Opportunities for active ageing in Hungarian day care for elderly people

PhD thesis

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1. Introduction

The rapid aging of societies, the aging crisis, is one of the great challenges ahead nowadays. Current care systems are not always prepared for the rapid changes in the number of older people. The impact of the aging crisis on developing countries should be emphasized, as changes are even more difficult to bridge (WHO, 2018). While in the 1900s only 1% of the population was 65 years old or older, this proportion was already 7% in 2000 and is projected to continue to grow (Phillipson, 2013). In Europe, the proportion of the population aged 65 and over is expected to increase from 20.6% to 29.5% between 2020 and 2050 (Eurostat 2021/1; Eurostat, 2021/2). The proportion of older people in Hungary is growing similarly fast, rising from 19.6% to 27.8% between 2019 and 2050 (European Commission, 2021). Due to rapid demographic change and growing scientific interest, 2012 has been chosen as the Year of Active Aging and Solidarity Between Generations in the European Union, and 2020-2030 is the Decade of Healthy Aging, with a number of related programs and awareness-raising events. (European Commission, 2014; WHO, 2020).

There is no complete consensus on the age limit for old age, while the WHO basically considers people aged 60 and over to be in this group, the Eurostat, the CSO and other statistical calculations count people aged 65 and over. Different but important indicators are the value of life expectancy at the age of 65 and the value of healthy life years at the age of 65, between them there are significant differences based on dimensions, such as gender and nationality. The fundamentally dynamic increase in life expectancy is not accompanied by a change in healthy life years, the difference between the two values is constantly increasing. As a result, the number of years (especially for women) that are presumably spent with illness and disability is increasing.

In addition to demographic change, the changing role of social policy, such as the strong emphasis on the principle of subsidiarity or the strengthening of self-care, has contributed to the emergence of new ideas and concepts such as active aging. Against the background of these aspirations of social policy, it is important to see the kind of motivation that seeks to avoid drifting towards the unsustainability of the system and to strengthen the ideas that support independence and activity for as long as possible.

The appearance of the concept of active aging began in the first half of the 1990s as a result of growing interest in aging (Paúl et al., 2012). Other theories and models related to aging, such as productive aging (Butler & Gleeson, 1985), successful aging (Rowe & Kahn, 1987, 1997; Baltes & Baltes, 1990), and healthy aging (WHO, 2015, 2020) were used before and in parallel with the concept of active ageing. Among them, the idea of active aging stands out with its

complexity, which is supported by its definition and a wide range of determining factors. According to the most common definition of active aging: “Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force” (WHO, 2002). Determinants include: personal determinants, social determinants, economic determinants, behavioral determinants, health and social services, and the physical environment (WHO, 2002). In addition to its complexity, criticisms have been named against it. There has been an over-generalization and lack of personalization (Walker & Maltby, 2012; Timonen, 2016) and the fact that older people in poor health are being pushed out of the idea and its implementation, despite the strong emphasis by the WHO, that active aging should not only be available for younger older people with good condition (Ruppe, 2011).

In 2012, with the help of a research group, Zaidi and colleagues developed an index to measure active aging, the Active Aging Index (Zaidi et al., 2013). The aim of the developed index was to make active aging measurable and monitorable. During the measurement, an index number ranging from 0 to 100 is created from weighted statistical data from different respresentative, large-scale European Union surveys for countries at different levels. This allows European countries to be ranked, and regular calculations can be used to track changes in the active ageing index values produced by each country. The index is divided into 4 domains: employment; participation in society; independent, healthy and secure living; capacity and enabling environment for active ageing. The 4 domains divided into 22 indicators. As earlier active ageing concept got critiques, active ageing index has been also criticized:

• There is no specific study that confirm the 4 domains and 22 indicators, proposed by the expert group, are best define active aging for all countries (São José et al., 2017).

• The domain of employment is overemphasised, in which a country's high employment rate is not necessarily linked to the possibility of positive and high level of active aging. It is conceivable that the financial situation of older people is so precarious that it is necessary for them to remain active in the labor market for as long as possible in order to stabilize their financial background (São José et al., 2017).

• Important areas such as accessibility or issues of religiosity / spirituality were left out of the index (Ferri Sanz et al., 2018).

• The weighting of domains and factors is the same for all countries, which cannot regard their cultural, historical, economic, etc. reflect on its specificities (Amado et al., 2016).

• At the macro level, the measuring device can be used well, but at lower levels, for example, at regional or municipal level, or even in person it is difficult to use (Karpinska & Dykstra, 2015).

In view of the critics and the unique characteristics of the Hungarian sample (e.g. the extremely low employment rate in this age group), there have been changes in the questionnaire used in the quantitative surveys of the research compared to the original active aging index.

2. Aims, research questions

• With what weight appear the factors of the four domains of active ageing index reveal in everyday life of clients in elderly day care in the sample. How these variables affect and correlate to each other and to other socio-demographic variables.

• What structural conditions, circumstances, and difficulties determine the appearance of active aging in the locations involved in the research, according to the views of those who manage day care for elderly people and those working directly with elderly clients in this social service?

• How did the COVID-19 epidemic affect the emergence and development of the concept of active aging in day care for elderly people in the examined sample?

3. Methods, measurement tools and sampling

3.1 Methods

In the research, quantitative and qualitative methods were also used. The research was made with the help of mixed methodology, which is becoming more and more popular among social science research, and it was called as “third paradigm” (Johnson & Onwuegbuzie, 2004: 15). Based on the explanatory-overlapping model of the mixed methodology (Király et al., 2014), the opening data collection start with an anonymous, self-administered questionnaire, after the quantitative part data collection based on two qualitative methodologies was carried out. The data collected by the quantitative method had an impact on the design of qualitative measurement tools. In turn, the qualitative data contributed to the deepening of the information collected during the questionnaire survey.

3.2 Measurement tools

In the first phase of the research, between the fourth quarter of 2016 and the second quarter of 2017 an anonymous, self-administered questionnaire was collected among the recipients in the Hungarian regional state-run institutions providing day care for elderly people. In the Central-

Transdanubian region besides the regional center, another major city was involved. The aim of this part of data collection was to examine the 4 domains and involved factors of the active aging index in the sample. The connection between different factors and other socio-demographic variables were examined. The purpose of the data collection was not to form the active aging index at the micro (personal) level. For the latter reason, and because the measure of the index was previously criticized, as well the peculiarities of the Hungarian sample changes were made in the measurement tool compared to the original questionnaire. Keeping the structure of the index for the original 4 domains and a number of factors, the following major changes have been made:

- Restricting the weight of the employment domain in the measurement tool.
- Inclusion of accessibility and religiosity/spirituality question blocks.
- Include questions to measure the number of confidential relationships and subjective happiness.
- The omission of the question of political activity because of its sensitivity.

All built-in questions and question blocks were taken from the validated Hungarian questionnaire from previous large sample data collections, which are regularly queried in the European Union.

The aim of the second and third data collection of the research was to examine the answers related to second and third research questions. I wanted to know what care managers and professionals working directly with clients think about the factors that influence the possibility of active aging in care and how the COVID-19 epidemic has affected the development of the concept of active aging in day care for elderly people. At the time of the first data collection in the qualitative period in April-May 2020, a semi-structured so-called expert interviews were conducted with professional care managers in the seven regional centers and one major city in Central Transdanubia in institutions providing day care for elderly people. In view of the COVID-19, the interviews were conducted by telephone and were recorded after the pre-filled statements of consent. Subsequently, focus group interviews were conducted with care professionals (mostly formal caregivers) in the final data collection. At the time of data collection, between autumn 2020 and spring 2021, due to an intensifying epidemic wave, focus group interviews were conducted on an online platform using the Zoom program.

3.3 Sampling

With regarding to the sampling of the research, it is also necessary to talk about its limitations,

which have an impact on the interpretation of the data. Regarding the sampling, it can be said uniformly, in each data collection the regional centers of the 7 Hungarian regions were included, supplementing the sampling with a major county seat from the Central Transdanubia region. My only participation in the research had a strong impact on the available cost and time frame in this research, the territorial limitation in the case of sampling largely appears as a reason and indicates that the sample is not representative. In order to reach as many people as possible, convenience sampling was performed during the quantitative data collection.

I chose day care for elderly people, as one of the popular basic social services, besides it well-defined framework of the examined target group, that I assumed those in this care have one of the lowest care needs, so the domains of active aging and related factors can be tested most reliably with this service. In addition to the low or non-existent need for care, it is important to highlight the kind of preventive function of this social service, with the help of it the activity and independence of the elderly can be preserved as long as possible, so their involvement in care homes can be shifted over time. This type of preventive approach may be further supported by the concept of active aging integrated into care, enabling older people to remain in their usual environment for longer. 397 people were involved in the questionnaire survey. In the case of qualitative data collection, 8 expert interviews with care managers of day care were made and 33 key professionals were involved in 6 focus group interviews.

4. Results

Examined through the research questions, the results of the first data collection phase show that in the case of the 4 domains of the active aging index and the variables included or incorporated as new factors can typically appear in the sample with low weight. Further it may be recommended to place more emphasis on strengthening the factors that provide the 4 domains. Employment: Compared to the original active aging measure, there have been major changes in the questionnaire used in this domain. The restraint in the domain is confirmed by the respondents' answers to two new questions built into the questionnaire. Only 7.7% of the respondents had a job providing a minimum income of 1 hour. Typically, active work was marked for younger men in the sample. Questions connected to employment was most affected by grouped age variable and gender variable. 23.5% of the respondents already had a non-income job before the survey. In the case of this question, for the future it is also necessary to collect data on an extended, larger sample, in which different types of settlements may appear. Instead of macro-level statistics, I examined the financial situation of the household with a

question built from a previous European Union research tool. Primarily, the grouped age variable (sig. (2-sided) = 0.000, Cramer V = 0.279), marital status (sig. (2-sided) = 0.000, Cramer V = 0.195), subjective health status (sig. (2 -sided) = 0.000, Cramer V = 0.255) and affected by any disability or chronic illness (sig. (2-sided) = 0.000, Cramer V = 0.229) had connection to house holds' financial situation. Respondents' satisfaction with the financial situation of their household increased with advancing age.

Social participation: In addition to employment, this domain has the second highest weighted share in the formation of the active aging index. Frequency of caring for a child / grandchild and / or an elderly / disabled relative, as well as the appearance of participation in voluntary activities connected to this part. Respondents are less likely to be involved in caring for an elderly or disabled relative than in caring for a child or grandchild. The grouped age variable and disability were not related to the issue, and only a weak relationship with subjective health status (sig. (2-sided) = 0.049 and Cramer V = 0.139) proved. 18.2% help care for their child / grandchild more than once a week, compared to 8.8% for an elderly / disabled relative. Participation in voluntary activities is low in the sample, with only 10.5% doing such activities at least on a monthly basis, while 66.7% of respondents have never done such supportive work. For other variables, regional affiliation (sig. (2-sided) = 0.000, Cramer V = 0.317), possession of info-communication devices (sig. 2-sided = 0.000, Cramer V = 0.235) and educational attainment (sig. 2- sided = 0.008, Cramer V = 0.225) had a moderate effect on it. People living with a pair were significantly more likely to participate in volunteer work.

Independent, healthy and secure living: This domain has the largest number of different factors. In the year before the survey was made, 27% of the respondents had problems accessing medical care and 19.3% dental care. Access to health care caused more serious difficulty for those living in the regions of Northern Hungary and the Northern Great Plain. From the block of questions measuring the material supply of financial stability, the variables of the supply of ICT devices and Internet connection were highlighted. 35.6% of the respondents had ICT devices (computer / laptop), while 35.7% had an Internet connection. 19% of respondents did not have any ICT device in their household because of financial reasons. Respondents with an ICT tool often use it to collect information, communication, and entertainment. The feeling of physical security is also related to active aging, the existence of this security supports the possibility of active aging, because respondents do not have to fear atrocities when they leave their homes. The sample of respondents was sharply divided, 3.1% considered their

environment to be very safe, 41% considered it safe, 46.4% considered not safe, and 9.5% considered it to be extremely unsafe. It showed a moderate relationship with the gender variable. Lifelong learning, e.g. participation in some form of education / training, was low in 1 month period before the questionnaire was filled. 11.4% of respondents participated in training or education. The variable showed a moderate relationship with educational attainment (sig. (2-sided) = 0.000, Cramer V = 0.287). Higher education had a positive effect on participation in training / education.

Capacity and enabling environment for active ageing: The domain deals with mental health, involving 5 questions from former European Union questionnaire. The new variable measured mental well-being (the explained variance 72.26%, KMO test = 0.825). With including the newly developed variable as a dependent variable, it became apparent that it was affected by several factors related to active aging. Such independent variables were the availability of ICT devices and internet connection, the appearance and frequency of sports and exercise, and participation in volunteering. The examination of different contacts observed according to the form of contact and frequency. Relationships with friends / neighbors were important for the respondents, which may also stem from the sample's specialty. The specialty of the sample means respondents are members of an active, close-knit group through day care for elderly people. For both personal and telephone and / or internet contacts, the group of friends / neighbors seemed the most important because of highest frequency. The results obtained may confirm the importance and significance of day care for elderly people, and thus the importance of this type of social relationships.

Built-in new variables: Accessibility occurred in 25.2% of respondents' households, primarily in the bathroom and interior rooms of the property. Neither the subjective income situation of the respondents' households nor their age had a significant effect on accessibility. Respondent's disability showed a weak relationship with accessibility (sig. (2-sided) = 0.004, Cramer V = 0.173). The majority of respondents (73.3%) declared themselves to belong to a religious denomination, regardless of which 43.9% considered themselves to be more or less religious. In contrast, only 26.9% attend religious ceremonies at least 1-3 times a month. The majority of respondents have 2 confidential relationships. There is a medium-strength relationship between subjective happiness and the number of confidential relationships (sig. (2-sided) = 0.000, Cramer V = 0.241), with the increasing number of those who have more confidential relationships the rate of very happy or more or less happy respondents are growing.

In the case of expert interviews and focus group interviews, it can be seen that care managers were largely familiar with the meaning and concept of active aging (7 out of 8 respondents) and associated positive content to it. Participants in the focus group interviews considered the inclusion of idea of active aging in services useful and realistic, especially in the case of elderly people from the younger age group.

In the course of difficulties and problems influencing the possibility of active aging, the lack of transport at the micro level, e.g. the difficulty of get people from home to services and then back to home, was indicated by care managers and formal carers too. Furthermore, the lack of material conditions and the rapid depletion of the funds that are available for the occupations posed as a problem, in contrast the creativity of professionals appeared. In many cases, they were able to bridge the missing tools for the sessions with creative approach. At the mezo level, the lack of accessibility at the settlement level was highlighted, which, in addition to the low proportion of accessibility in elderly people's households, also makes it difficult for the them to move within the settlement, thus affecting the possibility of their active aging. At the macro level, which mostly involved sector management and governmental issues, an incompatible or inconsistency has emerged between home care and day care for elderly people. By not being able to access the two basic social services on the same day, even those who require only minimal support for home care are excluded from the day care service on that day, thus limiting their access to active aging and a special peer community, joint social programs and useful leisure time. In addition to the inconsistencies between the two services, extremely severe labor shortages and intense fluctuations among workers have emerged in this level.

The impact of the COVID-19 epidemic has had a significant impact on both carers and workers. The service was suspended by the Ministry of Human Resources after the government had ordered the emergency situation. In-person services were not allowed to visit, but if the clients requested, they were able to receive assistance in their day-to-day activities, primarily in shopping, redeem prescription, and different administration duties. These provided significant support to elderly clients during the quarantine period, but were unable to replace personal contacts and routine use of this service. Employees were able to communicate with the recipients primarily by telephone, this was available to most of the recipients' households, and in the case of 3 locations, some part of the services were placed to online platforms. A number of good practices have been reported by interviewees about using online interfaces. The group of elderly people was increasingly aware of the opportunities provided by ICT devices and the Internet connection, their significance increased as a result of the epidemic. Despite the efforts of the staff and the common contact, it was reported at all data collections that they experienced

the clients' mental and later physical deterioration, mainly due to quarantine and the resulting isolation.

The period of work during the epidemic also required a great deal of flexibility for workers. Some of them, mostly those with caring experience, were redirected to the field of home help, while those who remained in day care undertook to keep in touch, as well as to help with administration and shopping. They were seriously worried about passing the infection on to either the recipients or their own family members. Despite the significant workload and the continuous, conscientious work done during the various waves of the epidemic, those working in the sector did not receive the recognition and respect they wanted.

5. Conclusions

The strong increase in the proportion of the elderly in society is an unquestionable fact (European Commission, 2021). The proportion of the working age population is declining, while the number of older people in need of support is steadily increasing. The systems that provide benefits are unsustainable in their current state. In addition to demographic changes, there is also a change in the role of the state in social policy, the broader support system is being replaced by support systems based on the principle of subsidiarity, the central element of that is the small community and the family.

The strengthening of active aging in day care for elderly people can contribute to preserving the independence and autonomy of them for as long as possible and to shifting the need for long-term residential social institutions (e.g. elderly homes).

After showing the results of my dissertation I considered it important to formulate policy proposals that reflect the results and are worth considering. By reviewing these and other information from more comprehensive data surveys, a kind of service development direction outlined.

Policy proposals according to data collection that are worth considering:

• Supporting and strengthening the factors belonging to the domains of active aging in day care for elderly people.

• Supporting the transport of clients to and from the institution by providing transport services, primarily for those who need such assistance because of their health status. All this could help to involve as many people as possible in the day care and strengthen the potential for active aging and prevention.

Resolving the conflict between day care for elderly people and home care. For those who need

a minimum support from home care, it may be advisable to open day care service on the same day. Thus, clients who only require a caregiver's presence to provide security, such as during their day-to-day cleansing or shopping, would be able to access day care to participate in this type of community service.

• The COVID-19 epidemic has highlighted the importance one of active aging's key factor in the everyday life of older people. The presence and use of ICT tools can have a significant supportive function in terms of communication, implementation of the service on online interfaces, and active aging. It is necessary to provide those who are open to this with the opportunity to access and use the tools. It may be important to increase the supply of tools and connections, and to strengthen and develop professional ICT knowledge.

6. List of own publication

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