An Example of Qualitative Research in Social Work with Older People: The History of Social Work in Old People's Homes in Slovenia

Jana Mali

University of Ljubljana, Faculty of Social Work, Ljubljana, Slovenia

ABSTRACT

Social work with older people deals with improving their capacity and ability to face and resolve problems, and with raising awareness and encouraging their environment to maintain relational networks. Based on research regarding social work with older people this paper presents the historical aspect of older people's position within the development of institutional care for older people in Slovenia. The paper attempts to show some characteristics of care in institutions for older people in a historical perspective, considering the introductory description of older people's position in modern society, some characteristics of the (total) institution and a definition of the specifics of social work with older people. In the past the mission of the social worker in old people's homes was exclusively conceived on the basis of their relationship with the residents. Today, it is the administrative function that is more in the foreground. Regardless of the deviations seen in today's mission of social work as compared to the past, individual work with residents has always been and remains its characteristic today. Social workers help residents adapt to life in the home and the new institutional environment. They ensure that every individual's maximum abilities are considered, help solve the residents' problems, function as mediators in conflicts between the residents, and between the residents and staff. Therefore, social workers are expected to have certain abilities and characteristics and in order to be able to carry out quality work they need to participate in continuing education.

Key words: history, (total) institution, old age, older people, social work

Introduction

In line with its own interests today's productivity-oriented society has created an image of older people as being needy, dependent on others, unproductive and inactive members of society. We are talking about ageism in modern society defined by Bytheway[1] as discrimination whereby people are denied opportunities and resources on account of their age, and prejudice whereby people who are perceived to be old are viewed stereotypically and negatively. The prevailing stereotypes of old age and older people in society have created a generally negative attitude to ageing and also affect older people and how they experience old age.

Older people's negative attitude to old age enables young generations to take care of them, make decisions for them and eradicate risk from their lives, even though it would serve as a possible strategy for improving the quality of their lives. Ageism allows younger generations to see older people as being different from themselves, thus allowing them to subtly cease identifying with their elders as human beings[1]. People easily feel older than they really are. Thus, we have a society which on one hand prescribes the roles, behaviour and feelings of older people while, on the other, we have individuals with their own specific feelings of old age which are not based on socially-conditioned views of old age.

Through specific policies for older people, specialised institutions, forms of care and other categories, we are making old age as unusual and negative period in life despite well-intended researches on the positive aspects of ageing. Hazan[2] talks about old age as a problem, describing this phenomenon with the language we use when we talk about older people: »The social discourse on ageing involves a vocabulary that combines moral order and practical needs: »handling«, »managing«, »organizing«, »looking after«, »caring for«, »placing« and »planning«. Within this old age is seen as a problem, a threat to young and

work-active generations. That is why the determination of policies toward ageing, allocation of resources and planning of services have to make old age and older people so dependent on the will of others.

After the Second World War, in Slovenia the role of older people in society was diminished due to the following coinciding processes: modernisation, urbanisation, industrialisation, the development of science, and disintegration of the traditional family. They were followed by the stigmatisation of older people in society and a general marginalisation of old age from the modern way of life. Industrialisation brought about the end of paid work for many people, including older people. That is why problems similar to those in capitalist countries at the same time also began to appear in Slovenia. Socialism emerged as a radical social modernity, yet it involved the intense industrialisation and bureaucratic modernisation of society at any price[3]. The relationship with older people and old age became markedly deformed. In the early 1970s Perat[4] called attention to the problem of the discrimination of older people and leaving older people to themselves. In his opinion, different stressful situations brought about by old age increase the sensibility and vulnerability of the older population. He believed that the difficulties that come along with old age and the ageing process are socially underestimated, and it is not unusual that the number of older people with mental problems is rising and that they are often placed in hospitals and old people's homes. The reasons underpinning older people's difficulties lie not in themselves but in society which neglects and marginalises them. In the early 1980s Požarnik[5] also drew attention to the problem of the social marginalisation of older people in Slovenia. He strived for a conscious and active fight against the problems of ageing, an improvement in social relationships between people, and also pointed out the significance of psychological, sociological, economic and political influences on the ageing process and old age, while advocating the elimination of prejudice against older people. The importance of previously mentioned author's work is not only in the critique of social marginalisation of older people but also in the detection of older population as very heterogeneous population, with a great deal of characteristics, needs and demands. Hlebec[6] systematically presents heterogeneous of older population and changes in the quality of their life over the last two decades. Parallely with demographical changes, changes of social welfare, social networks and intergenerational solidarity emerge.

The population's ageing and the related increasing and continually changing needs of the older generation are problems which have occupied professionals from various fields (including social workers) in recent years. Older people pose a significant challenge and opportunity for social work and, according to Phillipson[7], they have moved from being a marginal concern (in the middle of the 20th century) to one of central importance for the profession. In Slovenia the field of social work with older people is quite a new field within the similarly young science and profession of social work, which with the increasing demographic changes is becoming an ever more important part of social work. That is why it forms part of the education for and research in social work at the Faculty of Social Work of the University of Ljubljana which is currently the only institution offering this activity in Slovenia. Today the dominant stereotypical image of ageing and old age is so profoundly interwoven with our consciousness that, already from its beginning, the study of social work with older people has been oriented to identifying students' own attitudes to older people, ageing, the influence of prejudice against ageing and old age in order for them to become aware of these in their professional and personal lives, and to consciously try to reach beyond them in their direct contact with older people. That is the only way to realise the mission of social work with the older people which is based on increasing their capacities and abilities to face and solve problems in their last life period[8].

Social Work with Older People

In social work we talk about social work with older people as a specific area of social work while, at the same time, older people are a specific population for social workers to work with. Mali[9] demonstrates the substantiation of social work with older people through a development perspective and describes social work with older people as a specific field of both social work and the wider science of gerontology. The specificity of social work with older people in Slovenia is what Kosikinen[10] describes as focusing on an increase in older people's capacity and ability to face problems and resolve them. Social workers make an effort to find and mobilise older people's power and resources instead of simply drawing attention to their powerlessness. Useful principles to be observed in the presented conceptualisation of social work with older people come from Burack-Weiss and Brennan[11], which for the purpose of this paper are briefly paraphrased to suit the described contexts:

- Seeking Strengths: social workers provide help and support for older people to draw strength from their rich life experience in order to overcome their present problems.
- Promoting Maximum Functioning: social workers focus not only on individual losses which older people often face, but also take into account the entire life context in which these losses appear.
- Promoting a Non-restrictive Environment: individuals have the right to live independently in that kind of environment and in a manner that does not endanger their lives and the lives of others. The transition from a functionally inappropriate living environment to a more suitable one requires a gradual approach and maximum respect for the individual's desires, needs and requirements.
- Promoting Ethical Practice: ethics reminds us not to neglect two basic ethical principles during work with the older people – respect for and preservation of their dignity.

– Respecting Cultural Differences: ethnicity affects the choice of assistance and attitude to living in an institution, as well as acceptance of diseases and relationships within the family, and at the same time also affects the relationship between the person and the social worker.

– Working within a Systems Perspective: social workers interact with individuals and their environments. Older people are often dependent on the help they receive from their social environment, either at the informal level (help from their families, relatives, neighbours, friends and acquaintances) or at the formal level (help of professionals from various organisations and institutions).

– Setting Appropriate Goals: to achieve appropriate goals, social workers and users need to set them together. They should be based on the actual situation and the individual's circumstances and should at the same time motivate the user to undertake the optimal activity to achieve the set goals.

At the Faculty of Social Work education for social work is oriented to the principles outlined by Burack-Weiss and Brennan which, however, are developed within the following concepts:

– Partnership: a partner relationship in social work means the equal participation of the user and the social worker in the definition and solution of the problem, the expert's belief in the user's ability to successfully solve their problem, in their competence to take responsibility and control over their lives. The Code of Ethics of social workers of Slovenia[12] is permeated by the partner relationship between the expert and the user.

– The power perspective: in modern social work the power perspective represents a paradigmatic shift towards looking for new sources and power of users. In Slovenia this concept forms a constituent part of the working relationship concept developed by Čačinovič Vogrinčič et al.[13]. The power perspective offers a simple formula, namely to mobilise the user's power (talent, knowledge, abilities, sources) in order to achieve their goals and visions and lead a higher quality life which will be in keeping with their own concept of quality.

– An anti-discriminative orientation: as laid down by the Code of Ethics of Social Workers of Slovenia the practice of social work is oriented against prejudice, negative relationships and the inadequate treatment of people on the basis of their characteristics such as race, sex, religion, ethnicity, age or other.

– Social network: old age influences social networks and vice versa. This is a reciprocal influence between ageing and social networks as ageing influences social networks through the choice of people with which we associate, and through the way in which we do it[14].

– Community care: the process of asserting the community care concept is related to the deinstitutionalisation and establishment of adequate services of help in the community as well as residential groups in which people can maintain their identities and autonomy. Different models of deinstitutionalisation around the world and in Slovenia are described by Flaker[15]. These principles emphasise the specific nature of social work with older people in Slovenia. The specific nature of social work concepts lies in their foregrounding of a integrated understanding of the individual and his/her needs, and in the assertion of the user as a partner in the helping process in order to foreground their right to choose different kinds of help.

These principles emphasise the specific nature of social work with older people in Slovenia. The specific nature of social work concepts lies in their foregrounding of an integrated understanding of the individual and his/her needs and in the assertion of the user as a partner in the helping process in order to foreground their influence to choose different kinds of help. The continuation of this article is focused on presentation the specific aspects of social work with older people in homes for older people from historical perspective, to show the specific role of social workers in institutions for older people.

Some Facts of Care for Older People in Slovenia

In Slovenia 15.9% of people are older than 65 years, meaning that over 320,000 people have already attained this age, which is the same level as in other member states of the European Union. The number of people older than 65 years is growing rapidly with a simultaneous rapid decline in the number of people younger than 15 years. The percentage of people older than 65 is estimated to grow to 19.4 by the year 2020[16].

Care for older people in Slovenia is extremely institutionally oriented, although already in the 1960s different experts in the field of gerontology (Acceto, 1968; Lajevec, Reja, 1958; Perat, 1969) stressed that older people should live in their domestic environment for as long as possible[9]. About 5% of people above the age of 65 live in old people's homes, while the majority of others live in their own homes[17]. Only recently, some new forms of care for older people which have been replacing institutional care are being developed, such as: day centres and home help for older people. The network of homes consists of 89 homes, 55 of which are state public institutions and 34 are private homes with a concession[18]. Total capacity of the homes is 17,571 beds, while the homes give work to about 8,000 employees.

The rapid development of gerontology in Slovenia has influenced the development of institutional care based on the principles of social gerontology adopted in the 1960s, according to which homes for older people are considered gerontological-geriatric institutions which solve not only social problems but also those concerning health

care. The primary function of homes which in the past manifested itself in their provision of living conditions for older people has taken on a new gerontological-geriatric function, but the consequences are relevant even today. The review of the development through three historical periods shows that homes have developed from the initial socio-gerontological model (1965–1990), through the intermediate hospital model (1991–2000) to the social model (from 2000 onwards) with a special role of social work[19]. The Slovenian type of old people's home is organised according to unified criteria and standards as a combined type of home which distinguishes it from the Western European welfare system based on its differentiation of institutional help according to purpose (nursing or residential homes), as well as according to the ownership of the institution (private or state). A typical feature of Slovenian homes is that both mobile and immobile residents, active residents and residents who need nursing care or have dementia live together in the same building.

Institutional care is currently facing big challenges, because the new system of long-term care and the gradual privatization of homes will certainly influence the further development of institutional care. Social work in homes will certainly be part of developing new concepts of care. Therefore it is important to evaluate the role of social work in homes from historical perspective and present the significance of social work as a profession and science. Our attempt in this paper is to follow this aim and prepare framework for forthcoming changes.

Materials and Methods

This paper is based on a presentation of the research History of Old People's Homes in Slovenia carried out between 2004 and 2006 by the Faculty for Social Work, Slovenia. The research laid a specific emphasis on the identification of social work characteristics, thus enabling the interrelating of the practical problems of users of social work with older people with its theoretical concepts. Its specific interest involved researching into how the development of homes from the end of the Second World War influences the quality of the residents' lives, and primarily the degree to which the residents' quality of life is improved by improving the homes' standards and their formal regulation. Within this, the research tried to identify qualitative changes brought about by the employment of social workers in the homes. In this paper the presentation of specific role of social workers during historical perspective will be presented.

The research strategy was based on the tradition of grounded theory introduced by Glaser and Strauss[20] and on the local tradition of qualitative researching developed at the Faculty of Social Work in Ljubljana by Mesec[21]. The data were processed using the method of qualitative analysis in which the research in the empirical selection of old people's homes had the characteristics of an individual case study. An individual case study is an integrated description of an individual case and its analysis, i.e. a description of the characteristics of the case and its

development, together with a description of the research process itself. Rather than identifying the frequency of different characteristics in all homes in Slovenia as the basis for defining typical features of the homes' development, the research's aim was to obtain various descriptions of how the homes' historical development proceeded, and of the maximum range of the diversity of aspects and dimensions of the homes' development.

A purposive sample of 18 homes was used in order to obtain data on the oldest homes in Slovenia, which is why 70% of the homes included in the research are those operating in the 1946–1966 period. On average, they provided 289 beds thus exceeding by 10 beds the average size of all homes which were founded in this period. The remaining homes in the sample, i.e. 30%, were founded between 1967 and 1991. On average, they provide 254 beds which is 36 beds more than the average size of the homes founded in this period and which still operate today. The average size of a home in the sample is 279, which makes it 66 beds bigger than the average size of all such homes in Slovenia.

The history of old people's homes was researched by identifying the living conditions and level of care for residents from the existing archive and expert materials as well as material obtained empirically via interviews with present and former workers in the homes, residents and their relatives. The numbers of participants in interviews are: 10 directors, 18 social workers, 11 head nurses, 10 skilled nurses or nursing assistants, 7 cooks, 4 heads of the laundry, 7 former workers selected according to their accessibility and knowledge of the home's history. Eight residents were also included in the research, namely those who had lived in individual homes for the longest period of time. As well three relatives of deceased residents who recalled the past functioning of the home were interviewed. The research included 78 respondents with prevailing female population, including different generations (from 33 to 85 years) and belonging working experiences (from 15 to 28 years).

The case study of each home was grounded on the above mentioned interviews, accessible archival material on the development of each home, available historical articles in papers, journals, magazines (particularly in local papers), old institutional regulations, statutes, house rules and other internal home regulations as well as annual reports of the homes. The items we focused on were: the foundation of the home (time, place and purpose, name, response of the public at the foundation), institutional regulations (statutes, regulations, ordinances), the residents (naming, rights, obligations, affiliation, autonomy and dependence), the staff (profiles, fluctuation, hierarchy), the social services (the employment of social worker – when, description of work, changes after his/her employment, the mission of social work), care for residents (food, clothes, medical care, residence standard, occupation), the procedure of admission in the institution (description, rules), the relatives (visits, co-operation with the staff, residents). The historical context provided us with an insight into the developmental aspect of

the homes, in turn giving us an integral view into the homes' past operations and their reflections on the work of today's homes.

The data were collected by 4th year students during their compulsory practical work and by final year students, that is B.A. candidates of the Faculty for Social Work who were writing their graduate theses on the subject, thereby acquiring in-depth knowledge of the development of each home, their present characteristics, and comparing the role of social work in homes of the past and today.

The data collected were analysed according to the qualitative analysis method developed by Mesec[21]. The procedure of analysing the material consists of six steps: (1) arranging the material (transcription); (2) determination of the code units (phrase, sentence, and paragraph); (3) open encoding (ascribing concepts); (4) selection and definition of relevant concepts and categories; (5) relational (selective) encoding; (6) formulation of the grounded theory. The categorisation and classification of material units helped us create concepts which were further on related to each so as to form form theoretical models and explanations. Glaser and Strauss[20] define qualitative analysis as the creation of inductive or grounded theory, where the theory is grounded literally from the grounds of the theory, that is from empirical data which in the case of qualitative analysis are qualitative, verbal descriptions, statements, or words. It is about inductive formulation of the theory based on a gradual generalisation of concepts from empirical data. Since each new concept and new statement has to be verified with additional cases from empirical data the procedure also includes a verification process. The result therefore is not a pre-existing theory; instead, the theory is developed gradually and is simultaneously verified and transformed.

Results

The results are presented in structured characteristics to assure the synoptic and on the role of social workers in homes focused empirical data. Social work in homes has particular role and significance in following categories: (1) institutional atmosphere, (2) rights and obligations, (3) employment.

Institutional atmosphere

During the past 60 years Slovenian old people's homes have developed from hospices into complex institutional systems which perform an important task in the field of care for older people. The comparison of employees' attitudes to the users in the socio-gerontological model (1965–1990) showed that interpersonal relations between the staff and the residents tended to be more authentic then in the intermediate hospital model (1991–2000). Respondents expressed in their descriptions of the homely atmosphere that good atmosphere was the result relationship between the residents and the staff in the homes: »Everything was much more domestic. I remember good old times when I used to make coffee every

morning and some nurses joined me and drank coffee with me. We had a pleasant chat which was of great importance to me. It was a sort of a ritual, but we do not practice it anymore«.

According to accounts of both employees and residents sometimes a homely atmosphere was more important than the quality food and health care which are provided in today's homes. Now retired nurses also described how they used to make, together with residents, funerals for those residents without relatives. In one particular home we were given this description: »There were residents and staff at the funeral. The housekeeper performed the burial; the nurses put the deceased in the grave. After the ceremony, we all sat in the kitchen, drank coffee and recalled memories about the deceased resident. When that kind of ceremony became forbidden, the farewell became completely impersonal«.

The homes' development shows that in the past the residents seemed to be less dependent on the staff. On one hand, they were in relatively better health than today while, on the other, there was fewer medical staff employed in the home. A nurse remembered: »Residents worked in the kitchen, in the garden, at the reception desk, alongside the housekeeper; they cleaned the offices, fed the pigs and made the pork and sausages. Now they cannot help in this way anymore because of their poor health condition and the special house rules. Residents can help with arranging the home's surroundings, working in the garden and they are stimulated to help their roommates«.

The results of the research show how social workers strives for personal contact with residents to establish a working relationship which presents the basis for monitoring the resident from their initial contact with the institution to the phase of them concluding their relationship with the institution. In the relationship with residents social workers try to include residents as equal partners in the processes of institutional life to enable shifts in the institution's functioning to become more adapted to the individuals.

Rights and obligations

The review of their past rights and obligations shows a relatively high degree of institutional power and a relatively low degree of residents' autonomy. In the 1950s, House Rules in the homes predominantly stated obligations and prohibitions such as: monthly payments for the care, care for order and hygiene in all areas of the home, reporting an absence longer than three days etc. which were not only binding on the residents but also on their relatives. Among the rights, only the right to obtain clothes and shoes was stated but it was limited in that clothes were allocated to individuals according to the management's judgement on how many and what kinds of clothes a resident needed. Only two rights were fully acknowledged, namely the residents' right to file a complaint and their right to leave the home if they wished. The House Rules mainly contained prohibitions related to the use of different areas in the home and to relations

between the residents and staff. The residents' entry to the kitchen and other areas was strictly forbidden if there was no staff around. Respectful and friendly behaviour towards fellow residents was put in the fore, prohibiting verbal and physical conflicts. Disturbing the peace (especially at night) was forbidden. It was strictly forbidden to violate the right to religious beliefs. The excessive use of alcohol and excessive drinking were strictly forbidden.

More residents' rights in the homes can be traced in the socio-gerontological model (1965–1990), including the right to appropriate placement in adequately equipped rooms which could be further furnished with residents' own furniture; the right to adequate food portions including a special diet if necessary. These rights show a shift towards residents' increased autonomy.

Residents' rights in the past as can be traced today were divided into those supporting the residents' autonomy and those which did not enable their autonomous decisions. The former included: the residents' right to make a compliment or a complaint in the Book of Compliments and Complaints, the right to ideological and religious beliefs, the right to express emotions (love, fear, happiness, laughter, anger), the right to respect for their personal integrity, the right to privacy and private ownership, the right of choice, the right to voluntarily participate in social and other activities, the right to the full realisation of personal endeavours and capabilities in all aspects of everyday life, and the right to be transferred to another institution. In some cases, the prevalence of rights which discourage residents' autonomy and strengthen the homes' institutional nature can be noted: the right to free exit on a resident's own volition, except where their medical indication dictates otherwise (in this case they can only leave the home after a prior consultation with the doctor), and the right to different therapies if prescribed by the doctor (such as physiotherapy and work therapy). The resident is bound to respect the doctor's instructions and the instructions of the medical and caregiving staff regarding medical treatment and the maintenance of personal hygiene and room hygiene.

Surprisingly, the review of the House Rules and rules of staying in the home showed some unusual requests of the homes regarding appropriate behaviour in the one area which should provide the highest level of a free and independent life for the resident, i.e. order in the rooms where the residents live. In numerous homes the rooms are marked with a number and equipped with furniture owned by the home. The residents can only bring into the room the most necessary additional furniture or objects, but only with the prior agreement of the management. The inventory of the room and the key are considered the residents' personal responsibility, the moving or removal of the inventory from the room is not allowed. The room is kept clean by the nursing assistants according to a special daily work schedule. In this regard, the resident's wishes and needs are not formally considered. The home's staff had the possibility and right to take care of order and cleanliness in the room, the wardrobes and drawers, while the residents are not allowed to keep things on

top of the wardrobe or under the bed. Rooms must be regularly aired. Another imposition of the institution's order on the residents' lives in the home involves provisions such as the strict prohibition on the use of cookers, ovens, irons or gas. Laundry is not allowed to be washed in the rooms. The residents are not allowed to keep food in their residential areas which presents practical problems if they wish to bring special treats into their rooms or when they are given to them by visitors. For sanitary and hygienic reasons the staff check the residents' rooms, their furniture and personal wardrobe when needed, in some homes not less than twice a year. Things which are out of use are then removed; the staff also determines what is useful and what is not with their definition of uselessness not necessarily coinciding with that of the residents. A very unusual but quite common rule states that residents are only allowed to have no more than four pot plants in their rooms, which in addition should not stand on top of the furniture or on the floor. For the residents' safety their rooms should always be accessible to authorised staff – so the interpretation of the right to and role of privacy remains somewhat left open.

Employment

While today's homes do offer different occupational therapies, activities, group forms of socialising (such as self-help groups for older people) and organised cultural events in order to replace the residents' lost home environment, and the residents can independently choose between different kinds and forms of activities designed according to their wishes and interests, at the same time the employment of a greater number of trained medical staff is maintaining the gap between the residents and staff. Not in terms of the problematic presence itself of medical staff in the homes, which is necessary and justified, but rather in terms of the neglect of the more social aspects of the life of older people in the homes, and generally of interpersonal relationships.

In the 1980s (the socio-gerontological model, 1965–1990) the employment of social workers in homes became a general practice. Up until then the social worker's tasks were practiced by the directors of homes because they were mostly educated as social workers. A director of the home described this as follows: »The first social worker was employed in the home in 1986 and she took over those director's tasks connected with residents. However, the work with the residents was improved, because before we did not have a member of the personnel staff who would talk to the residents about deeper issues and help them in their distress and problems. Progress was also made in collaboration with services and other institutions, as well as with residents' relatives. The employment of a social worker in the home had positive effects within the institution and improved the quality of residents' lives in the institution«. Shortly after the general employment of social workers their tasks became regulated, standardised which consequently made social workers lose their contiguity and openness in relation to the residents.

The research results show that in the past the mission of the social worker in old people's homes was exclusively conceived on the basis of their relationship with the residents. Today, it is the administrative function that is more in the foreground, which the interviewees defined with the term »systematisation of working tasks of social work«. Administrative work enables impersonality, distance, and disinvolvement from relationships. It leads to the routinisation and bureaucratisation of work. Regardless of the deviations seen in today's mission of social work as compared to the past, individual work with residents has always been and remains its characteristic today. The social worker introduces the resident to the institutional world, to a new environment, and strives for the harmonisation of the individual's and institution's interests. Our findings show that here the social worker takes on the role of a mediator, advocate, harmoniser of demands and needs or goals of both parties. To achieve a mediator position the social worker carries out individual functions of social work, i.e. establish personal contact with the future resident and if necessary with their relatives or other members of their social environment. Personal contact enables the establishment of a working relationship which presents the basis for monitoring the resident from their initial contact with the institution to the phase of them concluding their relationship with the institution.

Social workers help residents adapt to life in the home and the new institutional environment. They ensure that every individual's maximum abilities are considered, help solve the residents' problems, function as mediators in conflicts between the residents, and between the residents and staff. The answers of the residents and staff show that, among the residents, their relatives and staff the social worker is seen as an expert with a much valued individual approach to the residents. Their answers also put forward the social workers' integrated approach to the individual, making them function as links between the different experts in the home who can only contribute to the quality life of the residents through mutual co-operation. Therefore, social workers are expected to have certain abilities and characteristics and in order to be able to carry out quality work they need to participate in continuing education.

Discussion and Conclusion

Institutions for older people play a specific role in the differentiation of older population in the contemporary world. The review of the rights and obligations of the residents clearly indicates their loss of autonomy in an institution. Apart from the fact that old people's stigmatised position in society at large does not enable their autonomous action, which is most worrying, the institution still further discourages old people's autonomy in their last life phase. As Wilson[22] also concludes, the loss of autonomy and control over one's life in late old age seems to be inevitable due to both increased dependency on others and a higher degree of institutionalisation forcing people to conclude their life paths as non-autonomous beings which is being experienced, and with awareness, by older people in institutions; for many the wish to die is the only autonomous thought they have left.

Although the life of the modern individual is continually linked to institutions, it is the last period of our lives that is especially institutionalised. Therefore we must be prepared that in the future, old people's lives will also be linked to institutions. The reasons lie in modern society which, by directing people's lives towards different institutions, employs institutions for older people as a tool to push them out to the margins of society. It is important to develop so-called »anti-ageist social work« in order to become more aware of the impact of ageism on society, institutions and professions (including social workers) working with older people.

The description of the roles and fields of social work in homes for older people is corroborated by the relationship of social workers with the residents, staff and relatives, and their individual work with residents, the representation of their interests against institutional requirements and the balanced co-operation of social workers with other experts in the home to ensure an integral approach to the resident. Since social workers in the homes have specialist knowledge they could pay more attention to these factors and could draw other employees' attention to take residents' integrity into consideration.

The future of life in the homes lies in the greater flexibility of the rules governing life in the institution which is only possible in institutions with a smaller number of users than there are now, which will also provide the conditions for the enhanced consideration of individuality. In the future it will also be necessary to pay more attention to users' individual experiences of life in the institution and to users' experiences of what makes life in an institution different and separated from the life outside. This forms the base to identify which spheres of life in the institution need to be adapted to the life in the home surrounding and to thus decrease the negative influences of institutionalisation. Although the bureaucratisation of life in an institution unavoidably requires the limitation of diversity of individual behaviours, daily routines can be softened, mitigated and adjusted to the individual's interest, their wishes and needs. Within the existing timing of meals, nursing, payments of services, determination of the place, time, mode and form of staying the users can make arrangements with the staff and assert their rights within the given spatial and staff possibilities.

Homes are the places of the culture of the residents and the culture of the employees. The atmosphere within both cultures influences the entire image of the institution and the life within it. Social workers in homes and management of the institution should know and be attentive to what is going on in the institution and make sure that negative elements originating from either culture do not damage the image of the institution and the life in it. It is important that the personnel are aware of the problem of the depersonalisation of users and tries to do away with this problem or reduce it as much as possible. This can be achieved by taking the individual's integ-

rity into consideration, in spite of the bad living and working conditions (such as multi-bed rooms which the employees enter without knocking). Since social workers in the homes have specialist knowledge, they could pay more attention to these factors and could call other employees' attention to take residents' integrity into consideration. The co-habitation with other residents deprives an individual resident of privacy which is further limited when workers literally force their way into a room. The harmonisation of work and life which would simultaneously meet the aims of the institution and the requirements of users is difficult, but not impossible. Data show it is possible to adjust to the individual and step out of the given frames and limitations. Within the existing

timing of meals, nursing, payments of services, determination of the place, time, mode and form of staying the users can make arrangements with the staff and assert their rights within the given spatial and staff possibilities.

Acknowledgements

REFERENCES

1. BYTHEWAY B, Ageism. In: JOHNSON ML, BENGTSON VL, COLEMAN P G, KIRKWOOD TBL (Eds) The Cambridge Handbook of Age and Ageing (Cambridge University Press, Cambridge, 2005). — 2. HAZAN H, Old Age: Constructions and Deconstructions (Cambridge University Press, Cambridge, 1994). — 3. ULE M, Družboslovne razprave, 6 (1989) 71. — 4. PERAT J, (1969) Vestnik sveta za socialno varstvo LRS, 8 (1969) 25. — 5. POŽARNIK H, The Art of Ageing: Age, Prejudice and Facts. In Slovene. (Cankarjeva Založba, Ljubljana, 1981). — 6. HLEBEC V (Ed) Older People in Changing Society. In Slovene (Aristej, Maribor, 2009). — 7. PHILLIPSON C, The Frailty of Old Age. In: DAVIES M (Ed) Companion to Social Work (Blackwell Publishing, Oxford, 2002). — 8. MALI J, From Almshouses to Homes for the Older People. In Slovene. (Fakulteta za socialnodelo, Ljubljana, 2008). — 9. MALI J, The Role and Significance of Social Work in the Development of Institutional Care for Old People in Slovenia. Doctoral Dissertation. In Slovene (Fakulteta za socialno delo, Ljubljana, 2008). — 10. KOSKINEN S, Aging and Social Work: The Development of Gerontological Social Work. In: Social and Economic Aspects of Ageing Societies (European Inter-University Consortium for International Social Development – European Branch, Ljubljana, 1997). — 11. BURACK-WEISS A, BRENNAN FC, Social Work with the Elderly (The Haworth Press, New York, 1991). — 12. The Code of Ethics of social workers of Slovenia, accessed 27.5.2009. Available from: URL: http://www.fsd.uni-lj.si/dsdds/Kodeks%20etike.htm. — 13. ČAČINOVIČ-VOG-RINČIČ G, KOBAL L, MEŠL N, MOŽINA M, The Establishment of a Working Relationship and Personal Contact. In Slovene. (Fakulteta za socialno delo, Ljubljana, 2005). — 14. DRAGOŠ S, Socialno delo, 39 (2000) 293. — 15. FLAKER V, Opening of Madness. In Slovene. (Založba / *cf, Ljubljana, 1998). — 16. VERTOT N, Prebivalstvo Slovenije se stara – potrebno je medgeneracijsko sožitje. In Slovene. (SURS, Ljubljana, 2008). — 17. HOJNIK-ZUPANC I, Autonomy of Old People in the Context of Society and Space. In Slovene. (The Scientific Library of the Faculty of Social Sciences, Ljubljana, 1999). — 18. SKUPNOST SOCIALNIH ZAVO-DOVO SLOVENIJE, accessed 03.11.2010. Available from: URL: http://www.ssz-slo.si/slo/main.asp?id=2361E17F. — 19. MALI J, Changes in institutional care for older people. In: HLEBEC V (Ed) Older People in Changing Society. In Slovene (Aristej, Maribor, 2009). — 20. GLASSER B, STRAUSS A, The Discovery of Grounded Theory (Adline, Chicago, 1967). — 21. MESEC B, Introduction to Quality Research in Social Work. In Slovene. (Fakulteta za socialno delo, Ljubljana, 1998). — 22. WILSON G, Understanding Old Age (Sage Publications, London, 2000).

J. Mali

University of Ljubljana, Faculty of Social Work, Topniška ulica 31, 1000 Ljubljana, Slovenia
e-mail: jana.mali@fsd.uni-lj.si

PRIMJER KVALITATIVNOG ISTRAŽIVANJA SOCIJALNOG RADA SA STARIJIM OSOBAMA – POVIJEST STARAČKIH DOMOVA U SLOVENIJI

SAŽETAK

Socijalni rad sa starijim osobama bavi se poboljšavanjem njihovih kapaciteta i sposobnosti da se suoče s problemima i uspješno ih riješe te da pritom uspiju očuvati odnos s okolinom i za njih važnim osobama. Temeljeći se na istraživanju socijalnog rada sa starijim osobama, ovaj rad prikazuje povijesni aspekt položaja starijih osoba unutar razvoja institucionalizirane skrbi za starije osobe u Sloveniji. Rad pokušava prikazati neke od karakteristika institucionalizirane skrbi za starije osobe u povijesnoj perspektivi, uzimajući u obzir njihovu ulogu i položaj u modernom društvu, obilježja institucija i specifičnosti socijalnog rada sa starijim osobama. Prije je misija socijalnog radnika u staračkim domovima bila isključivo temeljena na njihovom odnosu sa stanarima doma, dok je danas administrativna funkcija više u prvom planu. No, bez obzira na takve promjene u misiji i ciljevima rada socijalnih radnika, individualan rad sa stanarima domova je uvijek bio i ostao obilježje ove specifične vrste socijalnog rada. Socijalni radnici pomažu stanarima da se prilagode životu u domu i novoj institucionaliziranoj okolini. Oni osiguravaju da se prema svakom stanaru odnosi s obzirom na njegove mogućnosti, pomažu im u rješavanju problema svake vrste te prestavljaju posrednike u eventualnim sukobima među samim stanarima, kao i u sukobima između stanara i osoblja doma. S obzirom na navedeno, od socijalnih radnika se očekuju određene sposobnosti i karakteristike kako bi bili u stanju kvalitetno raditi navedeni posao, za što je nužna sustavna i kontinuirana edukacija.