity theory, the theory of education for old age, gerotranscendence theory and the selective optimisation and compensation theory. As the aim of the analysis was to construct the conceptual assumptions of supportive care, the text mainly discusses the social support theory and presents the assumptions of the selective optimisation and compensation theory (especially useful in working with older people with disabilities). Other theories are only hinted at within the projected concept (for more on these theories and practical indications arising from them in a pedagogical perspective, see e.g. Leszczyńska-Rejchert 2021). The content is preceded by findings on geragogy as a science and the concept of active, successful and positive ageing. The text ends with conclusions and recommendations, including postulates formulated for those who implement formal care.

Geragogy as a science

Geragogy “analyses old age as a phase of life from the perspective of pedagogical sciences, i.e. in the context of educational support for the development of people in late adulthood” (Leszczyńska-Rejchert 2021: 33). Geragogues are interested in both the aspect of long life and the factors that lead to it, as well as quality of life in old age. From the point of view of geragogy, life in old age should be “valuable, filled with experiences that enrich a person's personality and increase the quality of his/her life” (Dubas 2005: 154), and education serves this purpose (Dubas 2005).

Geragogy was recognised as a science in the 1950s. Since that time, theory, empirical research and normative approaches have been developed on the pedagogical aspects of ageing and old age (Battersby 1987). Geragogy is an educational science (alongside pedagogy

and andragogy) and part of social gerontology (which is a branch of gerontology) (Zych 2017).

Polish pedagogy of old age has its own specific features, which results from assumptions rooted in the achievements of Polish social pedagogy. Indeed, in geragogy and social pedagogy it is assumed that (1) humans are biopsychosocial beings who develop in a specific culture (Kamiński 1982); (2) education is the support of development (Kawula 1997); and (3) educational interactions should take place throughout an individual's life (Kawula 2002; Halicki 2003).

The prevailing assumption in geragogy is that quality of life in old age is determined by functioning in the physical, mental, social and spiritual dimensions in both old age and the preceding stages of life. In view of this, the field of education for old age, in old age and through old age are important (discussed in e.g. Szarota 2015). Geragogy aims to provide the conditions for active, successful and positive ageing in order to assist the individual in achieving successful old age. According to the World Health Organization, *active ageing* is “the process of optimising opportunities related to health, participation and safety to improve the quality of life of older people” (WHO 2002: 12). *Successful ageing* (Baltes, Smith 2003) is a concept that has many interpretations, as concepts of successful ageing address older people living under specific sociocultural conditions (Halicki 2010). Initially, reference was made to psychological approaches, and successful ageing was defined as “a person's ability to adapt to old age in the best possible manner” (Hill 2009: 38). In the pedagogical sciences, this term was referred to by Polish geragogues, among others. Jerzy Halicki identifies successful ageing with the acceptance of quality of life in old age: “successful ageing occurs when the subject accepts the ageing process itself, and a positive attitude to the state of old age is expressed in the acceptance of the quality of one's own life” (Halicki 2010: 56). The author distinguished two characteristics as indicators of successful ageing: a positive attitude towards one's own physical and mental self and a positive attitude towards the external world (Halicki 2010). Anna Leszczyńska-Rejchert interprets successful ageing as ageing with an awareness of the possibility of continuous development (i.e. the possibilities inherent in the potential of the individual and their environment), as well as the possibility of obtaining assistance in development (Leszczyńska-Rejchert 2021).

On the other hand, the term “successful old age” is framed by pedagogues as an old age that offers the possibility of full personal development (Uzar 2011). Another term, “positive ageing”, originates from positive psychology and is defined multidimensionally, as follows: a person ages positively when, despite their psychophysical condition deteriorating with age, they cope with life, experience happiness and well-being and have a good quality of life (Hill 2009). From the geragogical perspective, the most important assumption of the concept of positive ageing is expressed in the statement that “a person can influence the aging process” (Hill 2009: 43). Geragogues see learning as one of the strategies of positive ageing (Konieczna-Woźniak 2013). At the same time, it is emphasised that learning is important not only in Universities of the Third Age (U3A) or Intergenerational Universities (IU), but also in other forms of education, for example, intergenerational education taking place in the family environment, health education taking place in health centres or education for safety provided by the police.

Outline of the concept of formal supportive care

According to the traditional interpretation of pedagogical sciences, the term “care” means assistance in meeting the supra-subjective needs of the person being cared for, i.e. the needs which they are temporarily or permanently unable to meet and regulate on their own, so other people are necessary for their satisfaction (Dąbrowski 2000). Professional care activities can take many forms, but from the point of view of geragogy it is important that the formal care of an elderly person is supportive care, containing all the elements of social support. Social support is “action [...] towards individuals, groups or institutions which are in a difficult situation. This action takes the form of social interaction, and its benefits are manifested in the transfer of information, feelings, services, instruments of action, material goods, in social bonding, and in joint action (cooperation)” (Leszczyńska-Rejchert 2010: 120). The following should be taken into account in caring for an elderly person: emotional support (giving verbal and non-verbal messages containing emotions such as “we like you”), instrumental support (providing specific help and services), information support (giving advice or information), valuing

support (giving messages containing positive evaluations of the supported person, such as “you are important to us”) and spiritual support (when individuals or groups, despite their own efforts or other forms of help, still remain in situations that are difficult for them, with no way out) (Leszczyńska-Rejchert 2010).

In view of the above, the social support theory and the assumptions of geragogy about the possibilities and the need to support the multifaceted development of older people, the following principles of supportive care can be formulated as specific practical guidelines for formal carers of seniors based on geragogical knowledge:

- treat the elderly person first and foremost as a human being and secondarily as a client
- remember to support the psychophysical, social, cultural and spiritual development of the older person by encouraging them to take up a wide range of activities, especially educational ones (such as self-education and intergenerational education)
- get to know the older person’s resources (personal and environmental)
- look closely at the needs of the older person
- reflect on the sources of the older person’s problems
- create situations in which the older person can take their own decisions
- do not do what the elderly person is able to do on their own (taking into account their current health status and mental/physical fitness)
- recognise and react rationally to the emotions of the older person, but show your own emotions in a controlled manner
- assist the elderly person in meeting their needs, whilst providing them with various types of social support.

The basic activities of supportive care for older people should include activating them, supporting their development, preventing discrimination and social marginalisation and improving their quality of life. In this aspect, elements of preparing for old age and education for old age should also be skilfully incorporated into the process of care. These measures are likely to contribute to older people experiencing active, successful and positive ageing.

A formal carer of an older person should ensure that the focus of the care is on activating the person, i.e. encouraging them to undertake

a variety of activities (Leszczyńska-Rejchert 2013). It is important to persuade them to lead a healthy, active lifestyle in old age and to pursue education (including self-education). This is because these forms of activity allow good health and physical/mental fitness to be maintained for longer. At the same time, it is important to create situations in which an older person can choose specific activities, e.g. those that give them pleasure and/or make them feel happy, or those in which they can use their personal or environmental resources. It is also important to monitor activity levels, as inadequate activity can result in monotony in life, diminished interest in the world, withdrawal from interpersonal contact and even social death, leading to physical death in the short term. Hyperactivity, on the other hand, can contribute to physical and/or psychological overload, threatening health and life (Uzar-Szcześniak 2015).

It is of utmost importance that, in the process of care, the elderly person is supported in their psychophysical, social, cultural and spiritual development, as comprehensive development supports mental and physical well-being. There are publications in the pedagogical literature indicating how to support a specific developmental area of an older person (Uzar 2011; Leszczyńska-Rejchert 2021). Activities that support the multifaceted development of older people are closely linked to a formal carer's further care tasks, namely preventing the discrimination and social marginalisation of seniors, improving their quality of life and preparing and educating for old age. Geragogues identify practical activities from these areas that can and should be implemented during the process of care. Forms of preparing for old age in pedagogical terms can be found in Aleksander Kamiński's concept of upbringing for old age, described below, and have been presented by contemporary geragogues such as Agata Chabior and Zofia Szarota (Chabior 2000; Szarota 2004, 2010).

The above-mentioned activities are united by education in its broadest sense, which should be present during the implementation of supportive care for older people. This is because education—as emphasised by educators such as Olga Czerniawska—is a form of assistance in development (Czerniawska 2007). It is advisable to use various forms of education for older people in the care process. In late adulthood, informal, lifelong education is important, taking place within the framework of everyday experiences, educational influence

of living environments and mass media; it is also fulfilled in the form of intergenerational education in the family or a care institution, or through intergenerational initiatives in the community. The education of seniors takes place naturally in social and health care institutions, where older people gain knowledge on health education and gerontological prevention. For Polish seniors, educational activities organised by the U3A or IU and other organisations and institutions is also becoming increasingly important. Older people now have many opportunities in this area offered to them by senior citizens' clubs, institutions for the promotion of culture and knowledge (libraries and cultural centres), rural housewives' clubs and local circles of the Polish Association of Retired Persons, Pensioners and Invalids. Senior education also takes place through such national initiatives as the Social Activation of Older Persons programme (ASOS), as well as projects and programmes funded by the European Union (Szarota 2014). More and more associations and organisations, as well as health centres and hospitals, which organise lectures and readings, seminars, workshops and even courses (most often as part of projects funded by the local government and/or the European Union), are becoming involved in education for seniors. Some of these institutions offer forms of remote education, which facilitates access to education for people who are disabled, dependent or bedridden. It is likely that new opportunities for older people to participate in various forms of education will arise in connection with the objectives of the European Union's Green Paper on ageing, which promotes, inter alia, education for old age and activation of older people, and which encourages older people to undertake voluntary activities, including mutual care (*Green Paper...* 2021).

From the point of view of geragogy, self-education expressed in self-learning and self-upbringing is valuable. Intergenerational education, in both natural (the family or neighbourhood) and institutional settings, can be a motivation for such activities. In intergenerational contact, some older people are eager to learn and acquire skills in order to converse with children and young people, to perform certain tasks together or to provide assistance to younger generations (Kilian 2011; Leszczyńska-Rejchert 2014, 2019a, 2019b, 2023).

During the process of care, it is useful to refer to the interests that the older person has, as well as to create situations that allow for

the discovery of new ones. This is because focussing on the development of interests contributes to the acquisition of new knowledge and skills (Konieczna-Woźniak 2011), and if interests are pursued with other people from the same generation or with younger people, intra- or intergenerational integration occur. Research in the field of gerontology also indicates that having interests and devoting time to one's passions makes it possible to forget about health problems and feel somatic and psychological ailments less acutely. Thus, development through the pursuit of hobbies has therapeutic qualities.

From the geragogical perspective, it is advisable for formal carers of old people to make greater use of the theory of selective optimisation and compensation (SOC), developed by Paul and Margret Baltes, which is referred to as the theory of optimum development over the life cycle. This theory assumes that successful development is about an individual's proper management of resources and losses. Successful ageing is served by maximising gains and minimising losses (biological, personal and social) by means of a so-called strategy of selective optimisation with compensation (Kilian 2020). The aforementioned strategy includes (1) selection, i.e. choosing activities that the older person wants or needs to withdraw from (e.g. due to declining physical fitness) and continuing those that they care about (e.g. taking into account their goals, skills, interests, passions or requirements), (2) optimisation, i.e. taking action to maintain or improve fitness and competence despite the ageing of the body (e.g. through memory training) and (3) compensation for (replacement of) lost resources or unattainable activities with others, as well as using other opportunities or means to undertake preferred forms of activity (Halicki 2010).

Using the achievements of the SOC theory is advisable in the care of older people, as it gives them hope that—despite the need to withdraw from some activities—other activities are available. It emphasises that in order to be able to continue living actively despite a decline in (physical and/or mental) fitness, one must successfully adapt to the changing situation (and care for one's own development) by (1) strengthening one's motivation and effort, (2) allocating more time and energy for preferred forms of activity, (3) engaging in educational activities (including learning new skills), (4) using the help of others (through formal and/or informal care) and (5) supporting

oneself with resources (e.g. telecare or rehabilitation equipment) (Leszczyńska-Rejchert 2021).

The process of supportive care should take into account the gerontological educational tasks formulated by pedagogues. These tasks are specific to particular periods of life. Inspiration in this regard can be found in Aleksander Kamiński's concept of education for old age (Kamiński 1978; 1982), among other works. Adapting it to current realities and reinterpreting it in line with contemporary gerontology findings, the following can be postulated:

- In the case of people in early old age (60 to 74 years of age), we should ensure that the older person engages in a wide range of activities (e.g. physical, cultural, entertainment and social) and self-education; deepens their interests and discovers new ones; has some leisure time and uses it rationally; has cultural habits; considers the possibility of continuing to work in retirement (the type and duration of such work is important); and adapts their living conditions to the needs of an older person.
- With regard to old age proper (75 to 89) and longevity (90 and older), one should strive to improve and enrich the older person's life by informing and convincing them of what is beneficial and what is detrimental to their health and well-being (e.g. with regard to diet, hygiene and exercise); encourage neatness, cheerfulness and friendliness, as well as participation in social and cultural life; and create opportunities to use day-care centres and cultural and educational institutions. It is also important, as Kamiński points out, to "subtly inspire reconciliation with the inevitable" (Kamiński 1986: 114), including physical decline, especially over the age of 80, and saying goodbye to life. A similar statement is made by Adam A. Zych, promoting "the preparation of the individual, including the disabled one, for suffering, dying and death" (Zych 2013: 73).

In any sub-period of old age, limited physical ability may appear, as a result of which the elderly person will be forced to carry out self-service activities only at home, to a certain extent and they will not be able to go out independently. In this case, the carer should strengthen the older person's motivation to be active, especially to take up leisure time activities, participate in culture and adopt a reflective approach to life. When the elderly person is totally incapacitated, it is also

necessary to motivate the family and other relatives to maintain contact with them and to become more involved in caring activities. The formal carer should also inform the elderly person and their relatives about the specific features of the ageing of the human body and old age as the final phase of life, about the needs of dependents and about the good things that come with advanced age. If necessary, they should also suggest to the older person the possibility of living in a 24-hour care facility and provide the necessary support to help reduce the fear of moving to such an institution. If the elderly person has the need to do so, the carer should discuss death with them (Kamiński 1978; 1982). It would be good for the carer of an elderly person to become familiar with the theory of gerotranscendence and to skilfully use geragogical practice. This is important because gerotranscendence makes it easier for an older person to develop spiritually (for more on this, see Leszczyńska-Rejchert 2021).

Summary, conclusions and recommendations

In the light of the demographic forecast, everyone has the chance to live until old age, and even to longevity, as human life expectancy is increasing. As the length of life increases, and because we lose our fitness in old age (which is a natural phenomenon, particularly for people 75 and older), many older people will need not only activation and support, but also care. Unfortunately, not all elderly people will be able to rely on support from family members, as the caring function of families is weakening. It is therefore important to shape formal care for older people. In gerontology, including geragogy, a great deal of theoretical and practical work is being undertaken to ensure that such care is delivered at an appropriate level.

The rapidly developing system of services for older people (within the so-called silver economy, which includes economic activities to meet the needs arising from the ageing of the population) requires, among other things, initiatives to monitor whether professionals involved in caring for older people have the right competences and whether they carry out their tasks in a professional manner and with a humanistic approach to older people. Therefore, a very important challenge for geragogy as a science is the education of formal carers of older people.

They should have interdisciplinary knowledge of ageing and old age as a phase of life and of the methodology of care and therapeutic work with the elderly. There are many books on the market discussing various aspects of the methodology of working with older people (see e.g. Baścik-Danisz 2000; Skibińska 2008; Brzezińska, Graczkowska 2012; Brzezińska, Graczkowska, Kwaśniewska 2015; Cybulski, Krajewska-Kuśak 2016; Leszczyńska-Rejchert 2016; Jedlińska, Bienkowska 2021; Grudziewska 2022). There are also journals in which methodological guidelines for working with seniors can be found, such as *Praca socjalna* [Social Work], *Wspólne Tematy* [Common Topics] or *Na temat* [On the Topic]. It is also advisable for formal carers to have the right skills (e.g. communication skills, empathy and compassion, the ability to motivate an older person to cooperate, the ability to create activating situations and pedagogical skills—for example, positive behaviour modification strategies). It is also important that carers have personality traits that enable them to maintain good interpersonal relations with their clients and members of their social environment (e.g. self-awareness, authenticity, sensitivity, empathy, agility, persuasion and the ability to function under stress). They should also display appropriate attitudes towards older people and old age and should base their actions on the humanistic values they have internalised, such as the welfare and happiness of others. In the process of improving care activities for the elderly, efforts should be made to shape an appropriate culture of care for the elderly (Leszczyńska-Rejchert 2015). An essential element of this culture should be a philosophy of care orientated towards multidimensional support for the older person, which is referred to in the article as supportive care. Such care can contribute to an elderly person's high quality of life and feelings of well-being, even until the last moments of life.

In the light of theoretical findings and empirical research in the field of geragogy, the quality of life in old age depends on many factors, primarily on the older person themselves (among other things, their activity and approach to life and other people), but also on the sociocultural context of ageing (e.g. valid stereotypes of old age), social and economic conditions (determined by senior policy) and the social environment (mainly on the scope and level of support received from loved ones and professionals) (Leszczyńska-Rejchert

2019b). Supportive care undoubtedly makes it easier for an older person to create a favourable living space. This dimension of care should be sought by geragogues—both theorists and practitioners.

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ADDRESS FOR CORRESPONDENCE:

Anna Leszczyńska-Rejchert
University of Warmia and Mazury in Olsztyn
Institute of Pedagogical Sciences
e-mail: anna.leszczynska@uwm.edu.pl