

"It Feels Good When You Have Done Something Nice for Someone" : Professional's Views on the System of Institutional Care for Older Persons

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Source / Izvornik: **Imagining the Mediterranean : Challenges and Perspectives, 2017, 1, 203 - 211**

Conference paper / Rad u zborniku

Publication status / Verzija rada: **Published version / Objavljena verzija rada (izdavačev PDF)**

Permanent link / Trajna poveznica: <https://urn.nsk.hr/urn:nbn:hr:146:411735>

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Download date / Datum preuzimanja: **2025-04-01**



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“IT FEELS GOOD WHEN YOU HAVE DONE SOMETHING NICE FOR SOMEONE”: PROFESSIONALS’ VIEWS ON THE SYSTEM OF INSTITUTIONAL CARE FOR OLDER PERSONS

Abstract

Like many European countries, Croatia has, for more than two decades, recorded a continuous increase of the older population, and many demographic projections point to the inevitable continuation of that process. An ageing population brings many changes at all levels (from micro/individual, through local/mezzo to macro/national level), reflecting the recent, but also indicating the future challenges that ageing brings to society. During recent years, ageing has been observed in terms of (integral) sustainability. Unlike ageist and apocalyptic interpretations, this perspective insists on a constructive approach that sees recent challenges as an opportunity for development (Harms, 2005; Zaidi, 2016). Among the most important challenges is certainly the need to organize adequate, financially acceptable and quality care for older persons, which is also evident in the city of Split. Statistics show that the market for social services in Croatia is underdeveloped, and the accommodation capacities of (public) homes for older and infirm persons are insufficient, while the prices of accommodation and services of private homes for older and infirm persons are too high for most seniors (Žganec, Rusac & Laklija, 2008). The analyses of the situation in this area often do not take into account the experiences and suggestions of two key protagonists — older persons and the professionals working in the care and welfare system. This paper is based on an analysis of the empirical material collected by the method of semi-structured interviews with employees of two public homes for older and infirm persons in Split. The focus of the analysis is the interpretation of daily experiences and working routines of the employees (in most cases, this refers to social workers), advantages and challenges of the work that affect it and professional performance, which clearly indicate problems within the care system and give suggestions for its improvement.

Key words: ageing, sustainability, homes for older and infirm persons, professionals in homes for older and infirm persons, system of care for older persons

AGEING WORLD, AGEING SOCIETY

Looking at the global demographic statistics, old age is no longer an exception, but is almost becoming the norm, which is often interpreted as one of the “biggest triumphs of mankind” (Aartsen, 2016, p. 6): the achievement of modernization and the consequence of social and economic development and the development of medicine and

public health (Kinsella, 2009, p. 13; UN Department of Economic and Social Affairs, 2015).

Demographic analysis has shown that the reduction of the birth rate, the extension of life span and an increase in the share of older population are the dominant demographic processes in Croatia as well (Wertheimer-Baletić, 2004). According to the 2011 Census in Croatia, the share of the older population in the total population is 17.7% (Croatian Bureau of Statistics, 2013, p. 10), therefore Croatian society is called an “ageing society” (Mesec, acc. to Žganec, Rusac, & Laklija 2008, p. 173). The trends of population ageing are evident both in the Split-Dalmatia County and in its center — the city of Split. Quite expectedly, demographic analyses and projections announce that this demographic trend will continue in the future.¹

AGEING AND SUSTAINABILITY

Ageing is an extremely complex process which has in recent years also been observed in terms of sustainability. In this sense, Harms (2005, p. 1) — based on the best-known definition of sustainable development — poses the key question: “how to mobilize sufficient resources in a sustainable way to meet the needs of the growing number of seniors without negatively affecting the vitality and competitiveness of firms and younger people through ever increasing welfare contributions and tax burdens?” Asghar Zaidi (2016, p. 4) recognizes in the ageing population “a stimulus for sustainable development.” Referring to the *post-2015 Sustainable Development Goals* (SDGs), Zaidi emphasizes not only the importance of older people (their knowledge and expertise) in the realization of the objectives of sustainable development, but also the necessity of redefining ageist socio-cultural perceptions of ageing in which older persons are defined by categories of dependency, passivity and powerlessness. Zaidi (2016, p. 4) also points to the gap between “longer life and the evolution of policies that capture these great changes; policies to protect and empower older people.” Some authors emphasize a great influence of the environment on the health and quality of life of older people and consider the relationship between ageing and urban environment (Landorf, Brewer, & Sheppard, 2008) or rural environment (Keating, 2008).

Ageing can be seen through the prism of the four-pillar model of sustainability developed by Jon Hawkes (2001). It is a model that sees sustainability and its implementation through connecting four dimensions — “cultural vitality”, “social equity”, “environmental responsibility” and “economic viability” (Hawkes, 2001, p. 25). In this respect, the principles of integrated sustainable development suggest the necessity of a balance between economic, social, cultural and environmental domains. Only if there is a balance between these four domains is it possible to provide a quality, eventful and mean-

¹ For demographic portraits and trends in the Split-Dalmatia County and the city of Split see Croatian Bureau of Statistics: http://www.dzs.hr/Hrv_Eng/publication/2012/SI-1468.pdf, http://www.dzs.hr/Hrv/censuses/census2011/results/htm/H01_01_03/H01_01_03.html and http://www.dzs.hr/Hrv/censuses/census2011/results/htm/H01_01_03/h01_01_03_zup17.html.

ingful life for all members of the community/society regardless of age, gender, ethnicity, sexual orientation, etc. (Hart acc. to Geiger Zeman & Zeman, 2010, p. 91).

Unlike the discussions in which the current demographic changes and trends are often apocalyptically and ageistically interpreted as a threat to the social, pension and health systems, Harms (2005, pp. 1-2) and Zaidi (2016, p. 4) insist on affirming the constructive approach that the current demographic situation and its social and economic consequences are seen not only as a challenge to improve the existing system, but also as an incentive for the development and creation of new forms of growth — for example, as an opportunity for the development of public and health services, new media, sport, leisure, culture, active and healthy ageing projects.

Of course, strategies and programs of integral sustainability and population ageing should be seen as localized and contextualized, taking into account the existing local situation, its capabilities and limitations, where the principles of inclusiveness and social justice should certainly be given the priority position.

THE SOCIAL WORLDS OF HOMES FOR OLDER AND INFIRM PERSONS

Following the example of the recent European trends, the Croatian social welfare system for older people aims to develop non-institutional models of care and encourage local communities to promote active ageing through the development of projects and programs to improve the quality of life for older people. The fact is that the current social welfare system for older people faces a number of problems, and that it should be changed because it was not adequately prepared for the dominant demographic processes and needs of older persons, being also unsustainable in economic terms.

One of the providers of social services to older and infirm persons are homes for older and infirm persons, which are officially defined as institutions that provide accommodation and various forms of care for seniors (Šostar & Fortuna, 2009, p. 40). To put it in a nutshell, homes for older and infirm persons are institutions “designed for elderly living” (Somera, 1997, p. 1). However, every home is “complex social universe with its own rules, codes, tasks and specific way of life” (Geiger Zeman, Zeman, Šikić-Mićanović, & Anić, 2014). Although it is primarily a “community for those who live, visit and work there” (Nakrem, 2015, Background, para. 6), we should not forget that this social mini universe is embedded within a wider social and cultural context.

Employees of these institutions should be seen as “managers’ who deliver social welfare services to the residents,” where their interactions and activities are based on “bureaucratic constraints and opportunities” (Somera, 1997, p. 9). Certainly, care and welfare provided to older persons who have the status of users have two aspects: 1) “technical care”² — which could be defined as the provision of officially determined

² According to Donabedian, “technical care” is the “application of the science and technology of health science to the management of health problems” (acc. to Nakrem, 2015, Background, para. 2).

quality and standardized services of assistance, care, welfare; and 2) “interpersonal process” — which indicates the interaction between employees and users (persons +65) (Donabedian acc. to Nakrem, 2015, Background, para. 2).

Professional work is based on a bureaucratic structure defined by the laws and regulations of the relevant ministry, and thus represents a concretization of standardized bureaucratic norms and procedures that apply in their everyday workload and its interactions (Berger & Luckmann, 1992). These daily interactions connect and intertwine both at a micro level (daily interactions and actions in the context of a home for the older and infirm persons as a social universe) and a macro level (legally defined procedures and regulations). In carrying out their standardized working routines, employees are faced with many challenges and difficulties generated by internal and external factors. It is exactly in such situations that their specific working experiences are extremely important because they enable them to detect the deficiencies and limitations of the system from within and, on the basis of these findings, to clearly formulate their own proposals and ideas to create more appropriate and efficient plans, programs and strategies for raising the quality of care for older persons.

METHODOLOGY

This article is based on the analysis of a part of empirical material collected in the research project “Socio-cultural and gender aspects of ageing in Croatia”, which was financed by *Zaklada Adris*.³ The fieldwork was carried out in four homes for older and infirm persons in Zagreb (two homes) and Split (two homes), and included 140 persons divided into three categories of participants — users (persons +65) (115), employees (19) and volunteers (6). This article is based on the analysis of nine semi-structured interviews realized with professionals (eight women, one man) employed in two (public) homes for older and infirm persons in Split. The occupational structure of the participants includes: five social workers, one nurse, one occupational therapist, one professor of music and one professor of history. Participation in the research was voluntary and all participants were guaranteed confidentiality, privacy protection and anonymity, and all of their names have been changed.

ADVANTAGES AND CHALLENGES IN EVERYDAY WORK LIFE — PROFESSIONALS’ PERSPECTIVE

Depending on the position they occupy in the hierarchy of the institution and the workplace, employees perform two basic types of operations: administrative tasks and interpersonal work with users. The work day and work schedule of all employees are

³ Fieldwork was realized by Marija Geiger Zeman, Ph.D. and Zdenko Zeman, Ph.D. at all research locations, and by Lynette Šikić Mićanović, Ph.D. (in the home for older and infirm persons Sveta Ana), Jadranka Rebeka Anić, Ph.D. (in the home for older and infirm persons Zenta) and external associate Tea Sertić (in the home for older and infirm persons Medveščak). We would also like to thank Marko Geran Miletić, Ph.D., who did quantitative analysis.

made up of planned and unplanned, as well as fixed/predictable and spontaneous/unpredictable parts. Daily and weekly activities are planned and organized around some constants in schedules.

According to the opinion of employees, working with older persons is not only professionally interesting but also very fulfilling in personal terms (e.g. meeting interesting people also allows transfer of experience and “life wisdom”). Employees prefer a professional and personalized, friendly relationship with users, based on mutual trust.

In addition to direct communication with users, employees also emphasize — as an advantage of working with older people — the teamwork and communication with colleagues from other homes for older and infirm persons with whom they share important information, experiences and advice.

But in everyday work, employees are facing a number of challenges generated by internal and external factors. As one of the most difficult situations that employees often face is the death of a user or the user's child. Dealing with the death of the user from the position of employees takes place on two levels — the death, on a personal level, understandably, provokes feelings of sadness and regret, but on a professional level, it is an event that is bureaucratized in the context of institutions (Somera, 1997, pp. 109-114) and formalized by means of precisely defined procedures.

As the second most commonly emphasized theme in the context of discussing the daily challenges during work, relationships and interactions that take place at several levels are singled out: 1) relations between employees, 2) relations between users or members of their families and employees, and 3) relations between the users themselves.

The topic of volunteering in homes for older and infirm persons proved to be very complex and an area permeated with “contrasts and contradictions” (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008, p. 430). In general, participants consider volunteer work with older persons very important both for the seniors and employees. However, in practice, volunteering can cause certain problems (e.g. unrealistic expectations of volunteers, volunteer work in the infirmary, etc.).

Problems in the daily work of participants, but also their professional fulfillment, are caused by systemic, structural factors imposed “from above”, through legal and organizational requirements, rules and procedures. In this context, participants are (self) defined as a separate group, distinct from the staff of the Ministry and the social policy makers. This way, the symbolic distinction between *We* (professionals working in institutions caring for the older persons) and *They* (high-ranking bureaucrats in the relevant Ministry) is constructed and regenerated. Besides the bureaucratization of work which reduces the amount of time that the employee would like to spend in direct interpersonal (individual or group) work with users, the additional problems are produced by unrealistic and illogical rules that create space for different interpretations, criticism and misunderstandings.

All participants believe that continuous education and professional training are very important — for personal professional development and for empowering teamwork — but the existing options that are available to them for this purpose are subjected to critical questioning: there is not enough organized educational events, and most often they are held in Zagreb. Also, the importance of professional development based on creative workshops (where exchanges of concrete experience and knowledge take place) is emphasized. In this context, specific knowledge and experience of employees of homes is contrasted with abstract bureaucratic knowledge and a lack of concrete experience of working with older people, which is ultimately reflected in inefficient and unrealistic strategies and plans.

The topics of deinstitutionalization and current legal regulation and organization of institutional care and welfare for older persons are permeated by different complex and contradictory interpretations and opinions. It is indisputable for all participants that the current situation — in particular the one relating to the capacity of homes — causes problems in their daily work. The current model of institutional care for older persons is, namely, in the liminal stage — on the one hand, it is quite clearly unsustainable, but, on the other hand, the proposed and implemented measures are estimated to be inadequate, inefficient and “rigorous” (participant Antonija) by the employees.

Deinstitutionalization is, according to the participants, theoretically well-conceived as an idea, but its implementation is very problematic. Because of the way of life, the struggle for existence, work and lack of time of younger members of the family, more and more older people are planning to spend their future in a home for older and infirm persons. Since private homes for older and infirm persons are too expensive and completely inaccessible to the majority, there is a huge demand for housing in (public, county) homes, so people on waiting lists put pressure on social workers. On the other hand, homes — “(mastodons) huge ones” (participant Ivona), which provide accommodation and care for more than three hundred people, are simply too large to provide high-quality and continuous work with users for social workers, especially in a phase of adaptation to the new environment.

As an important problem in their daily work, the accommodation of “young” users (people under 65 years of age) who have health (physical and/or psychological) problems, but for whom there are no adequate specialized institutions is mentioned. Thus, they end up in a home, facing major problems in adapting and often falling into depression.

Some participants observe the theme of deinstitutionalization through the categories of rural-urban. According to participant Suzana, non-institutional care is certainly more humane, but may not be cheaper than institutional care. Non-institutional care is developed in cities, but not in areas with a predominantly old population (Zagora, Lika, the islands, rural areas of the country). Given that, according to her assessment, the organization and implementation of non-institutional help in these areas would require a large financial investment, she proposes, for smaller communities — alongside with

the implementation of economic and demographic revitalization — simply building homes for older and infirm persons. On the other hand, the exceptional importance of developing a non-institutional system of care, nursing and assistance on the islands is pointed out by participant Ivona, because this would enable older persons to remain in their own homes and familiar social environment and to maintain social continuity by which they would avoid exposure to the stress of “new beginnings” in unfamiliar environments.

HOW TO IMPROVE THE SYSTEM? SUGGESTIONS FROM THE PROFESSIONALS' PERSPECTIVE

Based on their own professional experience in working with older people, each participant, with a critical assessment of the current situation in the field of care for older persons, has given various suggestions for improving the system of care for older persons at local and national levels. The proposals are mainly within the framework of the recent and dominant views on ageing — the emphasis is on promoting and advocating active ageing, emphasizing the role of local communities in the affirmation of an active lifestyle in old age, intergenerational solidarity and quality of volunteering and deinstitutionalization. However, in contrast to the official system of deinstitutionalization, which participants consider inadequate and inefficient, they advocate deinstitutionalization based on entirely different premises, implementations and goals (for example: reorganization of homes for older and infirm persons in terms of building new homes in smaller communities or building system networks of small homes for a maximum of 50 people; the establishment of a hospice in Split; development of (non)institutional care and assistance for older persons, especially in suburban and rural areas and on islands; organization of day care in Split).

The ideas of the participants do not remain within the limits of the institution in which they work and their associated local levels, but also include the social welfare system, the state budget and the wider socio-cultural context in which the emphasis is on the fair (re)allocation of funds from the state budget, in the context of the social welfare system, as well as horizontal and vertical networking. Also, the need to redefine the stereotypical notions of age and older people, and the prevalence of instrumental and utilitarian conception of human beings should certainly be emphasized.

CONCLUSION

Care for older persons is the responsibility of the family (Van Den Broek & Dykstra, 2016), but it is also a public responsibility (Nakrem, 2015, Background, para. 1). Therefore, in designing future programs and strategies, what should be avoided is 1) exclusive access from above, and 2) system-centered care. In other words, making strategies and programs should be a thorough and inclusive process which should also engage employees in the social welfare system for older people. Critical evaluations of the research participants on the current situation inside the system of care for older persons

point to the primary focus of the system, care planning exclusively through an economic lens, which — narrowly and short-sightedly — comes down to cutting costs, reducing the number of employees as well as the transfer of responsibility for the care and welfare to the older persons themselves. In this regard, a humanistic, socially conscious, experience-based care model oriented to the older person should be strengthened. Furthermore, the present and future challenges of caring for older persons should be treated integratively and holistically through the prism of an integral sustainability model (or *four-pillar model*), which suggests — and, indeed, requires — linking and coordinating all relevant areas of social life (economic, social, political, cultural and environmental) (Geiger Zeman & Zeman, 2010, p. 88). For example, organization of (non)institutional care for older persons in rural areas and on islands encourages reflection and creation of effective ways to encourage decentralization and balanced development, as well as the demographic and economic revitalization of these areas. This is why the strategy and plans should incorporate the relation between health and environment and reflect the specifics and differences of urban and rural ageing (Landorf, Brewer, & Sheppard, 2008). Interpretations of the situation from the position of experienced employees of homes provide a valuable insight into the everyday and very specific, internal residential problems, but also in large system-generated problems that are dramatically reflected at the micro level.

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