

**RRI 2016**  
**International Conference «Responsible Research and Innovation»**

**MEDICAL CARE AS FACTORS THAT AFFECT WELLBEING OF  
ELDERLY PEOPLE**

Oksana N. Efremova (a), Svetlana A. Chekarova (b), Inna V. Plotnikova (c)\*

\* Corresponding author

(a) Tomsk Polytechnic University, 30, Lenin Ave., Tomsk, 634050, Russia, oks-efremova@yandex.ru

(b) Tomsk Polytechnic University, 30, Lenin Ave., Tomsk, 634050, Russia, SvetaChekarovaSveta@mail.ru

(c) Tomsk Polytechnic University, 30, Lenin Ave., Tomsk, 634050, Russia, inna@tpu.ru

**Abstract**

Health care is a high-priority problem to be solved by the society. The paper is focused on social problems of the elderly. Solution of the problems related to the third age people, adaptation of the older generations to new conditions of democratization in Russia, and active involvement in the life of society is one of the main directions of the state policy in the area of social assistance. This implies, according to the authors, the adequate provision of health care for the elderly with due regard to their age, residence, and income level. The statistics on the number of health care visits by elderly patients in different regions of Russian has been provided in terms of morbidity, hospitalization, and clinical supervision. Furthermore, the paper emphasizes that health care involves the provision of a wide spectrum of services for the elderly due to the effective state social policy and respect for old age.

© 2017 Published by Future Academy [www.FutureAcademy.org.uk](http://www.FutureAcademy.org.uk)

**Keywords:** Elderly, health care, wellbeing.

## 1. Introduction

The globalization and informatization of modern society provides the opportunities for increase in the life expectancy and health preservation. Nowadays, loneliness and inadaptability of the elderly to new living conditions are the most difficult problems. People grow old and “shrink”, they do not die physically, but “shrink” for the world and for themselves due to the loss of interest. There is no work, the children are already independent, and sometimes there is no grandchildren either. This leads to loneliness, the loss of meaning in life and the question where to go further. It is necessary to preserve this huge world and not to lose the sense of happiness (Seligman, 2011). In the developed countries, extensive social



This is an Open Access article distributed under the terms of the Creative Commons Attribution-Noncommercial 4.0 Unported License, permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

services have been established to solve these problems, but it is not always sufficient. The elderly are treated as fading and incapable of changing the way of life. As practice shows, the existing system of nursing homes can be hardly considered effective not only in our country, but also abroad. The studies (Ryff, 1995, 1996) presented the description of the model of psychological wellbeing. It is essential to develop programs that include lectures and seminars about culture and art, visits to the theatres and museums, and different excursions. The studies (Oswald, 1997) showed that independence, freedom and individualism are more important for the person's well being than his wealth. In some foreign countries, non-governmental and non-profit charitable organizations play a vital role in ensuring humanitarian assistance to the elderly (Comas-Herrera, & Wittenberg, 2003; Kaye, 1992).

Nowadays, the quality of life of elderly people is especially deplorable due to an obviously insufficient governmental support and social instability that significantly complicates the solution of the problems of elderly people in a dynamically changing country.

## **2. Methods**

The problem of population aging is one of the sharpest for Russia now. The fifth part of the population of the country is older than 60 years old. The number of people of retirement age exceeds the number of children and teenagers below 16 years old. According to the classification model made by the UN, a state is considered "old" if 7% of the population is older than 65 years old. In 1996, the share of people above 65 in Russia was 12.2% that is only a bit lower than that in the western countries. Nowadays, the difference in life expectancy between men and women in Russia is the greatest among the countries that publish the mortality statistics (Zbarskaya, 2000).

The growth of the number of elderly people increases the costs of pension payment, medical support and social service and causes other problems. Due to the increase in number of elderly people and their early retirement, an old age is perceived as a social problem. According to some foreign authors (Zbarskaya, & Home-based long-term care: report of a WHO study group 2000; & Liao, 2004; Long-term care for older people, 2005; Tarricone, 2010), financial support from governmental funds, patients and family members, and financial resources provided by the civil society give the opportunities for elderly people to have advanced health and social care at home. Modern social images are based on the cult of youth, health, loss of a moral component, domination of material values, when individualists are considered successful. The image of an elderly person is "an exhausted, unpromising person who is unable to change". The "inferiority" obtruded by the society becomes the greatest obstacle in self-realization of the elderly.

The age-related economic problems are taken into account while the complex of problems of self-identity, leisure and relationship are not considered by both the society and the state. The paradox of the today's stereotype of an elderly person is that he/she is considered to be old enough to stop work and social activity, but the elderly are rather "young" to solve all other problems independently.

## **3. Results**

Russia occupies the third place among the CIS countries on the quantity of elderly people who are older than 65 years old, which amounts to 13% of elderly people among the total number of inhabitants.

Ukraine (16%) and Belarus (14%) are the leaders in this list. The Asian countries are much younger. For example, in Uzbekistan, the elderly make up only 4% of the population. The oldest country is Japan, 23% of elderly people. From 27 European Union countries, only in Ireland and Slovenia, the share of people of 65 years old and above is less than in Russia. In other countries, the share of elderly people is greater. In the USA, these numbers are the same as in Russia. Only 5% of elderly people live in India. According to the classification by the UN, a country is considered old if more than 7% of its population is older than 65 years old.

In the Russian Federation, the following tendencies related to the population aging can be observed:

- increase in the number of elderly people above the working age (women aged 55 years old and above, men aged 60 years old and above) from 29,8 million people in 2002 to 33,8 million people at the beginning of 2014;

- increase in the share of people above the working age from 20.5% in 2002 to 23.5% at the beginning of 2014 (almost every fourth person is above the working age);

- preservation of a gender disproportion in the number of elderly people aged 65 and above (1000 men and 1869 women at the beginning of 2014);

- growth of life expectancy of the population (67.61 years old in 2007 and 70.76 in 2013):

- higher life expectancy of women (in 2007 – 74.02 years old, in 2013 – 76.3 years old) as compared to men (in 2007 – 61.46 years old, in 2013 – 65.13 years old);

- large share of people above 65 years old (for January 1, 2014 – 13,1%).

Due to aging of the Russian population, demographic indicators increased from 326 persons aged 65 and above per thousand people of the working age in 2007, and — to 384 persons of the same age in 2013.

In the Russian Federation, the mortality rate of the people aged 65 and above is 42.2 persons per thousand people in 2013, that is 0.7 ppm lower than that in 2012 (42.9 persons).

In Russia, the number of people of the retirement age during 2013–2015 grew by 3 million people. As noted in the report of Prime Minister D.A. Medvedev, 33.8 million people in Russia in 2014 were of the retirement age, which is about 23.5%. According to the Ministry of Labour and Social Protection of citizens, "... by 2050, the share of elderly people in the world will have made up 22% of the number of all population". According to the Organization for Economic Cooperation and Development, by 2020, every third worker in economically developed countries will be above 50 years old. In developed European countries, about a half of the population among people at the age of 55–64 is employed, and in the countries of the European Union, this indicator is about 40%.

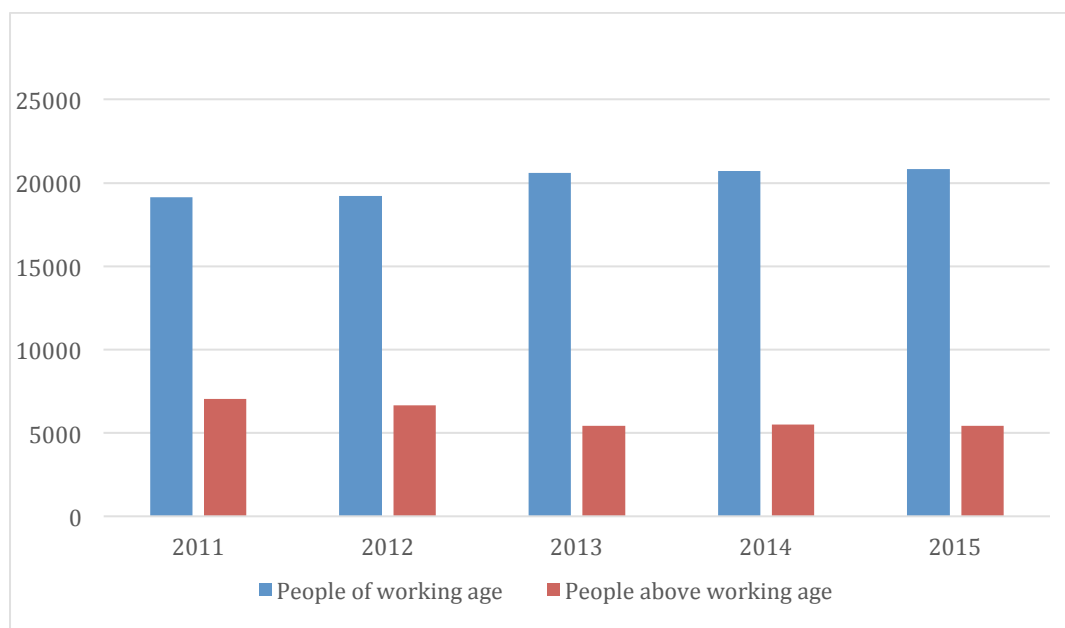
For modern Russia, population aging is also an actual process as it occurs against rather low life expectancy of the population and high mortality of the able-bodied population.

Thus, in the Russian Federation over the last year, the share of elderly citizens in the total number of the population increased. There is an increase in the expected duration of the forthcoming life of people that have reached the retirement age, reduction of the death rate and, as a result, improvement of the demographic situation in the country.

The specified tendencies require further serious reorganization of the social policy of the country, creation of a complex of measures such as, improvement of material security, delivery of health care and

employment of the elderly population. In our research, we pay attention to the delivery of health care to elderly people.

One of the most important factors of wellbeing of elderly people is medical care. People's health deteriorates with age, people suffer from age-related diseases and the diseases become more serious. Therefore, they go to polyclinics oftener. That is why, special attention should be paid to this sphere. For example, the number of services provided for patients in one of the Russian polyclinics during 2011–2015 grew by 1597, whereas, the number of visits to the doctor among people of the retirement age decreased (fig. 1). It can be attributed to various reasons: the reduction of the fund of obligatory medical insurance, the reduced number of dedicated medical specialists, transition to clinics that provide paid medical services, low salary of health workers, etc.



**Fig. 1.** Number of visits of people of the working age and above the working age to the polyclinic.

It is necessary to consider that medical care is a part of all the three groups of wellbeing: social, material and physical wellbeing.

Within the social component of wellbeing, medical care implies satisfaction of an elderly patient with attentiveness of the personnel of a polyclinic and his trust to specialists.

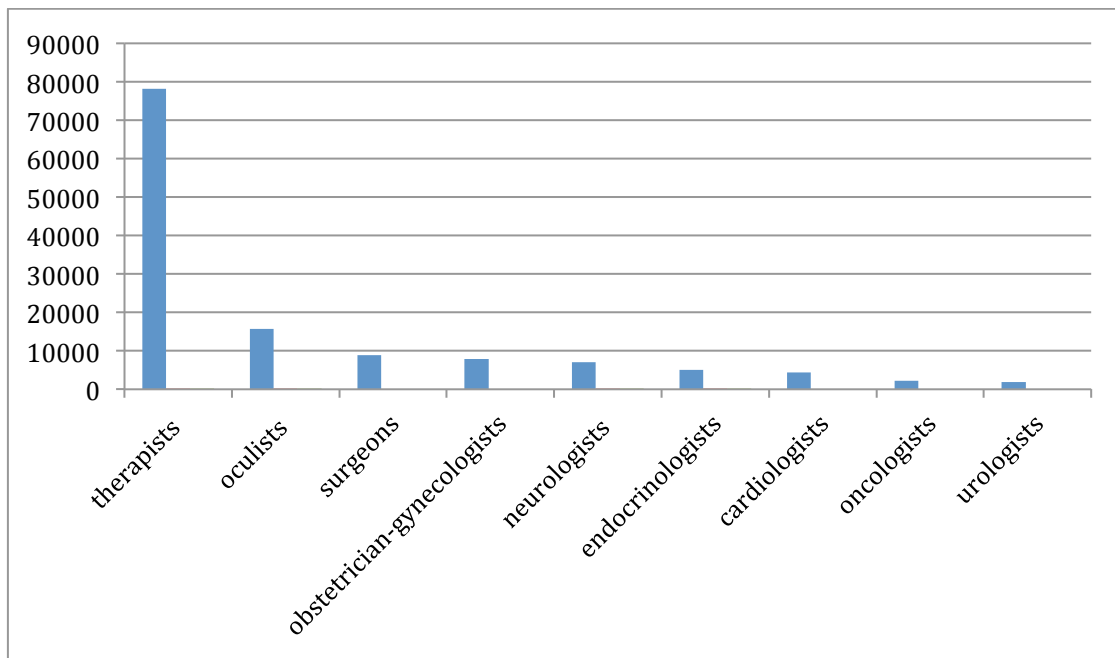
Access to public health services and affordability of medications required for treatment belong to the material wellbeing component. Very often, the elderly are not able to afford expensive treatment.

The state of person's health belongs to physical wellbeing. Everyone seeks to maintain the quality of life as long as possible, to keep the working ability and social activity within the maximum life expectancy.

Medical care of people of the retirement age in the Russian Federation is covered by obligatory medical insurance. Wealthier elderly people can afford paid medical services.

In conditions of limited financial resources, there is an integrated model of organization of medical care for elderly people. Gerontological divisions are "built" in the existing institutions of healthcare and social service. Effective forms of interaction of health and social services are being developed. A set of programs aimed to increase the amount of medical and social medical care and to improve its quality and

intensive scientific research in the field of gerontology are not sufficient in view of active "aging" of the population and limited financing. Under these conditions, the support of elderly people by methods of social policy as a way of elimination of the risk of intergenerational conflicts, the factor of their integration into the society become especially significant. Fig. 2 shows the number of visits of people of the retirement age who go to various specialists by the example of one of the Russian polyclinics.



**Fig. 2.** Number of visits of people above the working age to the polyclinic to different doctors.

The indicator of the general incidence of population of the retirement age in the Russian Federation in 2013 decreased by 339 people per 100 thousand people of the population of the corresponding age and made up 208,228.9 people per 100 thousand people of the population (in 2012, this number was 208,567.9 people).

In 2013, among the subjects of the Russian Federation, the highest incidence per 100 thousand people of the population of the corresponding age was observed in the Nenets Autonomous Area, the Republic of Ingushetia and Altai region (402,547.8 people, 398,192.5 people and 375,197.1 people, respectively). Low incidence was observed in the Republic of Tyva (126,723.9 people).

In 2013, on average 55,706.7 people per 100 thousand people of the corresponding age were under dispensary observation in Russia (in 2012, this number was equal to 55,418.9 people). The highest value of this indicator was observed in the Republic of Ingushetia, Altai (224,757.7 people and 156,961.2 people, respectively), the minimum value was observed for the Nizhny Novgorod Region and Stavropol Region (35,798.0 people and 36,186.3 people, respectively).

The level of hospitalization of people above the working age in the Russian Federation in 2013 was 27.7%. A high level of this indicator was found in the Republics of Ingushetia and Sakha (Yakutia) (43.8% and 42.5%, respectively); the minimum one was found in case of the Republic of Kalmykia and Jewish Autonomous Region (21.7% and 22.6%, respectively).

In 2013, the indicator characterizing the share of people above the working age delivered in a hospital in case of emergency in the Russian Federation did not change as compared to that in 2012 and was equal

to 40.0%. The highest value of this indicator in 2013 was observed in Primorsky Region and Kemerovo Region (59.0%, and 58.8%, respectively); the lowest one was found in the Chechen Republic and the Republic of Ingushetia (11.0% and 17.5%, respectively).

The above-mentioned information testifies to significant regional differences in the levels of medical care of elderly people that, with other things being equal, influence the conditions of their health and life expectancy, which requires a number of system decisions.

### 3. Conclusion

Thus, the onset of old age marks the change in a person's status, which is primarily characterized by lack of physical and social opportunities and includes the following factors: retirement, physical signs of old age, lack of work, and solitude. The strategies of adaptation to ageing for the third age people are very diverse. However, health care is a high-priority problem to be solved by the society. The importance of sustained care provided by the state to the elderly is directly related to the increase in the share of elderly people not only in the Russian population, but worldwide.

The solution of the problem implies taking measures that contribute to the preservation and maintenance of the health of elderly people to make their life happier and more comfortable.

### References

- Comas-Herrera, R. Wittenberg. (2003) European study of long-term care expenditure. Report to the European Commission, Employment and Social Affairs DG Retrieved from *Personal Social Services Research Unit: London School of Economics*<http://ec.europa.eu/social/home.jsp?langId=en>
- Home-based long-term care: report of a WHO study group Retrieved from (2000): *WHO Technical Report Series*, 898.
- Kaye, L. W. (1992) Home healthcare. *Newbury Park: SAGE*, 195
- Liao, S. An Innovative, (2004). Longitudinal Program to Teach Residents about End-of-Life Care. *Acad. Med.* 79 (8), 752–757.
- Long-term care for older people (2005). Organization for Economic Co-operation and Development. – *Paris: Organization for Economic Co-operation and Development*, 137
- Oswald, A.J. (1997). Happiness and economic performance. *Economic Journal*. 107(445), 1815-1831.
- Ryff, C.D. Psychological Well-Being. (1996). *Encyclopedia of Gerontology*, 2, 365–369.
- Ryff, C.D., Keyes C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- Seligman M.E.P. (2011). Flourish: A visionary new understanding of happiness and well-being.
- Tarricone, R. (2010). Home care in Europe. The solid facts – *WHO*, 45.
- Zbarskaya, I.A. (2000). The demographic situation in Russia on the threshold of the XXI century and the need for census. *Questions of Statistics*, 4, 5-8.