



Education for Whom and Why? Managing the Educational Process of Senior Citizens

ABSTRACT

RESEARCH OBJECTIVE: Determine student programme preferences in the context of a diagnosis of their behaviour in terms of maintaining good health.

THE RESEARCH PROBLEM AND METHODS: How may the educational process be organized? What programme content do students expect? What behaviour, in terms of maintaining good health, do they exhibit? Methods: diagnostic survey, narrative interview, observation.

THE PROCESS OF ARGUMENTATION: It is demanded of our civilization that we engage in life-long learning. The process of educating senior citizens demands diagnostic research, with a concern for its effects.

REASERCH RESULTS: The optimization and management of the educational process: preparing an instructional programme with effective content and methods.

CONCLUSION, INNOVATIONS, AND RECOMMENDATIONS: the programme should facilitate the participation of the community and prepare people to anticipate events; intergenerational co-operation is recommended.

→ **KEYWORDS:** **LIFELONG EDUCATION, SUCCESSFUL AGEING, UNIVERSITY OF THE THIRD AGE, HEALTH BEHAVIOURS, EDUCATIONAL PROGRAMME**

STRESZCZENIE

Edukacja dla kogo i po co? Zarządzanie procesem edukacyjnym seniorów

CEL NAUKOWY: Ustalenie preferencji programowych studentów w kontekście diagnozy ich zachowań prozdrowotnych.

PROBLEM I METODY BADAWCZE: Jak zorganizować proces edukacji? Jakie treści programowe są oczekiwane przez studentów? Jakie zachowania prozdrowotne prezentują? Metody: sondaż diagnostyczny, wywiad narracyjny, obserwacja.

PROCES WYWODU: Realizacja koncepcji *lifelong learning* stała się koniecznością cywilizacyjną. Proces kształcenia seniorów wymaga badań diagnostycznych i projekcyjnych – w trosce o efekty.

WYNIKI ANALIZY NAUKOWEJ: Optymalizacja zarządzaniem procesem edukacji: opracowanie efektywnego programu kształcenia pod względem doboru treści i metod.

WNIOSKI, INNOWACJE, REKOMENDACJE: Program powinien ułatwiać partycypację społeczną i przygotować do antycypacji zdarzeń: należy rekomendować współpracę międzypokoleniową.

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PROZDROWOTNE, PROGRAM EDUKACYJNY**

Introduction

Lifelong learning has become a necessity in our civilization. There are many offers available that promote various ways of implementing the senior policy. One of them are the so-called universities of the third age, established within a variety of structures, most commonly as part of NGOs or universities. The educational programmes they offer are varied, and so is the response to these offers. There should be a full correlation in this respect. Based on the assumptions of practice-oriented education as a method of discovering new research problems, I described the functioning of the newly established UTA, with special emphasis on programming the educational process in view of students' expectations and their social profile we've built as well as researching their prosocial behaviours.

The aim of this paper is to search for answers to the question: what is the current situation? However, to fulfil the prospective function of the study, it is no less important to formulate answers to the following question: Could the senior education be improved and in what areas?

1. Research methodology

Theoretical background: the research project is part of a social micro diagnosis in the area of adult education using phenomenological terms;

- the study aims to: build the social profile of senior citizen students; study the occurrence of health-promoting behaviours;
- the procedure for testing the tool's diagnosticity: in order to examine the tool's diagnosticity, Cronbach's alpha test was used and we obtained the ratio of 0.74 during

the pilot research, which confirmed the validity of the tool design and diagnosticity; action research;

- the population and its selection: 90 people who offered to participate in the study: a representative sample constituting 75% of the total student number); random sampling was used;
- the time and location of the research project: the academic year 2016/2017 and 2017/18, April 2017, the Medical Information Centre at the Medical University in Wrocław.

2. Knowledge management, as fulfilling the tasks of higher education institution for the region

The literature on the subject defines the notion of management in very broad terms. Briefly speaking, it is taken to mean the use of personal competences to identify and achieve organisational objectives through the use of appropriate resources. Management involves deciding what needs to be done, organising the work of others and helping them to carry out the necessary tasks (Słownik pojęć ekonomicznych, 2007, p. 187-193). In terms of semiotics, this concept is part of many collocations, such as: strategic management, human resources management, change management, content management, knowledge management, process management or project management. One of the areas of management is management in higher education and management of the education process.

In the words of Peter F. Drucker (2004), 'educators will have to accept the fact that science is not just for young people, and that the biggest challenge – but also the greatest opportunity – faced by schools is the continuous learning anew of adults, themselves already highly educated. Later in the text, the author indicates that the positive development of adult education is a true 'growth industry.' Undoubtedly, this creates an added value in both personal and social terms and so constitutes a kind of investment that is difficult to estimate.

One concept relevant to our discussion is the idea of lifelong learning. It is increasingly understood in its most literal sense (i.e., learning from the cradle to the grave) and includes different forms of activity, which this article will investigate. In fact, this concept has been an inherent part of the function of the higher education institution for many years, as described by K. Jaskot (2002, p. 5-21). He divided the functions performed by an institution of higher education into internal and external ones. The latter included the tasks performed by an institution of higher education for the benefit of the region (such as the culture-making role of the university, creating conditions for the socio-economic development of the region, or the enrichment of learning content based on the intellectual potential of the region). Similar reflections (albeit put in a broad context) were presented by A. Marszałek (2010, p. 53), who pointed to the huge role universities play in performing the work for the region and in creating educational processes.

The concept of knowledge management is inextricably linked with the modern management methods such as a learning organisation, or a fractal, virtual and intelligent organisation. J. Gajda (2012, p. 93).

Considering all the information collected so far, we can conclude that the tasks of an institution of higher education include:

- initiating innovative solutions concerning the development of learning cities with the use of creative resources of an institution of higher education;
- developing operational strategies for the academic centres to increase public access to educational services.

It is clear universities face new challenges when managing knowledge in the context of implementing the concept of lifelong learning. But another such challenge is the so-called smart city that cannot function without smart seniors. It is the implementation of such concepts that the universities of the third age aim to assist in.

3. A brief history of the University of the Third Age at the Medical University of Wrocław

Following many debates about the rationale for the creation and organisation of a new University of the Third Age (UTA) in Wrocław, a preliminary consent was obtained from the Rector, on September 9, 2015, to create a new inter-departmental organisational structure. The assumptions behind UTA and the members of the Programme Board were first presented at a meeting of the University Senate. On the same day the Senate adopted a resolution, which consented to the creation of a new organisational unit. On the basis of the Rector's decision, the University of the Third Age as part of the Medical University in Wrocław was created on June 1, 2016. It is a very young unit within the structure of our University. One of the persons authorised to act in order to launch the Third Age University at the Medical University Rector was the author of this article.

The first enrolment for the academic year 2016/2017 was open from June 27, 2016 to the end of July 2016. The eligible persons needed to be aged 55 or more in 2016 and could not be senior citizen students of other Universities of the Third Age whose curriculum includes the issues of prevention and promotion of health and health-promoting behaviours. They also needed to meet the deadline for the submission of required documents, approve the rules of the Third Age University, and acquaint themselves with its objectives, have paid all fees and signed a statement of intent to participate in the activities organised by the UTA. As a result of advertising activity, 140 people enrolled as students in the University (there were 40 more people on the waiting list). The promotional activities included a poster action, as well as information leaflets distributed in various public places. Subsequent diagnostic tests showed that the information about the project was mainly acquired in health clinics while waiting for a medical appointment.

4. The objectives and tasks of the University of the Third Age at the Medical University of Wrocław

The main goal of the UTA is to activate the older people in the social and cultural area as well as to promote their personal development. In view of the increased growth of the elderly population, various non-governmental institutions and organisations seek to involve older people in multiple projects supporting lifelong learning initiatives, which is inextricably linked with the idea of successful ageing. This aim is fulfilled through implementing broadly understood health promotion, preventive gerontology, and educational activities in the area of social life.

The main task is, therefore, to continually educate people in late adulthood, especially in the area of health and disease prevention, by means of taking a number of health-promoting behaviours, i.e., behaviours conducive to the maintenance of good physical and mental condition and promotion of a healthy lifestyle.

The University of the Third Age also acts as a bridge between the young and the older generation by organising many integration meetings, accompanied by performances of primary schools pupils. All this adds up to the building of intergenerational relationships, and contributes significantly to the promotion of successful ageing, as well as encourages seniors to engage in behaviours that determine continued good health.

5. We're drafting a programme: for whom and why?

Planning to open the first year of the UTW, we wondered what programming procedure to adopt in order to develop a programme offer that would be cognitively interesting but also attractive for participants. It was quite a difficult task, because we did not know anything about our audience. Following a number of discussions, we adopted a principle whereby each Department would offer an equal number of lecture hours and teachers.

Diagnostic studies have shown that the programme we designed and the manner it was implemented met the expectations of the students: 80% of respondents rated it as good or very good. While these results were satisfactory, ongoing monitoring, interviews and observation of students' behaviour indicated the need to increase the programme diversity and conduct research that would answer the question: Who is our consumer of educational services, which issues they prefer and in fact, what behaviours they display in terms of care for their own health. In this area, we conducted a diagnostic survey.

6. Research results and a preliminary discussion

6.1. Social profile of senior citizen students (selected research categories)

- Gender: 90% female, 10% male;
- Age: 60 years of age and above – 93%; and above 50 years of age and above – 7%;
- Education: 54% of respondents with higher education, 43% with secondary education, 3% with vocational education;
- Marital status: the status of 58% – single, 42% – living with a partner;
- Financial situation: 18% – a satisfactory financial situation allowing the realisation plans and dreams, 81% – a satisfactory financial situation, 1% – a very poor financial situation, barely enough to survive.

7. The occurrence of health-promoting behaviours

7.1. An assessment of their individual health condition in the perception of students

In a subjective assessment of their health, the senior citizen students surveyed are mostly satisfied with their current physiological condition (99%), of which 83% defined their health condition as fairly good, while 16% considered themselves to be a 'walking' picture of health. 56% of respondents admitted that they were aware how much influence they had on their own health condition and almost as many (43%) senior citizen students said they were aware that their well-being depended on themselves. For 92% of respondents health is the most valuable asset in life, while 8% declared they prefer other values, thus challenging this popular belief

In a self-assessment exercise, 85% of seniors stated they were aware of the fact that they suffered a psychological discomfort if they failed to take adequate measures to improve their health on a daily basis. At the same time, 15% of respondents declared that they felt neither the need nor the desire to take actions promoting their health. It can therefore be concluded that older people participating in the study are well aware of the benefits that all kinds of health-promoting behaviours may bring. While examining their self-assessment of the knowledge on the subject, 51% of the respondents considered that they had vast knowledge on the issues in question, while 49% of respondents felt that their knowledge of health-promoting behaviour was inadequate. What seems to be obvious for some seniors, is not so to many others.

7.2. Eating habits

As the research results show, the vast majority of older people have healthy dietary habits in that, considering their age, they consume an appropriate number of meals per day (81% of the study population). In addition, 91% of respondents declared that they also pay close attention to the quality of the food they eat. Thanks to the lectures on food and nutrition it offers, the UTA contributes significantly to the dissemination of the principles concerning healthy eating behaviours conducive to maintaining good health condition. This was confirmed by 30% of respondents. Despite observing the general principles of nutrition, a large part of respondents unfortunately admit to overeating (only 30% of respondents declared that while eating they only satisfy the first hunger; 24% of respondents is afraid of gaining weight; 18% say they feel an irresistible urge to eat more and more; and 28 % of respondents did not answer the question).

7.3. Prevention

- 69% of respondents declared that they were taking all sorts of medicines in case of a vitamin or mineral deficiency, but as many as 31% admitted that they did not use any additional dietary supplements;
- only 24% of respondents informed the interviewer that they were inoculated with influenza vaccine as a preventive measure, 76% of respondents declared they did not take any action in this area;
- 69% of seniors undergo preventive medical check-ups at least once a year; these include: measuring the level of cholesterol in blood, breast examination for women, measuring the PSA value for men; 18% said that they do it very often, using different specialists for referrals; 13% of respondents admitted to making very little use of preventive diagnostics;
- 27% of respondents declared they adhere to the recommendations obtained during specialist consultations and that they care for their health, e.g., they dress for the weather; 35% is selective in following medical recommendations, while 8% indicated that they did not go to the doctor, and 30% consults the medical recommendations they receive with other medical specialists.

7.4. Physical activity

- 78% of the senior citizen students declared that they practised various types of physical activity: 45% of people in late adulthood spend 1-2 days a week doing sports; 24% spend 3 to 4 days; and 9% of respondents declared that they devote over 4 days a week to training (mostly cycling and walking). 22% of respondents admitted that they did not engage in any form of physical activity.

- 71% of those surveyed spend over half an hour a day doing sport. Among the physically active people (78% of the study population), virtually every other person allocates over 45 minutes/day to doing sports, and 3% of respondents stated that their physical activity takes less than fifteen minutes per day.
- In a subjective self-assessment, 63% of respondents assessed their physical mobility as good, of which 5% believed it was excellent. On the other hand, 44% of the study population found their physical fitness to be barely satisfactory only, and 14% stated it was poor.
- 92% of respondents admitted that engaging in physical activity contributed to maintaining good health, and 8% of respondents felt that physical activity had only a small impact on health.

7.5. Addictions: prevention

- 87% of respondents said that they did not smoke cigarettes, and 13% admitted to using this kind of substance;
- In the case of alcohol drinking, the percentage of people who do not consume this drink is 40%, while 60% of respondents replied in the affirmative. Of these, most people admitted that they drink occasionally, i.e., 4-5 times a year (41%), 31% consume small quantities of alcohol. Another group, constituting 13% of all respondents who admit to drinking, stated that they consumed alcoholic beverages at least once a week, and others (6%) – more than 2 times a week.
- 63% of respondents stated that the main way to deal with stress is to seek to avoid stressful situations, 28% of respondents felt that deal with everyday stressful moments they experience by spending time with their loved ones. Only 3% of respondents said that they reached for stimulants such as tobacco or alcohol. The remaining 6% of senior citizen students mainly resorted to all the above mentioned ways to combat the effects of stress.

7.6. Self-acceptance

- 86% of respondents have a feeling that they live their life to the fullest and accept themselves with all their strong and weak points (96%); they also have a family and many friends, who they can rely on (91%). 14% of respondents reported they had no sense of living their life to the fullest and being happy.

8. Results of current analyzes

8.1. Course content preferences: first aid in the event of threat to life and health as well as guidelines on conduct in case of disasters and terrorist acts; sexuality of people in

late adulthood; prevention and treatment of type II diabetes; prevention of acute cardiac conditions; spa medical treatments; aesthetic medicine; harmonious family life; patients' rights; seniors' social security.

8.2. The results of the 'action research' research method and observation: People in late adulthood mainly compete with each other, in that they try to display their own (better) physical or mental condition; when interacting for a longer time, they become aggressive towards each other. These behaviours were not isolated cases and they came as a surprise to the research team. It is therefore necessary to create situations that involve cooperation and co-responsibility for the functioning of other people, or the team as a community.

9. Conclusions and recommendations

1. The statistics presented above provide the basis for further design work. Its aim will be to construct the framework of an educational programme tailored to students' expectations, but also for this programme to become part of activities covered by the strategic objective of the National Health Programme for the years 2016-2020 (The Regulation of the Council of Ministers of 04/08/2016). One of the operational aims of this programme is to promote health and active ageing, which includes implementing a senior policy aiming to prolong seniors' social, occupational and family activity. Following a discussion and interpretation of research results, a new educational programme has already been developed covering the following modules: body, soul, environment, nutrition, physical activity, and harmony. The training offer has been enriched with additional activities: language courses and hiking trips combined with lectures on spa medical treatments. Measures have been taken to release students' internal intellectual potential in the educational process ('Learning to interact with others' project, co-financed by Wroclaw municipality).

2. Educational programmes should include content covering broadly understood health promotion, presented in interdisciplinary and cross-disciplinary terms. Based on cognitive holism, they should feature content that promotes a harmonious family life, local community life and cooperating in group life, including attitudes that are empathetic towards other people's needs. This is an extremely important part of education in general, and particularly so when the recipients are elderly people.

3. In terms of training effectiveness, the courses should be presented using modern multimedia but should also be supported by information materials; this is important because postponed learning outcomes are a common occurrence.

4. The topics covered in lectures (including spa medical treatments) and the mutual exchange of information led to 34% of respondents submitting applications for a sanatorium rehabilitation stay, while 40% of respondents declared that, bearing in mind their health, they had developed more health-promoting behaviours (in the vast majority of cases, this meant more time spent walking and riding a bike). The change in behaviour was facilitated by the lectures attended at UTA.

5. In general, the study population consisting of senior citizen students of the UTA at the University has a high sense of well-being and physical health; they are also well aware of the fact that, to a large extent, how they feel depends on themselves. Consequently, they confirm that they engage in behaviours whose characteristics indicate a concern for their own health. However, researchers were not surprised to find a wide diversity in the range of senior citizen students' knowledge of health-promoting behaviours as well as a wide variety in the kinds of behaviours displayed. As a result, valuable information was obtained concerning senior citizen students' preferences in this regard.

6. The accumulated empirical evidence does not indicate a direct medicalisation of seniors' life; however, they do believe in the limitless possibilities of medicine. To avoid the polarisation of topics and isolating this group of people from other environments, it is strongly recommended to make contacts with other communities: of particular value here are intergenerational meetings. They have tremendous value, including educational value. The contained environment and closing socially within one age group is harmful, because no intergenerational ties are formed and, even worse, hostile and aggressive behaviours emerge. Hence we would recommend establishing ties with young people as well as with older people who need mature help but remain confined in their own homes.

The process of society ageing has become a reality, with Europe leading in terms of numbers (WHO, 2012). According to data published by the Central Statistical Office (CSO), people aged 65 and over accounted for 14.7% of our country's population in 2013, and this percentage is expected to grow to 24.5% in 2035 and to 32.7% in 2050 (CSO, 2014). In the WHO materials mentioned above, the organisation points out the necessity to redefine the concepts of health, health safety and ageing. We must therefore develop a training programme that will add 'transgressive' characteristics to seniors' lives. It is to be hoped that the government programme 'Social policy for the elderly 2030' based on three pillars (security, participation, and solidarity) will raise the quality of seniors' life and create new prospects for their education. (Gazeta Senior ['Senior' Newspaper] 2018, p.9).

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