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Formy spędzania czasu wolnego przez warszawskich seniorów w kontekście diagnozy dla potrzeb planowania edukacji zdrowotnej

Streszczenie

Wprowadzenie. Jedną z metod oddziaływania na kształtowanie stylu życia jednostki i grup społecznych jest edukacja zdrowotna. Warunkiem i podstawą podejmowania działalności edukacyjnej jest diagnoza stanu indywidualnej jednostki lub grupy na tle społeczności lokalnej i środowiska.

Cel. Głównym celem podjętych badań było poznanie preferowanych form spędzania czasu wolnego przez osoby starsze mieszkające na terenie Warszawy oraz zbadanie, jakie czynniki mają wpływ na wybór sposobu organizacji czasu wolnego.

Materiał i metody. Badania przeprowadzono na terenie Warszawy w 2008 roku. Kryterium doboru respondentów było miejsce zamieszkania w Warszawie oraz wiek 60 lat i powyżej. W celu uzyskania danych zastosowano autorski kwestionariusz ankiety. W badaniach udział wzięło 102 respondentów. Do badania zależności między wybranymi zmiennymi użyto testu niezależności χ^2 Pearsona.

Wyniki. W badanej populacji preferuje się bierne formy spędzania czasu wolnego.

90% respondentów w czasie wolnym ogląda telewizję, około 70% słucha radia i czyta książki oraz prasę. Aż ½ respondentów w czasie wolnym nic nie robi lub ucina sobie drzemkę. 43% respondentów spędza czas wolny z rodziną, 21% ze znajomymi, około 1/5 samotnie. Preferowanymi miejscami spędzania czasu wolnego jest działka 48% oraz dom 28%. Mało popularnymi miejscami spędzania czasu są ośrodki kultury 2% badanych, Uniwersytety Trzeciego Wieku 2% oraz ośrodki sportowo-rekreacyjne 1%. Z różnych form aktywności ruchowej w badanej grupie dominują spacery 64,7% i gimnastyka w domu 27,5%.

Wnioski. Respondenci preferują w czasie wolnym aktywność receptywną. Aktywność fizyczna respondentów ogranicza się głównie do spacerów. Ankietowani najczęściej spędzają czas wolny w gronie rodziny. Preferowanymi miejscami spędzania czasu wolnego są działka i dom. W planowaniu edukacji zdrowotnej w odniesieniu do tej grupy odbiorów należy uwzględnić działania mające na celu aktywizację w różnych obszarach.

Słowa kluczowe: czas wolny, ludzie starsi, aktywność, edukacja zdrowotna.

Seniors in Warsaw and their free time in the context of planning health education

Abstract

Introduction. Health education is one of the methods of influencing the lifestyle of an individual and social groups. The basis for undertaking educational activities is the diagnosis of an individual's or group's condition in comparison to the local community and environment.

Aim. The main aim of the undertaken research was to determine the preferred forms of spending free time by elderly people residing in Warsaw and to examine what factors affect the choice of spending and organizing free time.

Material and methods. The research was conducted in Warsaw in 2008. The criterion of choosing the respondents was the place of residence and the age of 60 and above. An author-devised questionnaire was used. 102 respondents took part in the research. Pearson's correlation test χ^2 was used to examine the relation among the chosen variables.

Results. In the studied population a passive form of spending free time is preferred. Ninety percent (90%) of the respondents watch television in their free time, about 70% listen to the radio and read books and papers. Half of the respondents do nothing or take a nap. Forty three percent (43%) of the respondents spend free time with their family, 21% with friends, about 1/5 alone. The preferred places for spending free time are: summer house (48%) and home (28%). Culture centers (2%), Third Age Universities (2%) and sports or recreational centers (1%) are not popular places of spending free time. From many ways of spending free time the dominating are: going for walks 64.7% and exercising at home 27.5%.

Conclusions. The respondents prefer a receptive form of activity in their free time. The physical activity of the respondents is restricted mainly to walking. The people in question most often spend their free time with family. The preferred places for spending free time are summer house and home. In planning health education in correlation to this group of people it is necessary to undertake actions leading to their activation in different spheres.

Key words: free time, elderly people, activity, health education.

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INTRODUCTION

Keeping up functional fitness of the elderly people is the key challenge to the modern gerontology. The World Health Organization in its programme "Healthy ageing" proposed 3 aims of active ageing implementation:

1. Maintaining self-reliance and preventing disability.
2. Regaining lost fitness through rehabilitation.
3. Providing good quality of life when fitness loss is irreversible [1].

Assuming that the healthcare professionals can influence an individual health status, three groups of factors can be named: factors that are subject to significant changes, factors that are subject to partial or very limited alterations and those that remain unchanged [2]. The ways of spending free time and the level of physical activity of elderly people are factors that are subject to significant changes and they are a part of lifestyle. This means a nurse can directly influence this type of health behaviour as a part of her nursing professional practice. The factors that are subject to partial or slight alteration may alter when supported by formal and informal support systems. In such case nursing activities have an indirect form, stimulating and initiating support institutions to cooperate with the persons under their care. The development of the infrastructure plays an extremely important role in the activation of physical and mental functions of elderly people. According to Kozdroń, as the access to infrastructure differs conditions must be created at the place of residence of elderly people, e.g. where they relax, use healthcare system or work [3].

The literature emphasises that there are many factors that influence elderly people in undertaking activity [4, 5]. The key factors are: level of education (the higher the level of education, the higher the level of activity), health condition and the level of physical activity of an elderly person (healthier person more often undertakes activity), family influence (social origin, contact with one's own family), living conditions which can limit access to various types of activity, place of residence and access to a variety of offers, influence of cultural and educational institutions. Therefore, the diagnosis of the forms of spending free time by elderly people in respect to health education should be enriched by the data on these factors.

The analysis of the Polish society health situation [6], as well as the operational aims of the National Health Programme [7], stresses the proper arrangement of free time of elderly people in respect to keeping up good health till late old age, and therefore, set further steps that should be undertaken by healthcare professionals in reference to this age group. "The old age is the period when most polypathology occur and therefore, it is the time when educational activities are desired most"[8]. Health education of elderly people should be treated as permanent education as adjustment to dynamic changes is requirement. The key element of such education is an education about illness prophylaxis, education that is an integral part of the therapy of an illness, especially of a chronic one, which covers both patients themselves and the environment they live in [8].

AIM

The main aim of this research was to determine the preferred forms of spending free time by elderly people living in Warsaw and to analyse the factors that exert and influence on the choice of the form of spending free time. Based on the above the following research questions have been established:

1. Who the respondents most often spend their free time with?
2. Where the respondents most often spend their free time?
3. What forms of spending free time are the most preferred by Warsaw elderly people?
4. What form of physical activity is chosen?

MATERIAL AND METHODS

The research was carried out in Warsaw area in 2008. The respondents' selection criteria were Warsaw as a place of residence and the age – 60 and above. The author-devised questionnaire was used to obtain the required data. 102 respondents agreed to participate in the research. The questionnaire was filled out by interviewers. Pearson's chi-square ($\chi 2$) test of independence was used to test the correlation between the selected variables. The null hypothesis H0 assumed that there is no correlation between the analysed variables, while the alternative hypothesis H1 assumed a statistically significant correlation between the variables. When H0 hypothesis was excluded, the strength of the correlation between the analysed quantities was assessed using C Pearson contingency coefficient.

Characteristic of a tested group: The research comprised 102 persons of which 70 were women and 32 men. The age structure was as follows: the largest group consisted of persons at 75 years of age and above (38.2%), there was 24.5% of people in the age range of 70-75 years, 21.6% in the age range of 60-64 years, and in the age range of 65-69 years there was 16% of the respondents. In the tested population the largest group consisted of people with secondary education, 22% of the respondents had primary education, and 24.5% higher education. In respect to the marital status, the largest group consisted of widows and widowers – approx. 44.1%, and married people – approx. 42.1%. Only 4.9% of the respondents were single. The vast majority of the studied elderly people were unemployed (78%). There is nothing strange in this, as a considerable number of them reached the retirement age (78.4%). Every fifth respondent continues to work permanently (6.95%) or temporarily (14.7%). The largest group are people living alone – approx. 46% of the respondents, 31.4% live with a spouse, and 15.5% live with their children. 78.5% of the tested group said that they can easily move inside and outside of their home, 20.4% do it with difficulty, but can move without help outside their home, 5.1% require assistance while moving outside their home. For 62.2% of the respondents their current health condition does not prevent them from spending their free time in an active way,

42% replied that their health condition prevent them from that. On the basis of the self-assessment of the respondents' health condition, 46.9% of the respondents consider their health as satisfactory, 28.1% is dissatisfied, 18.7% is unable to self-assess their health condition.

RESEARCH RESULTS AND REPORT

Approx. 55% of the tested group said that they have a lot of free time, 32.3% think that they have an average amount of free time, and only 12.7% of the respondents consider they have not enough free time. Statistical analysis shows that there is a correlation between the age of the respondents and their assessment of the amount of free time ($\chi 2$ = 21.40328, p = 0.00672, p < 0.05). Persons over the age of 75 are the ones with largest amount of free time. Estimation of the amount of free time changes with the age. When asked whether they have an opportunity to spend their free time according to their wish, 48% of the respondents said that they have sufficient or almost sufficient possibility to spend their free time according to their wish. 26.5% of the respondents assess it on an average level, and 1/4 as limited or none. The respondents in most cases spend their free time with their family (43.8%), with their spouse (21.4%), and 21.4% with their friends. Almost ¼ of the respondents spend their free time alone. (Figure 1)

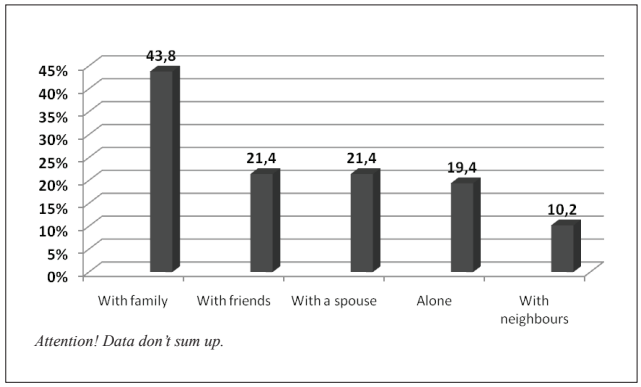

FIGURE 1. People whom the respondents spend their free time with.

The respondents were also asked where they spend their free time. The data about the places where the respondents spend their free time is presented in Figure 2. (Figure 2)

The most popular places where the respondents spend their free time are: allotment gardens (48.9%) and their own houses (29%). In the next group of less preferred places there are churches (16.3%), clubs and associations (10.2%), cinemas and theatres (9.2%), and their relatives' homes (8.1%). Libraries (7.1%), community centres (2%), University of the Third Age (2%), and sport centres (only 1%) are among the least frequently chosen places. Analysis showed a statistically significant correlation between the education level and free time spent in cinema/theatre (x = 11.36255, p = 0.044, p < 0.05). People with higher education most often spend their free time in such places. People in the age range of 65 – 69 years spend their free time most often in libraries (x = 10.35975, p = 0.01575, p < 0.05).

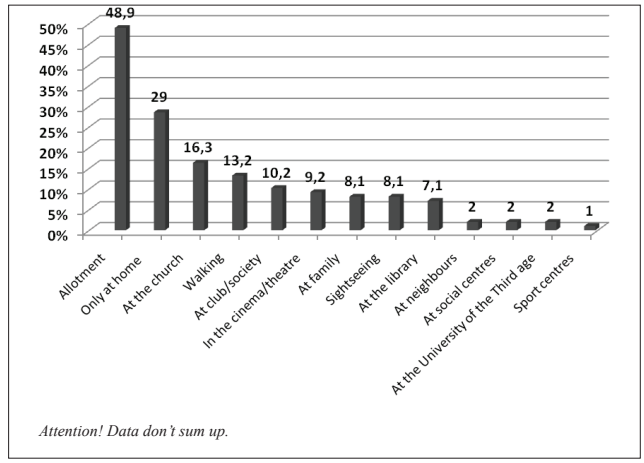

FIGURE 2. Places where the studied group of people spend time.

As the place of spending free time does not determine the form in which the time is being spent, the respondents were asked how they spend their free time. The forms of spending free time pointed out by the respondents were assigned to 3 groups: forms of spending free time oriented on a purposeful physical activity, active forms of spending free time connected with mental, social, political, integration activities, and passive forms of spending free time. The preferred forms of spending free time are illustrated in figure 3.

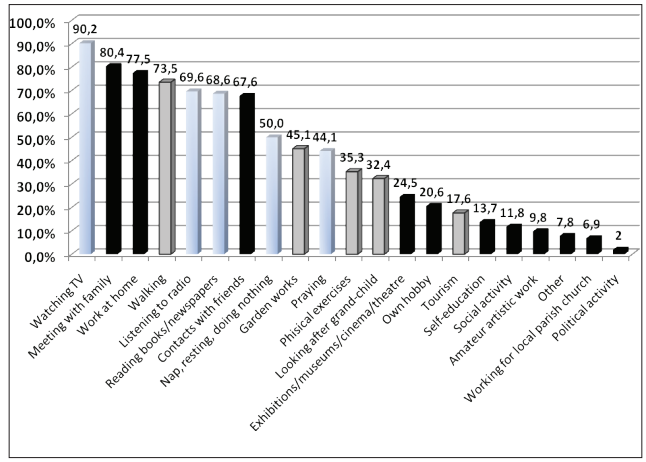

FIGURE 3. Preferred forms of spending free time.

Watching TV is the most preferred form of spending free time for 90% of the respondents. Watching TV for more than 3 hours a day was reported by 36.3% of the studied group. . The choice of this form of spending free time depends on the level of education (x = 15.60826, p = 0.00806, p < 0.05). This form of spending free time is most frequently chosen by the respondents with secondary education. More active form of spending free time seems to correlate clearly with the level of education. Social activity is specific for people with secondary and higher education (x = 11.93435, p = 0.03571, p < 0.05). People with primary, vocational and secondary education choose physical activity. However, this form of activity is most frequently chosen by people with secondary education (x = 12.02833, p = 0.03441, p < 0.05). Tourism is chosen by people with higher education.

Slightly more than 35% of the studied group say that they spend free time on physical activity and walking (73.5%).

Taking the above into account, an attempt was made to establish the form of physical activity undertaken by elderly people. The results are presented in Table 1.

TABLE 1. Undertaken forms of physical activity.

Forms of physical activity	value %
Walking	64.7
Exercise at home	27.5
Riding a bicycle	14.7
Garden works	7.1
Rehabilitation	2.0
Intensive work at home	2.0
Swimming	1.0
Aerobic/dancing	1.0
Team play (volleyball, football etc.)	0.0
Jogging	0.0

Going for a walk is the most popular form of physical activity for over 64% of the respondents. Approx. 27.5% of the respondents exercise at home. The choice to walk is age-correlated – elder people prefer this form of activity. Statistical analysis proved that the choice of such activities as exercise at home or riding a bike depends on sex of the respondents. Exercise at home is more frequently chosen by women ($x = 4.063419$, $p = 0.04382$). Riding a bicycle is more often chosen by men ($x = 3.939310$, $p = 0.04717$).

DISCUSSION

Health education is one of the methods to influence individual and group lifestyles. In accordance with the stages of nursing educational process, in the practical health education planning activities it is crucial that the aim of such education results from actual needs of its addressees [9-12]. A diagnosis of an individual or a group against the background of the community in which one lives, including the examination of attitudes and behaviour, should be the basis to establish priority problems.

According the analysis of the data, the respondents most often spend their free time at home (43.8%) and with a spouse (21.4%). Therefore, close relatives become a potential source of support in any activities aimed at promoting various forms of elderly people functioning. Moreover, the aims and the actions of health education should focus not only on elderly people, but also on other members of their household. Living with their spouse was reported by 31.4% of the respondents and 15.5% reporting to live with their children. Communication within the family and the role of an elderly person should be taken into account by a nurse while diagnosing and planning the aims of education. Features that are characteristic for a modern role of a nurse extend the concept of a patient onto his/her family, local community and risk groups, and cover also the importance of education, counselling and partnership [13]. It was proved that the support from close family members is an important factor in maintaining health-favourable behaviour, giving up health-damaging behaviour, undertaking pro-health behaviour and if required changing lifestyle due to a diagnosed disease [14]. In the research carried out by Litt, it was proved that family support provided to 60-year old women is the best predictor of the frequency of undertaking physical exercise [15]. The respondents said that apart from close family members they also participate in integration activities with friends (21.4%) and neighbours (10.2%). However, according to Jankowski, outdoor neighbourhood activity most often means exchanging information [16]. It should be remembered that neighbours and friends might also be an important element of a health support system. Such people, as well as family members, may be a good source of information on the effectiveness of actions and information on the behaviour that an individual would like to maintain. Abramczyk indicates that family-orientated activities should cover the following issues: behaviour supporting health in old age, the importance of physical activity in maintaining fitness and self-reliance, participation of an elderly person in family life, current recommendations on the manner of life of elderly people [17].

Health condition and fitness are among the factors that alter and can limit activity in free time [18]. According to the World Health Organization, taking into account health condition and fitness, elderly people can be divided into 3 groups:

- Healthy, physically fit, self-reliant.
- Chronically ill, but self-reliant.
- Ill persons – disabled, dependent on other people [19].

In the nursing practice this means that planning activities aimed at promoting specific forms of physical activity should be focused on elderly people both in their household and in the health care institution. Physical activity then becomes an element that supports pharmacotherapy and medical actions aimed at treatment of civilization diseases. It worth noticing that although 78.5% of the respondents said that they can easily move both inside and outside their home, and 62.2% said that their health condition does not stop them from active spending of their free time, still receptive activity is preferred. According to Dzięgielewska, the habits concerning the ways people spend their free time remain the same after they retire, becoming, however, extended in time. Only 11% of activities changed: they are given up, reduced or started again [20]. Planning health education aimed at elderly people who are unconvinced to change their behaviour with adverse effect on their health, should include targets aimed at emphasising the expected profits and listing losses. In the target group of elderly people it is advantageous to present the effects of the lack of activity, as the risk of discovering a change in this age group is higher [14]. The following should be taken into account during action planning: arguments from authority, individual counselling, leaflets, films. Moreover, an elderly person should be strongly convinced that, despite various obstacles, he/she is able to change his/her own behaviour. Personal experience, stimulation or persuasion can help achieve this target. Exercises, films presenting other people initiating change in behaviour also have an important role.

Targets drawn up in programmes should be specific, imminent and action-orientated [14]. The actions should also cover the working environment. Every fifth respondent continues to work: permanently (6.95%) or temporarily (14.7%). Therefore, not only a preventive change of behaviour in the working environment should be aimed at, but also promoting ergonomic and organizational changes in the workplace and supporting employee healthy behaviour.

Subjective assessment of one's own heath condition is an important element determining the quality of life of elderly people. Health self-assessment appears to be a social activity indicator [21]. Satisfaction with their health condition is reported by 46.9% of the respondents, dissatisfaction - by 28.1% and 6.2% are very much dissatisfied, 18.7% are not able to give a definite answer.

The study showed that 90% of the respondents watch TV in their free time, approx. 70% listen to the radio and read books or newspapers. For 28.5% of the respondents their home determines the scope of the above activity. According to Jankowski, very often technical and cultural resources to "stimulate passivity, diminish the ability of active and real social interaction" are missing [16]. In the studied group only 10.2% of the respondents are members of a club or an association, 7.1% spend their free time at a library. These institutions offer a wide range of physical, intellectual and social activity [21]. Cultural centres, universities of the third age, sport centres are not very popular places for spending free time among the studied group. Relationship between elderly people and younger generation can be stimulated by the participation of elderly people in the activities of the above mentioned institutions and enhancing social support resources. This can be a factor preventing social isolation, especially in the view of the fact that 64% of the respondents live alone and 19.4% of them spend their free time on their own.

Maślinska in her geriatric prophylaxis identifies two sections: in the primary prevention in the geriatric care physical activity is a remedy, in the secondary prophylaxis it is aimed at preventing substantial activity loss as a result of a disease. Exercises are to restore fitness, efficiency and self-reliance [22]. Decline in physical activity can be observed in the vast majority of elderly people. Walking is the most popular form of physical activity in the studied group 64.7%, most probably because it is easily accessible and cheap. Quoting Borowicz, it should be obsevred that walking function is common, starts early – which plays an important role in the disease prophylaxis, complex – the aim is to reach movement efficiency with family support, continues – that is the ability to be used for many years, has an individual aspect – various intensity depending on individual capability [23]. Walking does not have an important impact on an increase of physical fitness, however, as it has a positive effect on the vegetative system, it improves cardiac and circulatory performance, it is also a factor that prevents the loss of other abilities [24]. The WHO physical activity guidelines point out that the activation programs should include: individual and group activities and various forms of exercises. The exercises should be individually adjusted, should be done on a regular basis – every day, should give pleasure and relaxation. Physical exercises that are undertaken by elderly people are most often a part of their current rehabilitation activities. A 60 minutes moderate-level of physical activity per day is recommended and it should include: exercise at home, riding a bicycle, gardening, housework, slow swimming, walking at 4.6-6 km/h [14]. In the studied group, 27.5% of the respondents exercise at home. Statistically, this form of activity is more frequently chosen by women ($x=4.063$, $p=0.043$). Only one person indicated sports and leisure centre as a place to spend free time. Parnicka points out that exercises in organized groups are very uncommon despite the fact that organized physical exercises, apart from their role in maintaining physical activity, are also important in counteracting negative emotions, providing social contact, preventing isolation [25]. Practical experience of Kozdroń and Szczypiorski shows that patients very rarely quit those exercises, but still enrollment to such groups and encouragement to regular physical activity seems to be most difficult [3]. 14.7% of the respondents indicate that they ride a bicycle in their free time. However, this is a seasonal activity. Men more often choose this form of activity ($x=3.939$, $p=0.047$). Activities at allotments (48.9%) is a very popular form of spending free time, with 45% of the respondents preferring gardening in their free time.

The socioeconomic status also affects the forms of physical activity. The studied group assessed their financial situation as good (58.2%), not very good (39.8%), and poor (6.1%). The higher the status, the more expensive forms of physical activity are undertaken by elderly people.

The variety of options, as well as dynamic activity of cultural and entertainment institutions exert an influence on a decision to undertake various forms of activity. "The key task of health promotion is to strengthen health and create conditions for an individual to function in the society. Health promoting activities refer not only to physical health but also to: influencing the elderly people living environment, social groups, creating and promoting models and standards of behavior [health education, media], counseling including individual counseling." Health situation is designed not only by pro-health activities of healthcare workers. Health education of this type requires cooperation between a nurse and local authorities, school, church and social institutions representatives, etc. [17]. Nurses should look for allies: individuals, support groups and institutions to create new forms and opportunities that would support elderly people in increasing self-reliance and physical fitness [26]. Conclusions that include causes and risk factors, presented during a local community meeting should be used in target setting, tasks planning and resources scheduling [17]. Setting up an institution that would involve selected members, representatives of larger sectors and an active local community, is a positive activity [27]. Education at the local community level gives an opportunity for families and particular groups of people to participate in it. Planned actions should include: word-based approach, artistic forms, presentations and activities, competitions with a possibility to win attractive prizes, inspiring local authorities and non-governmental organizations, as well as various institutions to implement programs aiming at increasing physical activity.

The scope of activities related to elderly people that are undertaken by nurses should concentrate on the forms of activity that have decreased and result in the lack of self-reliance. An increase in activity and self-reliance can be achieved through motivating to every day physical exercise, showing the options and ways of getting required equipment, persuading close relatives to support any pro-health activities undertaken by elderly people, showing to various decision makers obstacles that limit activity, activation of social support system: local institutions, community potentials which can support an ill person and his/her family to increase individual and family resources to achieve self-reliance and constructive activity, as well as broaden their horizons so that they can achieve more in learning, working, sport activity, social activity [28].

Programmes promoting active lifestyle have a large number of potential recipients due to the ageing of the population, and yet they are carried out very rarely (mostly in the media). Nurses are expected to be professional health leaders, active in promoting healthy lifestyle, who take independent actions targeted at various recipients. The activities of people participating in the planning and implementing educational projects should be proactive and should cover the search for recipients and offering intervention to them. "An elderly person can be an important client of properly advertised and prepared educational programmes" [29].

CONCLUSIONS

1. The respondents prefer receptive activity in their free time.
2. Physical activity of the respondents is limited mostly to walking.
3. The studied group most frequently spend their time with their family.
4. Allotments and own homes are the most preferred places to spend free time.
5. Activities aimed at activation in various fields should be taken into account while planning health education for this group of recipients.

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