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Full report of outcomes from the

FOCUS GROUPS



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¹ To learn more: <https://www.tender4life-project.org/>

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Introduction

TENDERNESS FOR LIFE is an European project funded under the Erasmus+ KA2 programme.

The project aims to enable care providers to implement a set of tools to enhance professional qualification of low-level elderly care workers, as well as to increase their competencies that can directly influence their self-esteem, leading to higher levels of motivation.

Adequate qualification and training lead to better preparation for elderly care workers to deal with contemporary situations. The model to be developed aims to be a mixed training approach between a person-centered approach with high-quality and technical skills (interpersonal, digital). It will innovate in terms of providing new curricula, work-based learning, and practical exercises, instead of the old-fashioned way of theoretical modules, which have been often led to skills and expectations mismatching and thus, job quitting and labor market instability.

Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. Recent research of WHO indicates that person-centred approaches are associated with better clinical outcomes and improved cost-effectiveness and thus, supporting the pressure that EU is facing in welfare systems for social and health care. The person-centred care, for instance, sustains the relevance of the role of a carer of an elderly customer in his health and wellbeing. The use of a humanistic approach in delivering services to elderly people is seen as a strategic solution to address the challenges in an ageing population. This kind of humanistic approaches sees customers as “unique individuals”, taking in consideration their perspective and will in the decision-making process, by respect, courtesy, availability, communication, etc. These approaches provide an increase in job satisfaction and improvements in efficiency of services.

This report is part of the 1st outcome of the project “**Elderly care worker new job profile and competences tool**”

Executive summary of the outcomes of the focus groups

Background and methodology

- ▶ During December – March 2019, 18 focus group discussions were organized by the members of the Tenderness4life partnership to explore the profile of the elderly, the needs of the elderly, the competences should care workers have.
- ▶ 12 focus groups consisted of elderly and 6 of care workers were organized in Italy, Portugal, Finland, Romania, UK and Cyprus. More specifically, 69 old persons (aged 65+) participated and 41 care workers (aged 25 +)
- ▶ Each partner was responsible to organize the focus group discussions in their country; however, all followed the research protocol prepared by the CUT team. All partners analyzed the data emerged from the discussions while the final analysis was performed by the CUT team. Results of the FG were analyzed according to Krueger and Casey (2014) framework.

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The “modern old person” according to older participants

- ▶ The participants had a wide knowledge and understanding how to describe themselves. They **refused** that people in the **age of 65-70** should call them ‘**elderly people**’ and they insisted that there were **no special needs at this age** (CY/IT). The majority of the participants (group of elderly) described the elderly with the following characteristics:
- ▶ ‘There are **several types of elderly**; the ones who are **totally independent** and those who **need a lot of help** and maybe live in **Nursing homes**’ (participant 2) FIN
- ▶ I think in the past there was only one concept of ‘older person’, now it really depends on **how you feel** rather than **on your age**’ (participant 8) IT2

Identification of the characteristics of new customers (both groups)

- ▶ **A modern retiree: independent/more autonomous:** interested in working - to use his mind
- to take care of himself - not to be left, take decisions for himself – more open minded to new relationships - not to marginalize himself – caring for family members
- ▶ **Free time for him/herself:** relax, cooking, house works, take care of grand-children, caring about family
- ▶ **Active/ aware of fitness and health:** hobbies (hunting, gymnastics, dance, craft courses, aerobics), household, **3 participants still working and some others express the need to work** for socialization and to earn money (ROM/CY), they meet their friends for walks or go shopping together
- ▶ **Involved in the social life/social awareness/volunteer:** social interactions, traveling, excursions, meet their friends
- ▶ **Use of social media/Need help to use ICT:** Facebook, internet, WhatsApp and Instagram
- ▶ **Emotionally vulnerable:** changes in behavior/change mood/anxiety
- ▶ **Loneliness/Abandonment**
- ▶ **Perceived ageism and lack of respect**

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What does society expect from them? (both groups)

- ▶ **Providing care and support within the family**
 - *'My mother is 98 and I must be by her side' (participant 3) ROM 1*
 - *'They expect you to help the younger generations, for example to take care of grandchildren' IT2*
 - *'Take care of grandchildren' (participant 5) UK*
- ▶ **Moral Compass/Respected:**
 - *'To be a good example for our children' (participant 3) ROM 1*
- ▶ **Remain Active/Independent financially/Autonomy:**
 - *'To be independent and take care of themselves' (participant 1) FIN*
 - *'Remaining active in the society' (participant 4) IT1*
 - *'Doing their hobbies' (participant 1) UK2*

► **Volunteering:**

- *'There is an expectation for older persons to volunteer and there is a need for this, but the current volunteering opportunities are not suitable for us [meaning: for those who are now in their 65/70ies compared to those who are now over 80]' (participant 6) IT1*

► **Discrimination/Rejection/Ignorance/Forgotten:**

- *'They see you (the society) and inferior compared to them. What can the old man or old lady tell us?' (participant 3) CY1*
- *Don't be too big weight for society' (participant 5) FIN*
- *Old person is very discriminated and bad treated' (participant 6) POR2*
- *'There is that mistrust of the elderly' (participant 1) ROM1*

What are the needs of older persons? (both groups)

- Performing activities of daily living (hygiene and food)
- Access to health care services
- Communicate / social interaction
- Emotional support and love
- **Respect/Recognition**

In addition to the above, older persons also mentioned:

- Transportation
- Using ICT

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Competences of the care workers (according to both groups)

- Basic care / nursing skills
- **Communication Skills - Active listening**
- ICT Skills
- Humane qualities
- Patience
- Respect towards the older person
- Empathy

Barriers and facilitators to good quality of care

| | <i>Barriers</i> | <i>Facilitators</i> |
|-----------------------------|--|--|
| <i>Older persons</i> | <ul style="list-style-type: none">▶ Care workers not speaking the local language▶ Time pressure | <ul style="list-style-type: none">▶ Personal attitudes of the care worker▶ Training |
| <i>Care workers</i> | <ul style="list-style-type: none">▶ Care workers not speaking the local language▶ Being under-staffed | <ul style="list-style-type: none">▶ Being experienced▶ Training |

The research protocol

RESEARCH TEAM (local)

Each partner decides on this (preferably include persons with experience in focus groups e.g. as moderators, data analysis)

BACKGROUND

The fact that both the percentage as well as the absolute number of older people are, worldwide, increasing rapidly, is the main reason why ageing is emerging nowadays as a key policy issue (WHO, 2015). Older people population is defined as the number of inhabitants of a given region aged 65 or older (OECD, 2018). In 2017, there was an estimated 962 million people aged 60 or over in the world, comprising 13 per cent of the global population. The population aged 60 or above is growing at a rate of about 3 per cent per year. Currently, Europe has the greatest percentage of population aged 60 ('baby boomer' resulting from the high fertility rates in several European countries in the mid-1960s) or over (25 %). Regarding the percentage of elderly people in the total population differs greatly from one EU Member State to another. In 2016, it peaked at 22.0 % in Italy, while people aged 65 years and over also accounted for more than one fifth of the total population in Greece (21.3 %), Germany (21.1 %), Portugal (20.7 %), Finland (20.5 %) and Bulgaria (20.4 %). In most of the remaining Member States, the elderly generally accounted for 17.0-20.0 % of the total population, although Poland, Cyprus, Slovakia, Luxembourg and Ireland were below this range; the lowest share of the elderly was recorded in Ireland (13.2 %) (Eurostat, 2017).

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It is also worth mentioning that ageing will occur in other parts of the world as well, so that by 2050 all regions of the world except Africa will have nearly a quarter or more of their populations at the ages of 60 and above (UN Department of Economic and Social Affairs, 2017).

There are two key drivers which explain the ageing of the population. The first is that the rates of fertility are significantly falling, and the second is because people are living longer in general. Moreover, life expectancy for a baby born today is 71 years. However, a person who is now 60 years old can expect to live 20 years more, on average. Several factors such as the healthier lifestyle, better education and the progress in health care have contributed to longevity (higher life expectancy). A higher education level does not only provide the means to improve the socio-economic conditions in which people live and work, but it could also promote the adoption to healthier lifestyles and facilitate access to the appropriate health care (OECD, 2018). Another aspect of population ageing is the progressive ageing of the older population itself, as the relative importance of the very old is growing at a faster pace than any other age segment of the EU's population (Eurostat, 2018).

CHARACTERISTICS OF THE “MODERN” OLD PERSON

Nowadays, not only can an older person expect to live much longer than previously, but the world around them has changed (Beard et al., 2015). For the first time, the majority of the world's population lives in cities (WHO, 2015). The world has also become much wealthier. Advances in transportation and communications have seen rapid globalization of economic and cultural activities (Polivka, 2001; Arxer & Murphy 2015). For some older people, particularly those with desirable knowledge, skills and financial flexibility, these changes create new opportunities. For others, they can remove social safety nets that might otherwise have been available (WHO, 2015). Other changes are happening within families too. Falling family size and structure and this may be associated with less opportunity to enjoy reciprocal care arrangements or to share the goods that may typically be available in a larger household and this may also increase the risk of poverty (Casey B. & Yamada A., 2015). According to Eurostat (2015), more people are living alone. Older people living alone may be at increased risk of isolation and suicide (Poudel-Tandukar et al., 2011). However, many older people still prefer to live in their own home and community for as long as possible (Centers for Disease Control and Prevention, 2015). Changes happening in labour markets (the increasing participation of women or older persons) and increased spatial mobility (higher levels of interregional or international migration), have led to it becoming increasingly difficult for some individuals to combine their working and family lives, providing the support that has traditionally been given to older relatives (Eurostat, 2015). Other social changes will further influence what it means to be old in the 21st century. For example, in many parts of the world, the traditional position of being respected as an older person within a family or society may be weakening or at least transforming (WHO, 2015).

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A longer life means more opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or even pursuing a long-neglected passion. Older people also contribute in many ways to their families (care for other elderly people (parents/spouses or grandchildren) and communities (participate in voluntary activities). However, for all the rewards of a longer life, these extra years often mean living with chronic conditions; diminished capacity to manage activities of daily living; and, for many people, the added burden of being a caregiver for another sick or frail family member or friend (Anderson, 2010; Nolte & McKee 2008).

As people are getting older, their health issues tend to become more chronic and complex and multi-morbidity (that is the presence of multiple chronic conditions at the same time) becomes the norm rather than the exception. Physical, sensory and cognitive impairments become more prevalent and older people can develop complex health states, such as the frailty syndrome, incontinence and an increased risk of falling. These health matters cannot be placed in discrete disease categories. The risk of having multiple mental or memory disorders also increases because of age and, if not properly

addressed through robust evaluation and care coordination, these conditions can lead to poly-pharmacy, hospitalization and death (Carvalho et. al., 2017).

Increased health problems in old age mean that older people undergo in-patient treatment in hospitals far more often than younger people. In 2014, around 19.6 million people in Germany were discharged from full in-patient hospital treatment, 43% of all in-patients were aged 65 and over. The likelihood of being treated in a hospital increases significantly because of the age.

For people aged 65 and over, diseases of the circulatory system, such as cardiac insufficiency (heart failure), were the main cause of a hospital stay in 2014 among both men and women. Neoplasms (cancer) were the second most frequent cause of hospital stays among men, followed by diseases of the digestive system. The second most frequent cause of hospital admissions among women were injuries and poisoning, followed by diseases of the musculoskeletal system, such as arthrosis. Many patients suffer from more than one disease. High blood pressure and type 2 diabetes mellitus are among the principal concomitant diseases among people aged 65 and over (WHO, 2015).

In 2015, dementia affected more than 47 million people worldwide. By 2030, it is estimated that more than 75 million people will be living with dementia, and the number is expected to triple by 2050. This is one of the major health challenges for our time (WHO, 2015).

It is also important to state that depression affects 10-15% of persons over 65. Older persons with depression are 2-3 times more likely to have 2 or more chronic illnesses and 2-6 times more likely to have at least one limitation in their activities of daily living. Depression is the major cause of suicide in European older people. Rates of suicide and self-harm are approximately 26% higher in European people over 65 than in people aged 25-64. In 90% of EU countries, the suicide rate is highest in those who are over 75 (European Commission, 2008).

The likelihood of becoming severely disabled increases with age. Among those people aged 80 and over, every third person (33%) has a pass for severely disabled persons (WHO, 2015). About one fifth of the dependent elderly population receives long term care in institutions. Belgium, Malta and Sweden have the highest proportion of dependent elderly in institutions, whereas Italy and Latvia appear to have the lowest one. There is more elderly dependent people (about 30%) receiving formal care in all countries except Belgium and Poland. Therefore, almost half of the dependent population aged 65 and above receive no care, informal care or other forms of care that are not public funded. This proportion is substantially higher in Poland (83%) and the UK (75%) (Eurostat, 2015).

Elderhood can be described as a period of great diversity. Some 80-year-old people have levels of physical and mental capacity that compare favorably with 20-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating (WHO, 2015).

The “New elderly people” (customers) are becoming more autonomous, conscious, assertive actively involved in defending their rights, with higher levels of income and qualifications (application

form). It is clear that the “New Old” is an independent with technical skills and active generation completely different from what we were used to call “elderly”. It is a generation that denies stereotypes and refuses to sit back in a rocking chair and fade into obscurity. They are people who fight back against aging, and they demand major changes to the existing lifestyle.

Many baby boomers have already cared for an aging parent, and developed strong opinions and preferences that will affect their decisions as they themselves grow older. This generation has become comfortable with technology, and they have learned lessons from their parents about how not to age. The ‘New Old’ have worked with and embraced computers, the Internet, e-commerce and social media as part of their lives, and they will expect these conveniences to carry on into their older years. One of the seven flagship initiatives of the Europe 2020 strategy, the ‘Agenda for new skills and jobs’ has been designed to empower people by developing their skills, so as to improve their flexibility and security (flexicurity) in the working environment; it includes actions on lifelong learning and e-skills.

All the above, require that care workers must be equipped with knowledge and skills that will facilitate their adjustment in this modern “world” of old people. Especially, from the humanistic perspective, there is a need for further exploration of the current profile of old people in order to allow care workers to adjust their skills. Therefore, there is a growing need for an in-depth understanding of the modern old person profile.

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AIM OF STUDY

As changes have occurred in the past few years, regarding the characteristic needs of elderly people, the aim of this study is:

- ▶ to investigate the profile and the needs of the elderly, in the modern world (from the elderly point of view)
- ▶ to investigate the competences needed by the care workers (from both the elderly and care workers point of view) in humanistic care (respect, dignity) and information and communications technology

METHOD

Study design

A qualitative approach will be utilized via focus groups. The focus group methodology has been selected as a way of collecting qualitative data, but also as a technique for gaining a large amount of data regarding opinions and attitudes in the shortest amount of time. It relies on group processes and encourages interaction between group members, resulting in deeper exploration of the subject under study (Bowling 2014). Focus group, through focused discussions, enable the researchers to study a topic of interest in depth by composing teams in which participants discuss similar

experiences and share common characteristics. Participants are encouraged to freely express their feelings, ideas, agreements or disagreements in a non-threatening environment. Furthermore, discussions stimulate memories and facilitate the exchange of ideas and opinions, leading to a more in-depth study of the research topic.

Participants

Three focus groups are to be organized, with 6-10 participants in each group. Each partner will be responsible to recruit the required sample, based on local conditions (organisations, NGOs). Two groups will consist of old persons and a third one of care workers. It is assumed that the above process will facilitate discussions and allow a more in-depth investigation of the topic under study.

A purposive sample of old people will be invited to participate in the first two groups. The purposive sampling technique will be used so that the desired homogeneity and heterogeneity of the groups are achieved. Homogeneity will be achieved since all participants will fall in the category of old person and heterogeneity will be achieved by allowing the participation of old persons coming from different social, educational and economic background (Krueger & Casey 2014).

A purposive sample of care workers will be invited to participate in the third focus group. The purposive sampling technique will be used so that the desired homogeneity and heterogeneity of the group are achieved. Homogeneity will be achieved since all participants will be persons with a direct relation to the care of the elderly and also heterogeneity since they will be of different age, different experiences and background.

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All discussions will be held in the local language.

Inclusion criteria for the elderly will be:

- ▶ willingness to participate
- ▶ old person (at least 65 years old) for the elderly focus groups
- ▶ with different education, experiences, lifestyles
- ▶ Inclusion criteria for the care workers will be
- ▶ employed as a care worker who provide care to old people (**important:** non-health care professional background e.g. nurse)
- ▶ working either in a home or residential unit

Data collection

Discussions will be moderated by coordinator. Each partner country will be responsible of recruiting an experienced person to be the moderator of the discussions. A semi-structured interview guide during the interviews will be used by the moderator. The moderator (coordinator) will start with a

general introduction and will proceed to the use of the interview guide in order to facilitate the discussions' progress:

There is evidence that an ageing society brings a greater demand for elderly care professionals, both from the social and health points of view. In this sense, there is a priority to update develop the key competences required for carers of old people. To achieve this, we first need to understand who is the old person and which are his/her profile (characteristics) and needs, not only from the instrumental (basic and every day) activities point of view but also from the ethics and humanism (respect, dignity) aspects. We also need to understand the competences that the care workers of the elderly must have in this respect.

- ▶ How would you define the term “old person”?
- ▶ In your opinion, what are the needs of the elderly?
- ▶ In your opinion, what competences should the care workers of old people have? (for the elderly focus groups)
- ▶ In your opinion, what competences should the care workers of old people have? (for the care workers focus groups)
- ▶ In your opinion, what will be your needs in the future?
- ▶ Can you rank the anticipated future needs?

A short demographic questionnaire will be distributed at the beginning of each discussion. Each focus group session will be audio-recorded and will be transcribed verbatim by the members of the research team in each partner country. Field notes, kept during the discussions in order to notice any nonverbal responses (waves, gestures or other body movements that may show agreement or disagreement against a statement verbally said), will be supplemented at the transcripts.

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Data analysis

Analysis will be done through a thematic content analysis of the transcripts, by coding emerged themes into categories related to the aim of the study. More specifically, within each transcript, relevant themes (words, phrases) on the topic under study will be highlighted and then coded under headings (categories). Content analysis will be performed by each partner country; at least two partners from each country will independently perform analysis of each transcript. The analysts will compare emerged themes and if any discrepancies occur, they will be resolved following thorough discussion (Krueger & Casey 2014). Findings will be sent, in English, by all partners, to the Cyprus University of Technology where the final coding will be performed.

Ethical considerations

The study's protocol will be submitted for review at each institution's authorities for approval wherever necessary according to local policies and requirements. Informed written consent for participation in the study will be requested and obtained from all participants. All data will be kept

safely with access limited only to the members of the research team and only for the purposes of the present study. All data will be destroyed after the completion of the study (audio tapes will be erased and transcripts will be destroyed three years after the end of the tender4life project). Confidentiality will be maintained during the research process and participants will have the right to withdraw at any time.

EXPECTED OUTCOMES

The context of elderly care settings is diversified and includes different services. The elderly appear, nowadays, to be now more autonomous, conscious, assertive, with higher income and qualifications, more actively involved in defending their rights. It is expected that this study will provide an in-depth exploration of these characteristics (profile), from the perspective of both the elderly and the elderly care providers. In addition, it is expected that a new concept of competences of care workers will emerge, since this study will not focus on the instrumental aspect of care, but proceed further to include values like ethics, relationship and humanism.

The overall aims of the Tender4life project are to a) update the curriculum with new skills (and a tool to assess them) among health care workers that have the responsibility of providing care to the elderly and b) to promote C-VET among health care workers through an on-line course. The findings of this study will be further used to

- ▶ Facilitate the development of the competences required by elderly care workers to perform their job better, including the humanistic aspects that are lacking from common European Union elderly care workers profile
- ▶ Facilitate the development of a tool to assess elderly care providers competencies
- ▶ Facilitate the development of the B-learning course for elderly care workers

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Competencies produced from the above focus group process will have the advantage of originating from the opinion of those directly involved in care of the elderly, either recipients of care or providers. Therefore, a reliable and valid tool of assessing the competencies of elderly carers can be developed as well as a comprehensive educational program.

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Focus groups with care professionals – outcomes

SECTION 1 Understand the elderly (who is the old person, characteristics) from the Care Workers point of view

Description of the modern old person (UK):

The care workers described the old people with different points of view based on their recent experience. The majority of the participants replied with the following descriptions:

- Live longer than the past
- More active and independent
- Loneliness

‘Some of them live loneliness’ (participant 4) UK3

‘More active’ (participant 3) UK3

What are the “modern” old person characteristics?

- Active: more involved in their local communities and help other people who need support
- Feel abandoned, especially old people who are in Residential homes

What does society expect from them?

- Financial independence
- Autonomy and being able to make their choices according to personal goals.
- Feeling of wellbeing in order to look after their mental and physical health
- Keeping and continuing relationships

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Description of the modern old person (IT):

- Many kind of “modern” old persons. Having the same age, some of the them are sick, others very actives
- More active and independent
- More Knowledge
- Gender differences
- Try adapting to new situations
- Live longer than the past/more fragile
- Isolated

‘There are many kind of “modern” old persons. Having the same age, some of the them are sick, others very actives’ (participant 3) IT3

“When I was a young girl, people at 50 years, were considered old” (participant 1) IT3

‘Today elderly people are more self-sufficient and capable than in the past’ (participant 2) IT3

‘There is a gender difference in aging. The women react better than men to the aging (for example physical pain caused by aging)’ (participant 4) IT3

‘Today the older peoples watch television many hours and they don’t react’ (participant 8) IT3

‘The “new seniors” don’t accept to stay isolated’ (participant 10) IT3

'They are able to express a unique and original affectivity. They try to adapt to new situations without renouncing their autonomy of choice' (participant 11) IT3

What are the “modern” old person characteristics?

- Live longer than the past/more fragile
- more informed
- support the family

'In the past peoples continued to do hard work even when they became elderly. We did never hear about Alzheimer' (Participant 1) IT3

'Today older peoples are more long-lived and more fragile at the same time' (participant 1) IT3

'In the past there was less cognitive pathologies' (participant 2) IT3

'Today nutrition and foods are less healthy, so diseases are more frequently' (participant 3) IT3

'The nutrition and hygiene models are changed' (participant 4) IT3

'Today the older persons lives in more protected environment than in the past' (participant 4) IT3

'Today the elder persons are more be cared and live longer than before. They are more informed comparing to the past' (participant 5) IT3

'Today the children of older peoples work too much and they haven't time for them. Sometime the older peoples have to work to support economically theirs children' (participant 6) IT3

'May be some of them have “burned out brain’ (participant 9) IT3

'They would need leisure, but often they don't want get out' (participant 10) IT3

'Sometime the older woman whom I take care goes sleep in my home, in order to doesn't stay alone at home. She get out only in this occasion' (participant 11) IT3

'There are some areas where it is mandatory to have a car to move' (participant 12) IT3

'In this case to caregivers is asked to facilitate relations between care recipients and community member. Theirs role is fundamental' (participant 11) IT3

What does society expect from them?

- Rejection/ignorance
- Remain Active

'The family members don't listen them because they repeat always the same things and tell the same stories' (participant 4) ITA3

'The family often have no patience to listen them' (participant 3) IT3

'To keep up affective relationships, in replacement of the familiar networks that are in crisis' (participant 1) ITA3

'Often they feel ignored inside their family' (participant 3) ITA3

'Technical competences (about cleaning and hygiene) isn't enough' (participant 5) ITA3

'Listening is a very important part of caregiving activities. 'For this reason 'I teach to elder which I take care to as use mobile phone' (participant 8) ITA3

'The older peoples reflect the society like a mirror, just like the children. For this reasons the elderly's need reflect the needs of the society' (participant 9) ITA3

'They give an important contribution in order to preserve social tissue, particularly in isolated area, but this role isn't recognized' (participant 10) ITA3

'Often "new seniors" must act as buffer between children and grandchildren' (participant 12) ITA3

Description of the modern old person (ROM):

- More active
- Autonomous, independent
- fragile, needy
- involved in family responsibilities
- interest for social interactions
- social withdrawal, depression
- willingness to learn new things and use technology
- fear of technology they are not familiar with and new situations
- enjoy life and hobbies

'She goes to the kitchen, my granddaughter prepares her meal, she goes out, she is continent, she changes her clothes, she doesn't let anyone help her/ she gets dressed alone, puts on her shoes' (participant 1) ROM 3

'She cleans corn for the animals' (participant 1) ROM 3

'She goes alone to the animals, refuses to use the shower, only the bathtub as she knows / the store is across the road, she goes to the store' (participant 1) ROM 3

'She wants to see all her children around her' (participant 1) ROM 3

'She goes alone, she has this rock at the gate, when it is warm she goes out and meets the neighbors, old ladies like her' (participant 1) ROM 3

'She likes TV, she's Bulgarian, loves Bulgarian TV, she speaks multiple languages, and starts singing Bulgarian songs' (participant 1) ROM 3

'Some become introverted, and don't enjoy talking, they withdraw. Some would even prefer not to talk' (participant 1) ROM 3

'He needs to be lifted, someone needs to help him / I organize his medication, he takes them himself, I help him wash, I change him' (participant 2) ROM 3

'He watches the news' (participant 2) ROM 3

'If someone assists him, he gets out in the yard, he feeds to animals, but he needs help' (participant 2) ROM 3

'My mother-in-law, she is 60, but she is ok, she takes care of my child' (participant 3) ROM 3

'She had surgery, she is sick, but she is ok, independent, soon she will need further surgery and we will need to help her again, me and my sisters, otherwise she does ok' (participant 3) ROM 3

'My mom in the country, she goes out, to church, to meet neighbors, she uses a smart phone, the internet, / my brothers are abroad so she needed to learn' (participant 3) ROM 3

'Dad watches TV, whatever he learns from the news by night, he discusses on the street the next day' (participant 3) ROM 3

'They used to crochet, go to chess tournaments' (participant 3) ROM 3

'There was this gentleman, each morning he waited for us playing the piano. He never took classes, he listened, he created a rhythm, played for 30 minutes, and waited for us with tunes, he played for us' (participant 3) ROM 3

'They are also concerned with animals, they feed the cats' (participant 3) ROM 3

'They wait for money from nobody, once the pension comes, they pay all bills and with what remains they make due' (participant 3) ROM 3

'They do not feel safe. When that thing starts moving (a lift) they fear they may fall' (participant 3) ROM 3

'There are persons we help, some can take care of themselves, some are bedridden we need to feed them, change them, bathe them, we do what we needs' (participant 6) ROM 3

'They have a certain sadness in their soul' (participant 7) ROM 3

What are the “modern” old person characteristics?

- More active
- Autonomous, independent
- fragile, needy
- involved in family responsibilities
- interest for social interactions
- social withdrawal, depression
- willingness to learn new things and use technology
- fear of technology they are not familiar with and new situations
- enjoy life and hobbies
- socially responsible

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What does society expect from them?

- to care for family members/ to help with family activities, to provide services within the family
- not to be in the way

'To take care of themselves, their grandchildren and great –grandchildren' (participant 1) ROM 3

'To provide counsel' (participant 3) ROM 3

'To have a quiet old age' (participant 3) ROM 3

'To cook, my mom makes preserves for all of us in the summer – jams, pickles' (participant 3) ROM 3

Description of the modern old person (POR):

- Live longer
- Fragile, needy
- Active
- Use technology
- Loneliness
- Abandonment

'There is a huge difference: back in the past, old people stayed at home, nowadays there are plenty of services – which are valued, and needed' (participant 2) POR 3

'Old people keep having life projects' (participant 2) POR 3

'Today, it's common old people with 90s playing with computers' (participant 2) POR 3

'There are situations of abandonment which are discovered and taken care of by social security' (participant 2) POR 3

'Longevity is higher' (participant 2) POR 3

'Needy and lacking in love' (participant 4) POR 3

'They need the support of social services/ care workers' (participant 4) POR 3

'They want to be left in quiet, they are isolated' (participant 5) POR 3

'Many do not have the ability to be active' (participant 5) POR 3

'There are more resources today than before; we might not be able to use them' (participant 5) POR 3

'There are old person taking part in plenty of activities' (participant 2) POR 3

'They are vain, they like to make-up, hairdressing, nails painting' (participant 4) POR 3

What are the "modern" old person characteristics?

- Active
- Socially active

'There are groups more participative in society, that feel old but not useless

Joy of living' (participant 2) POR 3

'More quality of life in all domains' (participant 2) POR 3

'There are old person taking part in plenty of activities' (participant 2) POR 3

'Many old people feel it is not worth anymore to be active, because they can't do many things' (participant 2) POR 3

'They are more active. If they are at day care centres... they are vain, they like to make-up, hairdressing, nails painting' (participant 4) POR 3

What does society expect from them?

- Society is more open to old people being more active and interested for diverse activities (e.g. ICT)
- Old person used to be more respected
- More families do not expect involvement in family issues/tasks from old people
- Isolation

'A lot of old people are isolated' (participant 3) POR3

Extra themes

'At home care is worst, is very degraded' (participant 3) POR3

'If you are in a residential facility, you can have a better quality of life' (participant 3) POR 3

'Care workers must be highly professional' (participant 4) POR 3

'More and more families do not expect involvement in family issues/tasks from old people' (participant 5) POR3

Description of the modern old person (FIN):

- The health decreased
- Active/hobbies
- Independent
- lovely
- friendly
- Difficulties to use technology

'When the person does not cope any more with the ADL. The health has decreased and the person herself feels old = elderly' (participant 1) FIN3

'Active, takes care of household, travels, uses bank automats, has hobbies' (participant 2) FIN3

'Independent, takes care of her daily routines and activities, is able to move/mobility' (participant 3) FIN3

'An active, lovely granny who talks a lot and is always friendly' (participant 5) FIN3

'It is possible that being old turns to anxious when you must find everything from the internet when you don't have one and you don't know how to use it' (participant 6) FIN3

What are the "modern" old person characteristics?

- Active
- Independent
- Use computers/technology

'She does daily activities by herself, takes care of her bank/money issues, books travels and tickets, uses computer' (participant 1) FIN3

'Intelligence, active, busy' (participant 2) FIN3

'Takes care of her own business' (participant 3) FIN3

'Is able to use the busses and trains, buy tickets' (participant 4) FIN3

'Daily routines: toilet, breakfast, planned program based on individual interests and chance to go out' (participant 5) FIN3

'There's a big risk that elderly people drop out from society because everything moves forward so fast' (participant 6) FIN3

'My granny just told me she has difficulties with busses when timetables are not available at the bus stop and when you ask help they guide you to check from the internet and she don't know how to use internet or mobile devices' (participant 7) FIN3

'Daily routines and living everyday life' (participant 8) FIN3

What does society expect from them?

- Independent
- stay in good condition and live at home
- does not care about the elderly at all, they are forgotten

'Society wants elderly people stay in good condition and live at home without any help from the city' (participant 1) FIN3

'Everyone should be able to use social media, bank' (participant 3) FIN3

'Sometimes I feel that the society does not care about the elderly at all, they are forgotten' (participant 4) FIN3

Extra theme

- Need help for Social media

'I'm helpless with the Social media' (participant 3) FIN3

Description of the modern old person (CY):

- Active
- difficulties in recognizing himself as "older"
- involved in family responsibilities

'I am 65 and I cant believe it that I am old...I feel young. I feel that I can't do everything. You are not old in the age of 65' (participant 5) CY3

'Ok you cannot do everything ... not like before when you was younger' (participant 5) CY3

'Over 65 I feel like before ... there are many diseases now' (participant 3) CY3

'I think that the age of 80s is the age that you feel old' (participant 5) CY3

'Yes it depends of your general condition, your health problems' (participant 5) CY3

'The mean age of a women is the age of 77. Over 77 you are old' (participant 5) CY3

What does the society expect from the old person?

- Independent
- involved in family responsibilities
- they forget you

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'Free... to be volunteer somewhere' (participant 5) CY3

'They forget you' (participant 2) CY3

'It is very important to offer to the society in the age of 65-70, you are active person' (participant 2) CY3

'To take care of us, as we did' (participant 3) CY3

'The society need to know what the elderly need' (participant 2) CY3

General themes about the description and characteristics of the modern old person:

1. Active
2. involved in family responsibilities,
3. social withdrawal / depression
4. fragile, needy
5. interest for social interactions - volunteer
6. willingness to learn new things and use technology

7. fear of technology they are not familiar with and new situations
8. abandoned/ignorance
9. Financial independence
10. Autonomy and being able to make their choices according to personal goals.
11. Feeling of wellbeing in order to look after their mental and physical health
12. Keeping and continuing relationships

SECTION 2: UNDERSTANDING THE NEEDS OF THE ELDERLY

The needs of the old people (UK):

Social / humane needs:

- Support from the family and local services
- Building or continuing relationships with family, friends and the community
- Social interactions/needs

Health care needs:

- To know about their potential risk factors
- To know about health prevention
- 'Need to put in place a health prevention. Relationship' (participant 1) UK 3

'RESIDENCE HOME: They need to know the potential risk factors. Motivation and encourage from family, friends, etc.' (Participant 2) UK 3 24

'To have support family' (Participant 3) UK 3

'To keep up social relationships. To be part of the club' (Participant 4) UK 3

What resources are available to cover the elderly needs?

- The resources available for most of the old people come from their local community
- Some community centres organise different activities such as dancing, gym and cooking to keep them occupied, active and build relationships with their peers

'Organize different kind of activities (singing, dancing) by community centers' (participant 1) UK 3

'Residence home to meet friends, socialize, Transport' (participant 2) UK 3

'National health services' (participant 3) UK 3

'Some organization accept them to be part of different volunteering activities' (participant 4) UK 3

'Some courses to learn more such as IT, cooking, card making' (participant 6) UK 3

Do available resources cover the elderly needs?

- Some of the resources cover their needs (leisure and recreation activities provided from the local community)
- Government resources did not cover their needs

'Some of the resources cover some needs like dancing, gym courses for elderly with reasonable costs' (participant 1) UK 3

'The Community centre' (participant 2) UK 3

'Some training for families could help to cover their need' (participant 3) UK 3

'To be involved in local organisations' (Age Uk) or Community Centre' (participant 4) UK3

'Organize IT Courses, Organize events or Workshops' (participant 5) UK 3

What needs (if any) are left unmet?

- The old people need more resources from the government such as equipment
- They would also like events so they can share their opinions and organise talks about awareness of their rights

'Building houses / roads / stairs suitable for the elderly - more support' (Participant 5) UK 3

'Better transport' (participant 1) UK 3

'Social interactions and relationships outside their family' (participant 1) UK 3

'Better pension for some of them, better equipment for the house' (participant 2) UK 3

'Heard their opinion and respect their willingness. Better NHS services' (participant 3) UK 3

'Sense of belonging in society, receive more support form the government and NSH' (participant 4) UK 3

'Have more knowledge on health issues they have to manage with' (participant 5) UK 3

The needs of the old people (IT):

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Activities of daily leaving:

- need activity
- to keep up residual skills

Social / humane needs:

- connected to their own social network
- to keep a high self-esteem
- communicate/ talk to someone
- to be able to maintain their identity
- to have children as active caregivers

'Feeling active and connected to their own social network' (participant 1) ITA3

'Feeling involved in something' (participant 2) ITA3

'To keep an high self-esteem. To keep up social relationships. They love talk and communicate to someone. The family often have no patience to listen them' (participant 3) ITA3

'To be able to maintain their identity' (participant 3) ITA3

'Be consistent to own gender features' (participant 5) ITA3

'To have children as active caregivers' (participant 7) ITA3

'To keep up residual skills' (participant 8) ITA3

What resources are available to cover the elderly needs?

- Church
- Family
- Friends

'The dancing' (participant 1) ITA3

'Reading newspapers is important in order to don't feel cut off' (participant 2) ITA3

'Go to the hairdresser for the women is a way to keep high self-esteem. It's an occasion to go out and to keep social relationships' (participant 3) ITA3

'To meet friends' (participant 3) ITA3

'Going to church' (participant 4) ITA3

'Activities addressed to preserve traditional and domestic works' (participant 6) ITA3

'Today also the men is engaged in care activities of theirs parents' (participant 7) ITA3

'To be able to support seniors without replace him. Help him to do it alone, using own residual abilities' (participant 8) ITA3

Do available (if any) resources cover the elderly needs?

'Territorial Senior Center' (participant 1) ITA3

'Skilled formal caregiver' (participant 2) ITA3

'Supporting mobility' (participant 3) ITA3

'Local voluntary initiative' (participant 6) ITA3

'Changing in the cultural legacies' (participant 7) ITA3

'Skilled caregiver' (participant 8) ITA3

What needs (if any) are left unmet?

'Different kind of dancing or motor activity' (participant 1) ITA3

'Understanding the priorities' (participant 3) ITA3

'Organizational and bureaucratic rigidities' (participant 5) ITA3

'Ability to supporting without replacing' (participant 4) ITA3

'Difficulty in undertaking new routes (fear of the risks)' (participant 6) ITA3

'The old women are more prude' (participant 7) ITA3

'Generally, the caregiver wants to show himself efficient at all costs' (participant 8) ITA3

The needs of the old people (ROM):

Activities of daily leaving:

- need for help with basic activities
- financial assistance

Social / humane needs:

- need to communicate
- need to socialize

Health care needs:

- need for healthcare
- need for basic care

'Dome need care, help, washing, ironing' (participant 1) ROM 3

'They need financial help – financial support' (participant 1) ROM 3

'They need to talk' (participant 1) ROM 3

'Especially the ones that are bedridden, we need to feed them, like babies' (participant 1) ROM 3

'Health is first' (participant 1) ROM 3

'Washing, ironing, shaving' (participant 2) ROM 3

'First is the need for healthcare, if you have health you have it all, you have no health you have nothing' (participant 2) ROM 3

'The need to socialize' (participant 2) ROM 3

'Medication is expensive, if my brothers and I would not pitch in to help, they would not make it on their pensions alone' (participant 3) ROM 3

'Even if they don' t understand you, they don't remember us, talking to them is very important' (participant 3) ROM 3

'Has nobody to open her door, some just don't have anybody, we had a neighbor, she had girls but they were not visiting, we went by, to say hello to take her some food and water' (participant 3) ROM 3

'My mother in law loves to talk to me' (participant 5) ROM 3

What resources are available to cover the elderly needs?

- family
- friends
- income from the state

'The two most important resources the older persons are using are family and earned income from the state' (participant 1) ROM 3

'They are lucky that there are many of us to help them. They wait for money from nobody, once the pension comes, they pay all bills and with what remains they make due - family support and state support' (participant 3) ROM 3

'The family helps, financially the state is the main helper' (participant 3) ROM 3

'The neighbour hears that someone did who know what – social network as resolving communication issues' (participant 3) ROM 3

'Some people need help from the state social aid, food' (participant 3) ROM 3

'Family and friends' (participant 6) ROM 3

Do available resources cover the elderly needs?

- not sufficient

'The resources sometimes are enough sometimes they are not they are not sufficient sometimes' (participant 3) ROM 3

What needs (if any) are left unmet?

- Healthcare
- Communication
- financial needs

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'Going to the hospital, health needs. With regards to food, they make a lot of sacrifices to be able to live day by day, plenty of sacrifices' (participant 3) ROM 3

'Communication with them – the need for communication is not met' (participant 1) ROM 3

'Healthcare is the first unmet need' (participant 1) ROM 3

'Communication with them – the need for communication is not met' (participant 1) ROM 3

'Need for communication is not met' (participant 3) ROM 3

'Going to the hospital, health needs' (participant 2) ROM 3

'With regards to food, they make a lot of sacrifices to be able to live day by day, plenty of sacrifices – financial needs. If they are isolated, they have no-one to talk to – communication need' (participant 3) ROM 3

The needs of the old people (POR):

- Activities of daily living
- Social / humane needs:

- need to communicate
- need a kiss and a huge
- security
- affection, understanding

'Sometimes they only need a kiss and a huge, no need for words. They need someone to whom they can talk to' (participant 1) POR 3

'Security. Support in daily activities such as feeding, hygiene and health. They prefer someone to talk to, to chat' (participant 2) POR 3

'Affection, understanding' (participant 3) POR 3

What resources are available to cover the elderly needs?

- Residential facility
- Home based care

'Residential facility' (participant 1) POR 3

'Home based care' (participant 3) POR 3

Do available (if any) resources cover the elderly needs?

'No, there are a higher number of old people and services are not enough'(participant 1) POR 3

'More human resources needed' (participant 2) POR 3

'The way a team organises itself is crucial for the services and it depends a lot from the top managers' (participant 4) POR 3

The needs of the old people (FIN):

- Support in basic care needs, hygiene, food
- Social / humane needs:
- communication
- company
- security

'All kind of basic needs – starting from food, shower, toilet, ambulance, company' (participant 1) FIN3

'Company, basic care, hygiene' (participant 2) FIN3

'Basic care, toileting, feeding' (participant 3) FIN3

'Loneliness, social needs' (participant 5) FIN3

'Nutrition is very important and hygiene and medication, but social needs as well to keep up with daily routines and don't need to feel lonely' (participant 7) FIN3

'Need for encouragement and support to avoid paralyzed' (participant 8) FIN3

What resources are available to cover the elderly needs?

- Nursing Home the basic needs are covered
- Home is not always so safe

'In Nursing Home the basic needs are covered, but no extra time for residents. Often no relatives to take part' (participant 1) FIN3

'Good facilities inside and out, educated staff, good spirit within the carers' (participant 2) FIN3

'Especially in home care time is very limited' (participant 5) FIN3

'Home is not always so safe we could assume. Many feel themselves lonely at home. Here we have better resources than in home care' (participant 7) FIN3

Do available (if any) resources cover the elderly needs?

- not enough carers
- not much time for face to face discussions

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'Not much time for face to face discussions and general being together' (social events) (participant 1) FIN 3

'Mostly yes, but not enough carers' (participant 2) FIN 3

'Mostly I think the social activities are lacking and face to face time' (participant 3) FIN3

'We have here physiotherapy, podiatry and barber' (participant 6) FIN 3

What needs (if any) are left unmet?

- Listen to the resident
- keep company

The needs of the old people (CY):

Activities of daily leaving:

- Support in basic care needs, hygiene, food
- transfer to hospital/doctor

Social / humane needs:

- communicate/ talk to someone

- company /companionship
- to keep a high self-esteem
- to be able to maintain their identity
- to socialize – church
- behavior
- support

Health needs:

- to know first aid
- health care needs

'When I go to an old lady to see her, I may give her food and I may sit with her an hour' (participant 1) CY3

'They wanted a nurse to take care of them, they needed their injection ... these are their needs... accompany them to the hospital' (participant 1) CY3

'To take them for a walk, to take them to their home and to take care of them' (participant 3) CY3

'Another care worker gave them a bath and she left, another care worker cleaned only the house' (participant 3) CY3

'Yes the person may be able to drive a car but need someone to help him ... need to go to the hospital. We had an old person that needed a hemodialysis day by day to the hospital' (participant 3) CY3

'To help them for the bath, shopping, to prepare for them food' (participant 3) CY3

'I had an old lady that she wanted to make her hair and nails. They make her feel younger. This was the needs for her' (participant 3) CY3

'To be able to give first aids when needed' (participant 3) CY3

'To help them to go to the church' (participant 3) CY3

'Transport' (participant 2) CY3

Transfer to the hospital (participants 4 and 5) CY3

'Yes the company is very important ... especially for old people. To do something' (participant 2) CY3

'Companionship' (participant 2) CY3

'Help, care (to take their medicines), food' (participant 2) CY3

'... loneliness to go away that is the think that kills them' (participant 5) CY3

'to help her write a letter for her children, to take her to the cemetery, to the hairdresser, to dye her nails' (participant 5) CY3

'Now we drive, when you become 80 years old, you will need your bath, your food and cleaning the house. The doctor is essential. Need to know their medicines' (participant 5) CY3

'How we behave to the old people' (participant 5) CY3

'They need us for company. One lady every time I was going to her house she was waiting in front of the door, dressed, to take her to the coffee shop, to drink coffee, to go for shopping' (participant 5) CY3

'To help them to go to the church' (participant 5) CY3

'to help the to go to the church'. Shopping, to cooked' (participant 5) CY3

'Need support' (participant 5) CY3

What resources are available to cover the elderly needs?

'I think there is nothing for care workers' (participant 2) CY3

General themes about the needs of older persons

Performing activities of daily living (hygiene and food)

Access to health care services

Communicate / social interaction

Emotional support and love

SECTION 3: COMPETENCES OF HEALTH CARE WORKERS

What competences should the care workers have (UK)?

Practical (instrumental competences)

- Time management
- To be able to use equipment

Knowledge

- To be able to understand the needs and the medical history of the person
- To be able to access any training

Social competences / Humane

- To have caring attitude
- To be patient
- To be respectful
- Communication
- Understanding

'To have caring attitude, communication, to be respectful, training' (participant 1) UK 3

'Time management' (participant 2) UK3

'Understanding, patience' (participant 2) UK3

'Understanding, patience' (participant 3) UK3

'To be respectful' (participant 1) UK3

What are the barriers the health care workers may face to provide sufficient care?

- Lack of time to care properly
- Lack of government funding
- Lack of resources
- Lack of communication with the users' families and of information about the old person involved.
- Lack of cooperation
- Language barriers between the carer and the person who they are looking after

'Lack of government funding' (participant 1) UK3

'Too many clients to look after' (participant 1) UK3

'Lack of communication, not enough time to do what care works want to do because the funding was cut. The care plan for each patient is not clear and specific. Money = the council in Liverpool funding was reduced' (participant 4) UK3

The aspects on which they focussed most of their attention was the lack of funds and time to provide sufficient care to the elderly. One of the participants, the only working in the private sector, described herself as 'a car with an empty tank that is trying to go without fuel. They are destined to stop and burn out'. Also, in based on their experience they mentioned if each house or residence is provided with a personal user 'a good care plan' (age, diseases, etc.). It could help with the communication and understanding of the old person they are caring to.

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What are the facilitators (factors that promote) of the competences of health care workers?

- Full care plan for the person they are looking after
- Good training
- Sensible pay
- Support from agencies (to get right equipment)

In addition, these facilitators could be improved in the care workers profile. According to their answers, specific training is required, namely refresher courses about the most common illnesses that affect the old people; handbooks; day centres and meeting with other carers to share their experiences.

'Good training'(participant 1) UK3

'Full training for cares' (participant 5) UK3

What are the benefits (if any) of having competent health care workers?

- a better job and self-empowerment
- feel more valued and confident doing their tasks and contributing in the old peoples' daily lives
- giving the person who is cared the best quality of the life, happiness and mental release knowing that they can rely on their carer to do the best for them

'Valued workers who do a good job. Elderly people having been given time and good care are happy and loved' (participant 1) UK3

'The care workers feel confident doing their tasks' (participant 2) UK3

'Giving the person who are cared for the best quality of life that is possible. Giving the person who are cared for mental release knowing that they can rely on their carer to do the best for them. Giving their family peace of mind' (participant 5) UK3

What competences should the care workers have (IT)?

Practical (instrumental competences)

- Know the equipment that can improve the life condition of the caregiver
- To be able to use equipment

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Knowledge

- Training theoretical and practical

Social competences / Humane

- To have caring attitude
- To be patient
- To be respectful
- Trust
- Honesty
- Love own care recipients
- Listening ability/ Understanding
- Empathy /goodness

'it's fundamental to love own care recipients' (participant 1) ITA3

'It's necessary to have got a natural listening ability' (participant 2) ITA3

'The mainly lesson to learn is patience' (participant 5) ITA3

'The empathy and the goodness is fundamental in this work' (participant 6) ITA3

'It's important know the equipment that can improve the life condition of the caregiver and of care recipients' (participant 7) ITA3

'In this work are really important: Trust, Respect, and Honesty' (participant 8) ITA3

'Professional ethics area: it's really important the respect of their privacy. I would not like if everyone knows my private matters' (participant 9) ITA3

'Training have to be not only theoretical, but practical too' (participant 10) ITA3

What are the barriers the health care workers may face to provide sufficient care?

- Feeling unprepared to manage complex conditions and symptoms
- Practical experience is lacking
- Home inadequate to be places of assistance
- Difficulties with seniors
- Conflicts with family members
- Professional training is lacking

'The offer of professional training is lacking' (participant 12) ITA3

'There could be conflicts with family members' (participant 6) ITA3

What are the facilitators (factors that promote) of the competences of health care workers?

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- *'To be more expert' (participant 1) ITA3*
- *'To be satisfied with your job' (participant 4) ITA3*
- *'To know that they can have a development in their carrier' (participant 5) ITA3*
- *'Increasing dignity in your own job' (participant 7) ITA3*

What are the benefits (if any) of having competent health care workers?

- *'To feel safer' (participant 1) ITA3*
- *'They are more confidants' (participant 4) ITA3*

What competences should the care workers have (ROM)?

Practical (instrumental competences)

- Needs technical knowledge - to assist the older persons to communicate with loved ones using various technologies – Smartphone, WhatsApp, etc

Knowledge

- Well trained to provide good quality care

Social competences / Humane

- Needs to be patient and understanding
- Needs to be passionate about their job

'Trained in basic care. Needs to be kind, respectful, patient, understanding of their beneficiary's needs and specific pathology' (participant 1) ROM

'They should be trained in basic care' (participant 2) ROM

'Technical knowledge – when they need to use the phone you need to comply, bring them your phone' (participant 3) ROM

'Patient, understanding, soft spoken. Even if we do not know them, we cannot respond in kind, they do it involuntarily – understanding' (participant 7) ROM

What are the barriers the health care workers may face to provide sufficient care?

'Limited personnel' (participant 1) ROM

'A great volume of work' (participant 3) ROM

What are the facilitators (factors that promote) of the competences of health care workers?

- Team work
- Courses focused on new technology and improving abilities and competences

'We go together – team work' (participant 1) ROM

'Additional courses focused on new technology and improving abilities and competences' (participant 3) ROM

What are the benefits (if any) of having competent health care workers?

- improves safety for both carer and beneficiary

'Improved carer safety' (participant 1) ROM

'I would be safer' (participant 2) ROM

What competences should the care workers have (POR)?

Practical (instrumental competences)

- Use of ICT

Knowledge

- being a knowledgeable person
- Use of ICT

Social competences / Humane

- Respect for the old person
- Empathy
- Show confidence
- Sense of humour
- Active listening
- Communication

'Respect for the old person's space' (participant 1) POR 3

'Empathy' (participant 2) POR 3

'Show confidence and being a knowledgeable person' (participant 2) POR 3

'Sense of humour can be of high value' (participant 2) POR 3

'Respect old person's will' (participant 2) POR 3

'Use of ICT' (participant 2) POR 3

'Making eye contact, active listening, transparent communication' (participant 3) POR 3

'Interest in getting to know the client' (participant 4) POR3

What are the barriers the health care workers may face to provide sufficient care?

- Feeling not valued both financial and human
- *'Care workers don't earn enough salary for the responsibilities they have' (participant 1) POR 3*
- *'Conflicts between colleagues/ teams' (participant 2) POR 3*
- *'Lack of materials/ resources' (participant 3) POR 3*

What are the facilitators (factors that promote) of the competences of health care workers?

- Good organizational climate
- Supportive team/colleagues (psychologist support)
- Enjoying the work

What are the benefits (if any) of having competent health care workers?

'Confidence from employer, clients and families. Greater self-esteem' (participant 2) POR 3

'Knowing what you are doing and have the trust from the old person. Feeling good about ourselves' (participant 3) POR 3

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What competences should the care workers have (FIN)?

Practical (instrumental competences)

- Skills to give medication
- Safe/secure care

Knowledge

- Professional skills

Social competences / Humane

- Friendliness
- Empathy
- Be polite
- Be respectful
- Communication skills
- Punctuality
- Social skills
- Calm/peaceful

'Friendliness' (participant 1) FIN 3

'Empathy, tolerance, good physical fitness, motivation' (participant 2) FIN 3

'Carer should be polite, to talk me, respect my personality, have skills and competence' (participant 3) FIN 3

'Professional skills, must have skills to give medication, to be respectful, secure care, punctuality' (participant 4) FIN 3

'Empathy, respectful, safe' (participant 5) FIN 3

'Social skills; how you communicate and do things with patients' (participant 6) FIN 3

'Peaceful and respect so client can feel her/himself safe, it's very important' (participant 8) FIN 3

'Tolerance for stress' (participant 7) FIN 3

What are the barriers the health care workers may face to provide sufficient care?

- Lack of time
- Low number of staff members
- Language Barriers
- Patients behavior
- Management and supervision

'Lack of time, tired of work load, lack of motivation' (participant 1) FIN 3

'Lack of time, number of staff members' (participant 2) FIN 3

'Language barriers (I speak English, it helps). The carers should have at least some level of Finnish skills. Not enough time or the number of carers are low' (participant 4) FIN 3

'Patient her/himself can also be obstacle for good care when don't understand own best and hits nurses and refuses all the nursing' (participant 6) FIN 3

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What are the facilitators (factors that promote) of the competences of health care workers?

- Good education
- Experience of work (years of working)
- Good physical condition

'Good education, experience of work (years of working)' (participant 1) FIN 3

'Their own attitude, motivation, their own health' (especially mental health)' (participant 4) FIN 3

'This is also very physical work so it's important to keep ourselves in good physical condition' (Participant 7) FIN 3

What are the benefits (if any) of having competent health care workers?

- Better care
- Competence to do the work
- Secure Care

'Competence to do the work, happy carers, secure care' (participant 2) FIN 3

'Good care and good feeling for everyone' (participant 7) FIN 3

What competences should the care workers have (CY)?

Practical (instrumental competences)

- Skills to give medication
- skills for basic care needs/ADL

Knowledge

- First aid knowledge
- knowledge for basic care needs

Social competences / Humane

- Be patient
- Love the elderly
- Trust

'You need to have patience' (participant 2) CY3

'You need to love what you do' (participant 2) CY3

'The carer needs to have character, to feel that he takes care of an elderly, not just doing it for the money' (participant 2) CY3

'Love the old person' (participant 3) CY3

'You must have patience, you must love and what you do (participant 2) CY3

'If you don't love this job, you don't go (participant 2) CY3

'To be honest' (participant 2) CY3

'To know what drugs he takes, (knowledge) for resuscitation' (participant 5) CY3

'He must know Greek' (participant 5) CY3

'Knowledge for first aids' (participant 3) CY3

'To be able to prepare their food' (participant 3) CY3

'To make her bath and clean the toilets, the house and then to make their food? It is not right;' (participant 3) CY3

'You must be typical. It happened to me that we had money... , as it was in the file on the table. It happened that we had a key to go to open, to do their job ... must be very careful' (participant 3) CY3

What are the barriers the health care workers may face to provide sufficient care?

- not enough carers
- lack of time
- Education
- Language

What are the facilitators (factors that promote) of the competences of health care workers?

- relationships with family and the client

Summary

The participants replied almost with the same answers about the competences the care workers should have. They are:

- To have caring attitude
- To be patient
- Time management
- To be able to understand the needs and the medical history of the person.
- To be able to use equipment
- To be able to access any training
- in the case of physically and verbally abusive beneficiaries a carer needs to be patient and understanding and be aware of the fact that this behavior is secondary to disease
- technical knowledge is important since they need to assist the older persons to communicate with loved ones using various technologies – Smartphone, WhatsApp, etc
- the carer needs to be passionate about their job, to really like it
- the carer needs to be well trained to provide good quality care

Focus groups with older persons - outcomes

SECTION 1. DESCRIPTION OF THE MODERN OLD PERSON:

The participants had a wide knowledge and understanding how to describe themselves. They refused that people in the age of 65-70 should call them 'elderly people' and they insisted that there were no special needs at this age. The majority of the participants (group of elderly) described the elderly with the following characteristics:

'There are several types of elderly; the ones who are totally independent and those who need a lot of help and maybe live in Nursing homes' (participant 2) FIN

'I think in the past there was only one concept of 'older person', now it really depends on how you feel rather than on your age' (participant 8) IT2

Description of the modern old person (UK):

- Living longer than previous generations
- Fit and active
- Knowledge and use of technology
- Hygienic
- Outgoing
- Engaged in social activities
- Educated
- Plenty of free time for him/herself
- Daily activities

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The majority of the participants are involved in their local community centres where they attend dance class. They also meet their friends or relatives for walks or go shopping together. The interesting answer given from 3 participants (UK) was that they usually go for meals out, cinema or theatre at least one time per week.

Description of the modern old person (IT):

- Difficulties in recognizing himself as 'older'
- Living longer
- Decreases quality of life (health status, financial situations, support network)
- Active
- Plenty of free time for him/herself
- Lonely
- Anxious (leaving his/her position at work)

Description of the modern old person (ROM):

- Needy, sick, unhappy and disappointed by the general situation
- Independent
- Active (3 participants still working and some others express the need to work for socialization and to earn money)
- Plenty of free time for him/herself
- Financially Insecure
- Caring about family (took care of grand-children)
- Socialization – Social awareness
- Fearful of the future
- Knowledge and use of technology - interest for technical development
- Willing to volunteer to help
- Open minded

Description of the modern old person (FIN):

- Active/hobbies/household
- Plenty of free time for him/herself
- Educated/Intelligent
- Independent – need a lot of help or live in nursing homes
- Socialize – They meet their friends for walks or go shopping together
- Caring about family (took care of grand-children)

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Description of the modern old person (POR):

- Need other people helps (feed)
- Educated/Intelligent
- Living longer
- Lonely
- Not respected
- Active
- Need help for technology - interest for technology
- Discrimination & bad treated

Description of the modern old person (CY):

- Active/ modern person
- Plenty of free time for him/herself
- Caring about family (took care of grand-children)
- Emotionally vulnerable
- Open minded

- Behavior liable to change: more demanding, more capricious (ιδιότροπος)
- Emotionally vulnerable person: the insignificant things matter for them, fear of the future, pessimist
- Social activity - spiritual need (church),
- Use of social media
- Discrimination & bad treated

A modern retiree

interested in working - to use his mind - to take care of himself - not to be left, take decisions for himself – more open minded to new relationships - not to marginalize himself – caring for family members

'It is someone who has difficulties in recognizing himself as "older"' (participant 5) IT1

'She feels younger than her age' (participant 3) UK1

'Joy of living' (participant 2) POR 3

'All the experience they gathered throughout their life and all the wisdom are very important - experienced both personally and professionally' (participant 2) ROM 1

'His main issue is the shift from work to retirement' (participant 1) IT1

'It is someone who needs to remain mentally active, to be stimulated to do meaningful things' (participant 10) IT2

'A person willing to spend his time in a meaningful way' (participant 4) IT1

'A common characteristic is a research of meaning and a refusal of inactivity' (participant 6) IT1

'The old person today seeks to know more...watch TV to know how things are going, is much smarter and wishes for more' (participant 2) POR2

'We must be up to speed with all that is happening today, to be able to read an article via email, to find information to find a show' (participant 2) ROM 1

'I drive a car even at this age, so I do everything' (participant 4) ROM 1

'Currently I work as a collaborator in a theater' (participant 3) ROM 2

'I cared for my father' (participant 5) ROM 2

'Living longer' (participant 4) UK2

'They live longer but the quality of life decreased' (participant 8) IT2

'Enjoying life more, living longer' (participant 1) UK2

'active, have hobbies, household, takes care of grandchildren' (participant 1) FIN

'Healthier and fitter' (participant 2) UK1

'I feel like I could work at least 4 to 6 hours per day, I would still be able' (participant 3) ROM 1

Loneliness/vulnerable/changes in behavior/change mood/anxiety

- 'Sometimes we feel lonely' (participant 5) CY1,

- 'Loneliness' (participant 1) POR1

- 'More loneliness, More abandonment' (participant 1) POR3

- 'Some of them live loneliness' (participant 4) UK3

- 'the old person from before were treated inside the family, today they must go for a residential or day care' (participant 6) POR2

- 'A person who is alone is plagued by the worst things' (participant 5) ROM 1

- 'I believe that the older person don't know how to defend their rights' (participant 6) ROM 2

- 'Leaving your position at work generate anxiety because you have the feeling that you are losing your networks' (participant 3) IT1

- 'They have a certain sadness in their soul' (participant 7) ROM 3

- 'Needy and lacking in love' (participant 4) POR 3

- 'Many old people feel it is not worth anymore to be active, because they can't do many things' (participant 2) POR 3

- 'The modern older person is very active but often lonely' (participant 1) IT1

- 'Dissatisfied, disappointed, believing nothing gets done' (participant 1) ROM 1

- 'The fear that loneliness brings, when you are alone, when you can't find counsel, when no one can give you any news, except the ones that are on TV, you will of course feel vulnerable' (participant 2) ROM 1

- 'Old age is linked with the lack of independence, vulnerability and being dependent on others' (participant 2) ROM 1

- 'At this age, everything matters, the old person sees and feels everything, if they do not allow you to speak, he/she may feel that they do not want him/her' (participant 3) CY1

- 'We become more demanding, more capricious' (participant 5) CY1

- 'Anything may annoy us' (participant 3) CY1

Active/ fit and active/aware of fitness and health:

hunting, gymnastics / are involved in fitness classes, dance, craft courses, aerobics

'I enrolled in sports, painting, photography' (participant 4) ROM 2

'I worked 4 years after becoming a pensioner, then I took care of my grandchildren' (participant 3) ROM 2

'Is able to walk, transfer from one spot to another, reads a lot, is educated' (participant 3) FIN

'The modern older person is very active...' (participant 1) IT1

'They are also concerned with animals, they feed the cats' (participant 3) ROM 3

'I go to speeches; I do aerobics by the sea during summer' (participant 4) CY1

'I go with friends to excursions' (participant 1) CY1

'We will meet with friends (old classmates) to talk, to tell stories' (participant 1) CY1

'I have a garden to take care in the morning, in the afternoons I go for a coffee with friends. On Wednesdays and Sundays I may go hunting' (participant 8) CY2

Involved in the social life/social awareness/volunteer:

need for social interactions: traveling, they meet their friends for walks or go shopping together, excursions

'We do a sort of volunteer work without realizing it' (participant 1) ROM 1

'The old person today seeks to know more...watch TV to know how things are going, is much smarter and wishes for more' (participant 2) POR2

'I also volunteered, with children' (participant 3) ROM 2

Independent/more autonomous

(because nowadays the facilities are more accessible for them): they want to work like before,

'My activity in the federation takes place almost on a daily basis' (participant 1) ROM 1

'Me, right now I feel like a flower, as long as I don't need anybody' (participant 1) ROM 2

'Is able to walk, transfer from one spot to another, reads a lot, is educated' (participant 3) FIN

'She does daily activities by herself, takes care of her bank/money issues, books travels and tickets, uses computer' (participant 1) FIN3

'I tried to find a part-time job, I found nothing / although I would like very much to work 4 hours per day, I think it would be good for me financially and socially' (participant 1) ROM 2

Use of social media:

Facebook, internet, WhatsApp and Instagram

'I lived to see the internet, I have been using a computer for years, I have an electronic signature, I communicate with authorities online, not to speak of the telephone, I have Facebook, WhatsApp and Instagram / it is a joy that at my age I am able to do all this' (participant 3) ROM 1

'A lot of old people at the age of 60, 65 or 70 want to learn computers' (participant 1) CY1

'I use the internet, Facebook' (participant 4) CY1

'A lot of old people at the age of 60, 65 or 70 want to learn computers' (participant 1) CY1

'...Also, we were "victims" of the digital revolution. Somebody managed, other were overwhelmed by ICT and refused to deal with the change' (participant 10) IT2

'We must be up to speed with all that is happening today, to be able to read an article via email, to find information to find a show' (participant 2) ROM 1

Ageism/lack of respect:

'Old person is very discriminated and bad treated' (participant 6) POR2

'Dissatisfied, disappointed, believing nothing gets done' (participant 1) ROM 1

'We are treated as the last of men, we feel humiliated' (participant 5) ROM 2

'...is very involved in defending the rights of disabled persons and their carers. She provides assistance and support from a legal point of view, providing resources' (participant 6) ROM 2

'In the past, there was more respect, the old person was respected as a human being (...) with wisdom (...) Today old people are not even listen' (participant 5) POR1

'At this age, everything matters, the old person sees and feels everything, if they do not allow you to speak, he/she may feel that they do not want him/her' (participant 3) CY1

Free time for him/herself:

relax, cooking, house works, take care of grand-children, caring about family.

'... now you have in front of you still many years to learn new things and make new experiences' (participant 8) IT2

'They are vain, they like to make-up, hairdressing, nails painting' (participant 4) POR 3

What does society expect from them?

- To take care of grandchildren - family
- Discrimination: nothing – to die

Providing care and support within the family:

'My mother is 98 and I must be by her side' (participant 3) ROM 1

'Older persons are very exploited by the younger family members: there is an expectation that you help them. They expect you to help financially, morally, with the grandchildren' (participant 8) IT2

'They expect you to take care of the grandchildren who are now more and more demanding (you have to take them to the gym, to various activities for the free-time...) and you don't have a lot of time left for yourself' (participant 9) IT2

'They expect you to help the younger generations, for example to take care of grandchildren' (participant 11) IT2

'Take care of grandchildren' (participant 5) UK

'Visit elderly relatives on regular basis' (participant 5) UK1

'Take care for her mother' (participant 1) UK1

Moral compass:

'To be a good example for our children' (participant 3) ROM 1

Discrimination:

'They see you (the society) and inferior compared to them. What can the old man or old lady tell us?' (participant 3) CY1

'They (the society) does not expect anything from us, just to die' (participant 2) CY2

'They expect nothing from us' (participant 3) CY2

'Don't be too big weight for society' (participant 5) FIN

'Poorly understood' (participant 6) POR1

'Old person is very discriminated and bad treated' (participant 6) POR2

'There is that mistrust of the elderly' (participant 1) ROM1

Active/independent:

'To be independent and take care of themselves' (participant 1) FIN

'Society expects that the elderly is not trouble, pays taxes, manages with her pension, takes care of herself (exercise, good mental health)' (participant 2) FIN

'To be active and independent' (participant 4) FIN

'Remaining active in the society' (participant 4) IT1

'Doing their hobbies' (participant 1) UK2

Volunteer:

'There is an expectation for older persons to volunteer and there is a need for this, but the current volunteering opportunities are not suitable for us [meaning: for those who are now in their 65/70ies compared to those who are now over 80]' (participant 6) IT1

'There is an expectation for retired persons to dedicate to volunteering activities but in fact I don't have many acquaintances who do that' (participant 10) IT2

SECTION 2 UNDERSTANDING THE NEEDS OF THE ELDERLY

The needs of the old people (UK):

The participants know what they want and that helps them to understand and recognise their needs in order to achieve what they would like to do. The most common answers were:

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Activities of daily living:

- Good quality food
- Exercise
- Better transport

Social / humane needs:

- Warmth from others
- Company or friendship (in order to courage each other to do activities or be involved in different events)

Health care needs:

- More affordable facilities such as dentists or doctors
- One of the participant replied saying 'not needed', which means she currently has no needs.

What resources are available to cover the elderly needs?

- Family
- Activities from the community centres (The Joseph Lappin Centre)

- National Health services
- Pension
- Bus pass

Do available resources cover the elderly needs?

The participants' replies were different and the answers were:

- 4 participants are pleased with the resources they receive so far
- 3 participants are not pleased with the resources they receive from the government.
- 1 participant is pleased sometimes

What needs (if any) are left unmet?

- The participants would like an organisation to help them to organise excursion trips
- From the government they need better transport and concession of TV license before reaching 75 years old
- booking medical appointments,
- reduced heating bills at home and better transport.

Conclusion: they are always looking for some activities or events where they can socialise and build relationships, which is one of their main needs

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'Transportation' (participant 1) UK1

'Transportation, access to shop, facilities such doctor and dentist' (participant 2) UK1

'More exercise' (participant 3) UK1

'Social activities/events' (participant 4) UK1

'Social activities/events' (participant 5) UK1

'Access to daily facilities' (participant 6) UK1

'Food' (participant 7) UK1

'Food, transportation, facilities such as doctor and dentists' (participant 8) UK1

'Food, holidays, exercise' (participant 4) UK2

'Better NHS system' (participant 7) UK2

The needs of the old people (CY):

No special needs: at the age of 65-70 there may be any special needs.

Refusal to think about the future: they do not want to think about it, they think of the present – future need are according to them:

Health care needs:

- Health problems - Medical examinations / discomfort
- access to health care services / waiting time and procedures

Activities of daily leaving:

- Self-care needs - needs for personal hygiene (nails of the feet)
- Transportation - No public transportation/buses - Driving need
- hassle and dependence,
- needs vary from city to city or village (remote areas),
- how to spend their free time,
- difficulty in movement - movement due to health problems
- Food - not just eating to hear someone, cleaning the house.
- Economic problems / low pensions / prediction ahead.
- Essential elements of quality of life

Social / humane needs:

- Somebody to be close in every time
- company
- communication
- love,
- positive mood,
- respect/dignity,
- smile,
- be patient,
- calm/relax environment,
- preservation of dignity
- preservation of the self-image
- no responsibilities,
- no burden from other factors (kids)
- they prefer someone other than their family to avoid the burden to their families

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What resources are available to cover the elderly needs?

- Church
- Coffee shops
- Family

- Nursing homes
- Laidies from abroad (Philippines, Sri Lanka)

'If you do not have a wife, children, your relatives may have their own worries' (participant 2) CY1

'My main problem is loneliness, I lost my wife, to whom shall I talk to? How many hours to be alone at home? We need companion' (participant 3) CY1

'Old person needs to talk, to be heard, to feel important. The old person needs to feel dignified' (participant 4) CY1

'The main problem for the old person is how to spend time, he/she want somebody to be with him/her all the time' (participant 1) CY2

'You need somebody to talk to' (participant 1) CY2

'The old person needs love from those around him/her, he/she need understanding from their children' (participant 3) CY2

'The old person waits for a phone call to tell him how you father are, are you OK, do you need anything' (participant 3) CY2

'They need company' (participant 4) CY2

'Many villages do not have a coffee shop, coffee shops are a place to meet, to learn about the news' (participant 1) CY1

'Medical care [...] to go to the hospital, he/she needs to register and then wait' (participant 1) CY

'Lack of public transportation, it costs a lot' (participant 1) CY

'I live at Polemidia, it is 3 Km from the city centre, if I did not have a car, I would have been isolated, it would be impossible to go to the city centre because I would need to catch a bus, to walk for 200 metres and it would take 45 minutes to get to the centre' (participant 1) CY1

'Moving from one place to another, you need somebody to take you, you may not find a place to park and this is a trouble' (participant 2) CY1

'I avoid driving at night because of vision problems, I do not take chances' (participant 2) CY1

'Every 15 days I have a lady to assist me with cleaning due to an old leg fracture. I cannot move something heavy, I cannot do it by myself, it is difficult to use the stairs or clean' (participant 2) CY1

'I need help with the housework' (participant 5) CY1

'An old person may need somebody to assist him/her with bathing, cooking or even to walk' (participant 3) CY2

'Most important need is bathing' (participant 3) CY2

'Mainly to be healthy' (participant 5) CY1

'You start losing your strength, you need help to put on your clothes, you need to rest' (participant 2) CY2

The needs of the old people (FIN):

Activities of daily living:

- Transportation
- needs for personal hygiene
- food
- exercise

Health care needs:

- Health problems/management of diseases

Social / humane needs

- company
- entertainment
- quiet/relax environment
- recognition/respect

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'To be treated as an intelligent person...' (participant 2) FIN

'Every day activities, transportation, traveling' (participant 1) FIN

'Mostly I manages by myself, occasionally I need help with my diabetes (insulin) and foot care' (participant 2) FIN

'Food, hygiene, ambulance, company, books to read' (participant 3) FIN

'Of course, food and sleep and toilet' (participant 5) FIN

'To go somewhere, not just sitting here in one place. I'd rather go to movies or theatre' (participant 7) FIN

What resources are available to cover the elderly needs (FIN)?

- Family
- home care staff,
- city offers possibilities for free gym, music sessions

Extra themes

'The carer should not change too often; good relationship emerges with time' (participant 1) FIN

'I'm not able to use the modern phones or computers, I need help from my husband. I get easily irritated on those situations' (participant 2) FIN

The needs of the old people (IT):

Social / humane needs

- inter-generational ones (young persons)
- understood
- perceived as 'normal person'
- recognition/still play a role in the society
- need to be socialized
- communication (to have someone to talk/ to listen to them)
- love and passion
- emotional/psychological support
- need always someone near to feel secure

Support in ICT use

- Help in ICT access/support

What resources are available to cover the elderly needs?

- Clubs for older persons
- Courses on how to use computers

Extra themes

- Need for Basic ICT knowledge (create socialization)

'I think the first need would be that of being understood and perceived as a "normal" person, with the same interests and life-goals of younger persons. The older persons should have more opportunities of intergenerational relationships, not to spend time only with older persons' (participant 8) IT2

'Also, there is a need to be supported in use of ICT because now many things are accessible only digitally' (participant 10) IT2

'I think there is a need to help older persons to access ICT based services' (participant 11) IT2

The needs of the old people (POR):

Activities of daily living:

- Food

- bathing
- access to health services
- comfort

Social / humane needs:

- communication (to have someone to talk/ to listen to them/to chat)
- respect
- socialize with other people
- lonely and isolated
- love

'Mobility' (participant 5) POR1

'No one gives their place to old people' [referring to bus] (participant 5) POR1

'Comfort' [physical, of the space, and the person/ relationships] (participant 6) POR1

'Give bath, have special meals' (participant 2) POR2

'Being treated with love' (participant 1) POR2

'People need to be treated with respect' (participant 6) POR2

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The needs of the old people (ROM):

Activities of daily leaving:

- need activity
- need for employment - financial stability
- need for adequate compensation - financial security
- transportation
- interested in working
- need information
- bureaucracy – need for adapted services

Social / humane needs:

- need recognition/respect
- social interactions/needs
- need to be informed / education
- respect/useful/dignity
- security
- loneliness

- vulnerability
- love
- emotional closeness

Health care needs:

- medical needs
- needs for health
- need for care

Support in ICT use

- interest for technical development
- need for technical skills

What resources are available to cover the elderly needs (ROM)?

- Some families
- Free transportation

What needs (if any) are left unmet?

- medical needs
- lack of health services
- financial needs

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SECTION 3: COMPETENCES OF HEALTH CARE WORKERS

What competences should the care workers have (UK)?

The participants replied almost with the same answers about the competences the care workers should have. They are:

Social competences / Humane

- Building relationships with the patients
- communication
- to be patient
- to be tolerant
- support
- respect of the independence when the care is delivered at home
- support and help to understand what are the elderly's rights and benefits

- Appropriate specialisation

What are the barriers the health care workers may face to provide sufficient care (UK)?

For this question just 5 participants were able to reply. Their answers reflect their knowledge and information about care workers jobs. The answers are the following:

- Training does not always provide the adequate competences to meet the elderly people's needs.
- Lack of time
- Language barriers

What are the facilitators (factors that promote) of the competences of health care workers?

They were not able to answer to this question because they don't know the facilitators for care workers.

What are the benefits (if any) of having competent health care workers?

They were not able to answer to this question because they don't know the facilitators for care workers.

'Respect, company' (participant 2) UK1

'Support, communication' (participant 3) UK1

'Respect' (participant 6) UK1

'Flexibility and company' (participant 8) UK1

'Patient and respectful' (participant 1) UK2

'To be tolerance' (participant 2) UK2

'Patient' (participant 4/ participant 6) UK2

'Respect of the independence and autonomy, especially when the care is delivered at home' (participant 8) UK2

What competences should the care workers have (POR)?

Practical (instrumental competences)

- provide food - cut in pieces

Social competences / Humane

- to be patient

- to be pleasant person
- love for the people
- loyalty

What are the barriers the health care workers may face to provide sufficient care?

- people bedridden
- lack of time
- low salaries

What are the facilitators (factors that promote) of the competences of health care workers?

- Commitment
- Love for their job
- Training

In case unexpected topic are raised by participants

- To be able to use technology

What are the barriers the health care workers may face to provide sufficient care?

'Have charity, socializing with the person, help her' (participant 1) POR1

'Workers need to have a lot of patience' (participant 3) POR1

'Being a pleasant person' (participant 4) POR1

'People [workers] must have a lot of patience' (participant 6) POR1

'People [workers] must have patience and love, love for the people' (participant 2) POR2

'It's necessary patience, Concepts about psychology' (participant 6) POR2

What competences should the care workers have (IT)?

Practical (instrumental competences)

- trained (technical and psychological competences)
- ICT skills
- Use new technology

Social competences / Humane

- passion
- self-control
- being positive and smiling

- not to transfer frustration to the elderly that takes care
- empathy
- active listening
- to talk
- intergenerational intelligence

'Capacity to address the older persons to meaningful activities, based on his interests' (participant 6) IT1

'Preventive use of technology' (for example to prevent falls) (participant 7) IT1

'I would say the main skill should be to do your job with passion. The facilitator asked to make the concept of passion more concrete and at the end the participant mentioned skills that can be summed-up in: 1) self-control; 2) being positive and smiling; 3) be able not to transfer your frustrations to the elderly you take care of; 4) empathy; 5) active listening; 6) intergenerational intelligence' (participant 8) IT2

'They should learn that each older person is unique and therefore there are no standard intervention' (participant 9) IT2

'I would like to have professionals that can combine technical skills with more sophisticated psychological competences, to be able to be a reference for the older persons and not only service providers. Somebody you can talk to' (participant 10) IT2

'Also, they should have ICT skills themselves, to be able to help the older person' (participant 10) IT2

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What competences should the care workers have (FIN)?

Practical (instrumental competences)

- Basic nursing/care skills,
- knowledge of medication,
- competences

Social competences / Humane

- to be patient
- to give enough time,
- friendly,
- treat clients as a human to human,
- with dignity,
- polite,

- to talk with clients,
- respect
- secure care,
- punctuality
- be happy
- always near when the client need help
- socialize
- don't do the work fast

What are the barriers the health care workers may face to provide sufficient care?

- not enough carers
- lack of time
- language barriers

What are the facilitators (factors that promote) of the competences of health care workers?

- Language skills,
- motivation,
- character, mood
- their own health (especially mental health)
- their own attitude

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What are the benefits (if any) of having competent health care workers?

- High professional skills,
- self-esteem,
- carer knows his/her skills and responsibilities
- the client feels secure

'Basic nursing/care skills, knowledge of medication' (participant 2) FIN

'... have skills and competence' (participant 3) FIN

'Professional skills, must have skills to give medication, to be respectful, secure care, punctuality' (participant 3) FIN

'The carers should have at least some level of Finnish skills' (participant 4) FIN

'To be patient' (participant 1) FIN

'...friendly, treat clients as a human to human, dignity, no baby talk' (participant 2) FIN

'Carer should be polite, to talk me, respect my personality' (participant 3) FIN

'Always happy and says nice words every now and then' (participant 6) FIN

'Happy and social who just don't do the work fast but also is present' (participant 8) FIN

'Motivation, to do the work by heart' (participant 3) FIN

What competences should the care workers have (ROM)?

Practical (instrumental competences)

- being trained
- technical skills: measure blood pressure, blood sugar
- professional qualities
- learning about new technologies
- professionalism
- willingness to learn and improve
- be healthy psychologically and physical

Social competences / Humane

- personal qualities
- human qualities,
- be patient
- be kind
- be warm
- communication abilities,
- emotionally available
- to inspire trust – to be honest
- to give hope
- to be devoted
- to like this job
- to be dedicated
- to be generous
- loving

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What are the barriers the health care workers may face to provide sufficient care?

- Administrative issues
- low salaries
- lack of time
- the beneficiary education

What are the facilitators (factors that promote) of the competences of health care workers?

- Access to training - to attend courses
- improve their knowledge
- financial issues - stimulation
- personal satisfaction

What are the benefits (if any) of having competent health care workers?

- being appreciated
- children satisfaction that the parents do well
- the hope for a good life
- decreasing healthcare costs
- satisfaction of their work
- satisfaction for the elderly

'To be able to measure a blood sugar, to measure a blood pressure – technical skills' (participant 1) ROM2

'They should have technical skills, it is necessary' (participant 5) ROM2

'I believe, that beyond professional training, that needs to come first, they need to also have some human qualities, communication abilities, a good general training' (participant 1) ROM1

'To keep their word, if they promise something, to be correct in what they do, to be honest, to be emotionally available for them, to understand them to treat them as one of your own' (participant 1) ROM1

'To inspire trust' (participant 1) ROM1

'To give hope that tomorrow will be better, and the hope needed to overcome the tough period they are going through' (participant 3) ROM1

'First of all they must be patient, kind, warm, close' (participant 1) ROM2

'To be kind' (participant 4) ROM2

'To be generous and dedicated, to be patient and wise' (participant 5) ROM2

'They should be tested psychologically and for human qualities' (participant 5) ROM2

What competences should the care workers have (CY)?

Practical (instrumental competences)

- Basic care skills/ knowledge, competences
- personal hygiene of the client

- knowledge of medication,
- knowledge of First Aids
- competences
- to predict what to shop, what the old person needs
- to speak Greek
- to be able to cook
- **Social competences / Humane**
- personal qualities
- human qualities,
- have a pleasant personality (be smiley)
- being polite while providing care
- love
- communication
- company
- be patient
- clever
- respect

What are the barriers the health care workers may face to provide sufficient care?

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- Language
- The behaviour of the client and his/her family
- Knowledge
- Competences
- To love his work
- Respect to the person

What are the facilitators (factors that promote) of the competences of health care workers?

- Personality- character
- Education
- To monitor his work

What are the benefits (if any) of having competent health care workers?

- A good quality of life
- The old person feels important and safe
- Respect the person
- Care with dignity

'He/she need to know to predict what to shop, what the old person needs' (participant 1) CY1

'He/she need to speak Greek (language), to cook well, to be fast ...' (participant 1) CY1

'The care workers need to clean the old person, to know how to give the medicine, to take care of the old person. It is important to clean the old person, the old person may need to drink water, to have injections' (participant 2) CY1

'The care workers need to do the cleaning, to be able to understand what he/she need to do and wait for me to tell her/him what to do' (participant 3) CY1

'I may need assistance to have a bath, the care worker needs to know. It may be difficult for me to come out of the bathtub, he/she must help me, he/she needs to know how to do it. If I am confined in bed, he/she need to know how to turn me over, to help me' (participant 4) CY1

'He/she needs to have knowledge on how to cook' (participant 4) CY1

'The care worker needs to know what the house needs, what the old person needs (doctor, medicine)' (participant 4) CY1

'He/she needs to know the language to be able to communicate' (participant 4) CY1

'He/she needs to know how to provide first aid, to know what fainting is, to know what to do in case of an arm or leg fracture. To know some things in order to keep the old person alive until assistance arrives' (participant 5) CY2

'The care worker needs to know how to cook and clean the house' (participant 5) CY2

'The care workers need to provide medicine on time, to be able to cook, to assist you with eating' (participant 5) CY2

'Language is very important; the old person needs to be able to understand you' (participant 5) CY2

'The care worker needs to be trained to do this job, to help the old person' (participant 5) CY2

Annex: guidelines for the focus group discussion

| | | |
|--|--|--|
| INTRODUCTION 5 min (intro) + 10 min (ice-breaking questions) | | <ul style="list-style-type: none">• Welcome• introduction of moderator, assistant moderator and of the participants• presentation of the project and purpose of focus groups• ground rules |
| SECTION 1: Understand the elderly (who is the old person, characteristics) | | |
| TOPIC | MATTERS TO INVESTIGATE | QUESTIONS |
| The old person (the elderly) | Understand who the elderly is in terms of everyday living (both from the elderly and health care worker point of view) | <p>How would you describe the “modern” old person?</p> <p>What are the modern “old person” characteristics? everyday activities, capabilities</p> <p>What does the society expect from the old person (e.g. take care of grand children)? what are the “obligations” of the elderly</p> |
| SECTION 2: Understand the needs of the elderly | | |
| TOPIC | MATTERS TO INVESTIGATE | QUESTIONS |
| Needs | Understand what needs the elderly have | <p>What are the needs of the elderly? everyday life, home, in public</p> |

| | | |
|--|---|--|
| | | <p>consider basic needs (e.g. food) and proceed to more advanced needs (work, relationship)</p> <p>what are the most important needs of the elderly (ranking)</p> |
| Resources available | Understand what resources exist to support the elderly needs | <p>What resources are available to cover the elderly needs?</p> <p>private, government, family</p> <p>consider basic needs (e.g. food) and proceed to more advanced needs (work, relationship, leisure)</p> <p>Do available (if any) resources cover the elderly needs?</p> <p>If yes, which needs are not covered?</p> <p>which is the most important need not covered?</p> |
| Needs unmet | Understand / investigate if certain needs are not addressed | <p>What needs (if any) are left unmet?</p> <p>- why?</p> <p>- how can this be overcome?</p> |
| SECTION 3: Competences of health care workers | | |
| TOPIC | MATTERS TO INVESTIGATE | QUESTIONS |
| Competences of care workers | Understand from the elderly point of view (and the care workers point of view) what competences is expected by the care workers to have | <p>What competences do you believe the care workers (who care for the elderly) should have?</p> <p>Think of</p> <ul style="list-style-type: none"> - instrumental activities - to cover basic (every day) needs - ethical aspects (respectful, autonomy) |

| | | |
|--------------|---|---|
| | | <ul style="list-style-type: none"> - humanism (dignity, respect) - technology, computers etc |
| Barriers | Understand the barriers (if any) the health care workers may face to provide effective care to the elderly (barriers to be competent) | What are the barriers (problems) the health care workers may face to provide sufficient care to the elderly? |
| Facilitators | Understand the facilitators (if any) the health care workers may have to provide effective care to the elderly (barriers to be competent) | What are the facilitators (factors that promote) of the competences of health care workers? <ul style="list-style-type: none"> - what may help health care workers become competent |
| Benefits | Understand the benefits of having competent health care workers | What are the benefits (if any) of having competent health care workers? <ul style="list-style-type: none"> - how a competent health care worker may help the elderly? - how being competent may help health care workers (safety at work)? |



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