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## CARE FOR HEALTH AMONG ELDERLY PEOPLE: EXPERTS' OPINION INTERPRETATION

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*The main objective of the paper is to determine the most important health preserving practices widely used among the elderly employees. **Materials and methods:** data were provided by sociological qualitative research method – semi-structured expert interview conducted in Saratov in 2015. The respondents included 10 doctors of Saratov polyclinics (7 women and 3 men of different specialties: therapists, neurologists, endocrinologists, cardiologist, allergist-immunologist, gerontologist). The survey's key findings were discussed and analyzed. It is revealed that the majority of working pensioners do not apply for professional medical care. It is explained by the fact that the representatives of working elderly population predominantly focus on avoidance of unhealthy habits, rational labour and rest regimen, diminished conditions of work, adequate physical activity and health resort treatment. The aim of the research is also to stress that such practices as self-medication and mass media advertising for prescription drugs may worsen the health status of individuals of a sociogeriatric group.*

**Keywords:** *elderly people; care for health; risk factors; health preserving practice.*

## ЗАБОТА О ЗДОРОВЬЕ ПОЖИЛЫХ ЛЮДЕЙ: ИНТЕРПРЕТАЦИЯ ЭКСПЕРТНОГО МНЕНИЯ

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*Целью исследования являлось определение наиболее распространенных практик заботы о здоровье среди работающих пожилых*

людей. **Материалы и методы:** данные были получены в результате проведенного социологического исследования – полуструктурированного экспертного интервью с 10 врачами, работающими в поликлиниках г. Саратова в 2015 г. (7 женщин и 3 мужчины различных специальностей: терапевты, неврологи, эндокринологи, кардиолог, аллерголог-иммунолог, геронтолог). Результаты исследования были обсуждены и проанализированы. Выявлено, что среди большинства работающих пенсионеров отмечается снижение медицинской активности. Определено, что забота о здоровье данной группы населения включает такие практики как отказ от вредных привычек, рациональное распределение режима труда и отдыха, изменения трудовой нагрузки, адекватная возрасту физическая активность, санаторно-курортное лечение. Подчеркивается, что практики самолечения, так же как и реклама лекарственных средств в СМИ представляют собой дополнительные риски здоровью социogerонтологической группы.

**Ключевые слова:** пожилые люди; забота о здоровье; факторы риска; практики здоровьесбережения.

### Introduction

In the spectrum of everyday activities of Russian older workers health pattern comprises the following determinants – they include irreversibility in aging, specificity in needs and specificity in lives of older people, and activation of supporting care social practices for elderly age groups. Accordingly the methodological approaches to the study of social aspects of aging have been changed and the emphasis is upon qualitative approach which prevails over the tendency to study and to describe health preserving practices of older people by quantitative numerical studies pursued over a long period of time. The modern life is characterized by stable demand and increasing need for a wide range of health practices. As a result of low medical activity there is a significant rise of needs for self-preservation enabling older people to use self-medication and alternative health practices that consequently lead to special risks for an elderly person.

## **Materials and Methods**

The aim of the present research is to find out the most important health practices widely used among the elderly employees according to the experts' opinion.

The semi-structured expert interview has been used as a research method conducted in Saratov, 2015. It represents the qualitative approach in sociology where the emphasis of the study is upon an individual, an organization or a special social practice. Limited extent of the research material and fewer respondents are typical for qualitative research opposing quantitative studies. The broad objective of the qualitative research is to provide the sum of field material which the researcher studies mainly by descriptive analysis. 10 doctors of Saratov polyclinics became experts on gerontological aspect of health preserving practices used among elderly employees (7 women and 3 men of different specialties: 3 therapists, 2 neurologists, 2 endocrinologists, 1 cardiologist, 1 allergist-immunologist and 1 geriatrician).

Material included citations of both conventional and controversial views of experts which maximally illustrated the data received from the analytical study.

## **Results**

It is stated that medical activity of older workers has declined nevertheless the significance of regular health control has expanded. The most popular health preserving practices among elderly employees are known to be avoidance of unhealthy habits, labour and rest regimen, diminished conditions of work, adequate physical activity and health resort treatment. Additionally, investigating the health care practices, such risk factors as self-medication and aggressive mass media advertising for prescription drugs may affect the health of a person of a sociogeriatric group.

## **Discussion**

Medical activity as one of the issues on health care of older people has captured broad attention among age-course scholars. A number of researches discussing the questions of regular medical checkups point

the fact that elderly population becomes medically inactive especially in case of diagnosed chronic diseases. The previously given view point is clearly proved by the citations made by medical experts. “I think that medical activity comprises two main aspects: the necessity for health support and the optimization of all the possible resources of our body in either presence or absence of diseases. Older people usually suffer from one or more diseases and therefore they are to attend their medical practitioners for inspections, consultations in questions of prophylaxis of recurrent and advanced diseases where the prevention is of great significance as it is a straightforward way for health care among elderly” (Expert #2). “Persons of elderly age groups are needed to be thoroughly controlled by medical professionals particularly in cases of severe conditions and exacerbations. Moreover older people should regularly apply for medical assistance in diagnostic purposes. Instead from the practical point of view lower medical activity has been matched over the last 10 years” (Expert #9).

Most respondents stress the influence of elderly population’s employment and unemployment on the level of medical activity. The modern trend in aging workforce results in the minimization of medical consultations. It is explained by the fact that elderly employees are afraid of remaining jobless. “The majority of older workers apply for professional medical assistance only in cases of acute exacerbations and disease progression. Elderly people are prone not to take sick leave because they do not want to lose access to work recognizing age discrimination” (Expert #9). “Experience shows that some elderly employees try to stay healthier in order to have an opportunity to work. This is achieved through visiting medical specialists for disease control and prevention, making an appointment for regular medical checkups and chest X-ray. However aging population is being less active in the questions of health” (Expert #7).

A considerable number of experts studying health determinants underline the relation between an age factor and a health status. “While examining or interviewing elderly patients, firstly, I pay attention to age-height-weight characteristics of an individual. It is worth noting that today older people may be overweight and this is a risk factor for the develop-

ment of cardiovascular pathologies (infarction and stroke) and diabetes” (Expert #6). “Age changes in the organism make elderly patients check the blood cholesterol level and the blood sugar level. I often consult patients of the young age group on the questions concerned” (Expert #8).

On the basis of attitudes towards health care there are personality types of an elderly patient. The idea of such typology by L.M. Afanasiev is of topical interest and importance [5]. The advantage of this personality typology is that it acknowledges the following three types of an older patient: “a fighter”, “a folk remedies user” and “incredulous”. The first personality type is marked by neutral approach to disease and positive reaction to medications, the person is active in treatment and passive in prevention (predominantly single men aged 60 and over). The second type conceptualizes an older individual as a rather passive or even negative recipient of medicinal treatment with fatal attitude towards a disease. These elderly patients are liable to use self-medication and passive in prevention (mainly women aged 60 and over). The author has observed that such dimensions as the neutral acceptance of a disease, offering little opportunity to maintain health by prophylaxis and inactivity in treatment form the framework for the third group (women aged 60 and over who are married).

The present research shows that experts’ assessment of health behavior of elderly workers results in a range of health preserving practices, which includes avoidance of unhealthy habits and labour and rest regimen. Social and medical scientists focus on the similar aspects of health promotion for the elderly [2, 6, 10, 12, 14].

According to I.P. Artyukhov, the Russian researcher, and his coauthors there are two main alternatives in the elderly life-course which are responsible for obtaining necessary social and medical services. They are economic prosperity and health status [4]. The experts participated in the present study share the previously mentioned opinion. They stress the social and economic factor and its effect on health status of an older person. “Elderly employees can buy more expensive medicaments to control chronic and clinically diagnosed diseases as they are paid both state pension and wages. Moreover older workers may afford health

resort treatment because they are financially independent” (Expert #4). “Physical activity sets out a number of domains including regular exercises, morning exercises, gymnastics, swimming, walking and etc. It has a pervasively positive influence on health condition and the whole organism of an elderly. The main point is that this model of health promotion does not depend on economic well-fare therefore it is available for everybody” (Expert #10).

Some research data demonstrate that the representatives of the old age group who continue working after they have formally retired are accepted in two ways by the society. On the one hand healthy elderly people are an important labour resource for economic and social contribution. This opinion is concerned as a positive one. On the other hand elderly employees are subjected to negative stereotype that is characterized by deprived labour resources. They are less prepared to answer the demands of the progress than the younger age groups [7, 8, 11].

In addition some scientists point out that the demand for achieving full or part-time employment among older people stimulates their physical activity, better living style and develops the feeling of being valued and useful for society [1, 3]. Experts are considering one of the dominated practices among the older workers – health preserving behavior. “The majority of my aged patients continue going out to work otherwise they are managed to shorten the working hours or to find another job for being less physically and mentally active and less responsible” (Expert #1).

The researchers V.A. Filatova and N.V. Chunikhina have an opposed opinion to the attitude that the cohort of working pensioners includes predominantly low qualified persons with the lack of professional knowledge and skills. They have found out experimentally that there are three times more elderly specialists aged 60 and over with high level of qualification and performing administrative work than those who are in work without qualification. Additionally the questionnaires showed that 61% of elderly employees try not to change their occupation. According to the comparative analysis of life courses of two categories of pensioners it is stated that older workers are healthier and lead more active life style [15].

Experts have determined the most significant health preserving practices for the elderly. They underline labour and rest regimen, regular consultations with their health providers and health resort treatment. “I strongly believe that it is very important for an elderly person to have a rest in the daily regimen. Medical consultations are only for the cases when the cause of disease occurs” (Expert #7). “First, it should be remembered for an aging population that it is of vital importance to have a rest and to check health by consulting with medical professionals who know the case history of a patient and observe him for some period of time. Working pensioners are prone to stay in work ignoring health resort treatment while it is a valuable component in health promotion” (Expert #3).

A significant number of people of the oldest age group prefer to use self-medication being unaware of safety of the products and their proper administration. This indicates that self-medicating unsuccessfully integrated into health care and has become a problem which is thoroughly studied by the researchers [2, 9, 12, 13]. Interviewing the experts it has been determined that “... according to the statistics elderly patients self-medicate from 7 till 14 days, mostly these are persons suffering from neurological disorders and cardiovascular pathologies. And as a rule they refer for medical advice if self-medication products and drugs are not effective” (Expert #5). All the experts admit that this practice may result in the severity of advanced diseases and the development of complications. “In my practice there were several cases when I had to correct the scheme of treatment after self-medication. However consequences may be serious and inevitable. Patient suffering from a heart disease commonly self-diagnoses it as a gastric disorder, osteochondrosis or arthritis symptomized by pain in the left arm” (Expert #6). “For a fifteen-year-old period of my experience I observed patients who died from cardiac infarction though there was a clinical picture of perforated ulcer. Some patients with lethal outcome had treated osteochondrosis instead cardiac insufficiency. Nowadays our motto is “Do not self-medicate!” The best way to stay healthy is to prevent a disease. Later self-medication products were understood to be herbs in contrast the modern market recommends such alternative medicines as drugs and various technologies. As a result

of self-medicating the inappropriately delayed treatment leads to severe condition when surgery is necessary” (Expert #4).

Moreover, experts note that elderly people lose their trust in doctors subsequently refusing professional medical care and choosing self-medication or alternative practices. “Elders often follow their friends’ advice and surf through the Internet to find out tips on the symptomatic treatment of a certain disease. Most patients think that there is a relationship between doctors and pharmaceutical companies and that the latter provides family practitioners and other specialists with payments for prescribing drugs” (Expert #2). “Indeed, elderly patients support the meaning of poor medical care nowadays associating it with poor professionalism” (Expert #10). The experts reported another important opinion on why elderly people do not visit their health providers. This is explained by lack of time. “Practically every second working pensioner complains of lack of time for the visit to the polyclinic and out-patient treatment. Elderly employees say that they cannot wait at the polyclinic and thus for better time management they follow previous instructions made by the doctor” (Expert #5).

In addition the situation with self-medication may be aggravated by means of extensive mass media advertising for prescription drugs. The experts address the prohibition of mass media advertisements of prescription drugs to the solution of problem of uncontrolled drugs consumption and self-medication. “Mass media advertising for prescription drugs is rather dangerous. Watching TV campaigns patients begin to experience self-medication. It is worth mentioning that the medicinal products administered by a physician are directed to sustain the overall health of a patient. If a person changes the recommended preparation into the drug he sees advertised, this may lead to unfavourable reactions or even death” (Expert #8). “Mass media advertising is heavily concentrated on the treatment of diseases making people aware of potential treatment options. However only medical professionals are eligible for drug administration” (Expert #4). There is also a mounting issue that mass media transforms the attitude towards health care. “The launched TV and print campaigns provide information on principles of healthy diet and ordinary preventive measures available to everybody. Some television



programmes help realize the importance of healthy life style, balanced diet and eating culture as a whole” (Expert #1).

### **Conclusion**

In conclusion the article dwells on the following key suggestions:

First, medical activity of elderly employees decreases regardless of the importance of regular consultations with family practitioners and other specialists. It is proceeded from the fact that most elders with health problems do not apply for medical care because they may lose access to work.

Secondly, the most common practices for health care among elderly people include avoidance of unhealthy habits, labour and rest regimen, diminished conditions of work, adequate physical activity and health resort treatment. These practices predominantly reflect health preserving behavior of individuals of a sociogeriatric group.

Finally, self-medication and alternative medicine practices are forced by extensive mass media advertising campaigns and therefore they are accepted as health preserving practices by persons of an elderly age group. On the contrary these practices may impair health status of an elderly. These risks may become sufficiently clear with regard to the elderly patients’ disbelief toward doctors and to the limited time available for visiting polyclinics.

### **Experts**

*Expert 1: a 54-year-old woman, therapist, 29 years of work experience;*

*Expert 2: a 57-year-old-woman, therapist, 32 years of work experience;*

*Expert 3: a 50-year-old-man, therapist, 22 years of work experience;*

*Expert 4: a 40-year-old-woman, neurologist, 15 years of work experience;*

*Expert 5: a 42-year-old-man, neurologist, 17 years of work experience;*

*Expert 6: a 54-year-old-woman, endocrinologist, 30 years of work experience;*

*Expert 7: a 40- year-old-woman, endocrinologist, 16 years of work experience;*

*Expert 8: a 39- year-old-man, cardiologist, 15 years of work experience;*

*Expert 9: a 46-year-old-woman, allergist/immunologist, 20 years of work experience;*

*Expert 10: a 57-year-old woman, gerontologist, 35 years of work experience.*

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