

THE ROLE OF GENDER IN ESTABLISHING THE INTERGENERATIONAL DIALOG

ULOGA SPOLNE RODNOSTI U KOMUNIKATIVNOM USPOSTAVLJANJU MEĐUGENERACIJSKOG DIJALOGA

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Abstract

The elderly population is the most heterogeneous group. In advanced years a lot of people are still fit enough for quality, creative and independent living. As there are differences in the ability of elderly people there are differences in their needs. On the other hand, it is not negligible proportion of those who are partially or totally dependent on help, by meeting the same needs. This paper will present the results of the survey, which was used to determine which institutions are dealing with elderly population and what is the role of gender in establishing intergenerational dialog in private and in public spheres. We will demonstrate the age and educational structure of employees working with elderly population with special stress on competences that are needed to establish an effective intergenerational dialogue, which is the foundation of intergenerational coexistence.

1. INTRODUCTION

The topic of old age and ageing is one of the most pressing issues of our time, since in Europe there are almost four times as many elderly people today than during the childhood of the oldest living Europeans. The number of elderly people in the general population will increase by more than a third in the period between 2010 and 2030, and during the following ten years it will more than double. During that period the number of people over the age of 80 will increase by 57%. If we also consider the fact that the number of single-member households has increased by 50% in recent years, which means that family social networks are almost inexistent, it appears that finding a way to help

Sažetak

Starija populacija je najviše heterogena skupina. U kasnijim godina mnogo ljudi je još uvijek u stanju voditi kvalitetan, kreativan i neovisan život. Kao što postoje razlike u sposobnosti starijih ljudi postoje razlike u njihovim potrebama. S druge strane, nije zanemariv udio onih koji su djelomično ili potpuno ovisi o pomoći, da bi osvarili potpuno iste potrebe. Ovaj članak će predstaviti rezultate ankete, koja je korištena kako bi se utvrdilo koje su ustanove koje se bave starijim stanovništvom i koja je uloga spola u uspostavi dijaloga među generacijama u privatnoj i javnoj sferi. Biti će prikazana dob i obrazovna struktura zaposlenih u radu sa starijom populacijom s posebnim naglaskom na kompetencije koje su potrebne da se uspostavi učinkovit međugeneracijski dijalog, što je temelj generacijskog suživota.

these elderly people and to establish a good intergenerational dialogue is more than necessary.

Although it was somehow clear that in the private sphere women carry the burden of caring for the elderly, we were interested in the role of genders in incorporating intergenerational dialogue in broader society such as public and business sphere. In the year 2011 we carried out an in-depth research of social, geriatric and educational aspects with more than a thousand respondents to examine their potential to develop intergenerational dialogue in their society. The main research questions addressed were:

1. What is the relationship between occupation/work experiences/personal characteristics and ambitions to take an active role in intergenerational dialogue in society?
2. Which competences are the founding stones for intergenerational dialogue in society?
3. What competences should be developed for professions that work with the elderly?

It is interesting to note that, in the private sphere; women take care of the elderly or infirm, thus building a bridge of intergenerational dialogue in the wider family context. This tradition stems from the stereotypical view of women and mothers, who are supposed to take care of their hearth and their children while men provide for the economic (material) welfare of the family. In spite of the fact that this "division of labour and obligations" is gradually yet persistently changing in the primary family unit (there is an increasing number of men who use paternity leave or even stay at home while women build their career), the care for the el-

derly and infirm remains a women's domain. Apart from the stereotypes (which should be discussed), the reasons for that can be found in a variety of sociological and psychological factors.

2. RESEARCH FINDINGS

In order to answer the questions that we were interested in, first we had to answer the question: "Which institutions or organizations (apart from families) deal with the older generation professionally?" Those data are shown in *Table 1*. The table shows that most institutions deal with ill elderly people, while half of them also deal with the healthy ones. On the professional/academic/research level, some institutes deal with the elderly and intergenerational dialogue. Because of an overview of educational opportunities, we have included educational institutions in that category as well.

ILL	HEALTHY
Hospitals	?
Community nursing	
Hospice	
Retirement homes	
Health resorts	
Social work centres	
PROFESSIONAL/ACADEMIC/RESEARCH LEVEL	
Institutes	
Educational institutions	

Table 1: Institutions and organizations dealing with older generation

We have used the data shown in *Table 1* as an orienting point for focusing on institutions where, in our view, it was most rational to base our research on.

2.1. EMPLOYEE STRUCTURE IN THE TARGET INSTITUTIONS

According to the data provided by the Statistical Office of the Republic of Slovenia, by the end of 2011 the sector Human Health and Social Work Activities employed a total of 55,000 people or 5.8% of the working population, while the share of women in that sector amounted 80% (44,000 people). In other words, 10.2% of

all employed women work in the sector of Human Health and Social work activities.

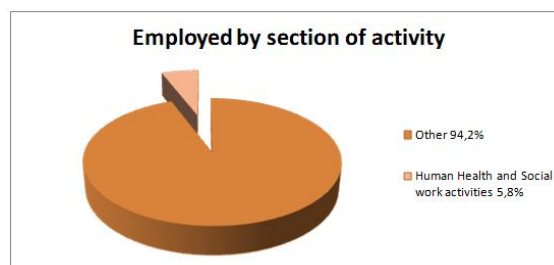


Figure 1: Employed by section of activity

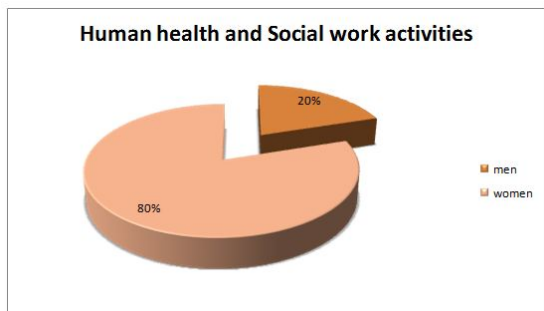


Figure 2: Human health and Social work activity

a) By gender

The data regarding employment distribution by gender in individual institutions shows the same numerical predominance of women. We can see that most men work in health resorts (45% of them). The reason for this lies in the profession of the physiotherapist that is equally attractive for both genders. Social services employ 12% of men, residential homes for the elderly 4.5%, while the number of men working in hospices is negligible (less than 1%), as well as in the home care sector, while in the sector of Medicine and Health care the number of male

employees reaches 35%. In that sector men work in the following professions: doctor, X-ray technician, emergency rescue workers and similar, which employ twice as many men than women.

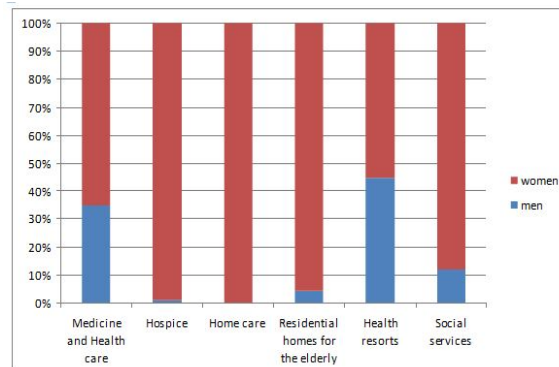


Figure 3: Employment distribution by gender

b) By age

We have divided the employees in 6 age groups that are shown in the table:

AGE	15-24	25-34	35-44	45-54	55-64	65+
NO. IN %	6%	24%	29%	30%	8%	3%

Table 2: Employees by age

The results show that most employees are between 30 and 55 years of age.

c) By position of employment

Position of employment	MEN	WOMEN
Senior posts	65%	35%
Managerial posts	49%	51%

Table 3: Gender by position of employment

The results of our study of the position of employment were somewhat surprising. In spite of the fact that there are only 20% of men employed in the sector Human Health and Social work activities, those 20% take up 65% of senior posts. When it comes to managerial posts, the ratio is more equal. That really means that women work in those job positions that have a much more direct contact with the older population and in a way they only carry out orders given to them by their superiors, who are mostly men.

e) By education (type and level)

University	31%
Higher/Vocational	18%
Secondary	36%
Elementary	15%

Table 4: Education level

Medicine and health care	68%
Social studies	14%
Psychology	7%
Law	6%
Other	5%

Table 5: Education type

The educational structure is consistent with the mistaken conviction that older people are ill and infirm. 68% of all employed in Human Health and Social work activities have an education in the field of medicine and health care. Only 14% have studied social sciences and only 7% have studied psychology. From the point of view of a healthy elderly person, that education structure is devastating.

The data regarding the level of education in terms of the field are not surprising. Sociologists, psychologists and lawyers have university education, as well as doctors and physiotherapists, and there are an increasing number of nurses with a university diploma.

3. COMPETENCES FOR ESTABLISHING INTERGENERATIONAL DIALOGUE

The core part of our study focused on competences that are needed for intergenerational dialogue. Questions were formulated based on the following definition of competences:

"Competences are abilities to use knowledge and skills that a person needs to perform a certain task successfully and effectively. They encompass a person's knowledge, his/her skills as well as personality and behavioural traits, convictions and values. The agglomerate of all these elements and the person's self-image provides a much greater guarantee for work success than knowledge by itself."

We have evaluated the answers to the following questions:

Which competences are needed for intergenerational dialogue?

Apart from education and experience (knowledge and skills), the most important personality and behavioural traits for working with the elderly and establishing an efficient intergenerational dialogue are the following:

- Extrovertness, which encompasses energetic and dynamic action, eloquence and enthusiasm, dominance or the ability to assert one's opinions and influence others;
- Agreeableness or kindness, which encompasses cooperativeness, selflessness, friendship, generosity, empathy;
- Conscientiousness, diligence, controlling impulses or dependence, which encompasses the ability of self-regulation or self-control, both in terms of inhibiting as well as activating actions; the latter also includes prudence, accuracy, tidiness, due care and tenacity;
- Openness, intellect, culturedness or intellectual interest, which encompasses education, being well informed, curiosity and creativity, interest for new things and experiences as well as being open to contacts with different cultures and habits.

The results demonstrate that the importance of individual factors is distributed as shown in Figure 4 below:

Competences for work with elderly population

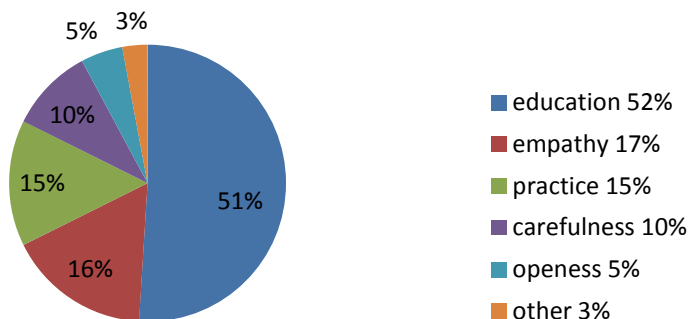


Figure 4: Competences for work with elderly population

Education represents more than a half of the competences that are needed to establish intergenerational dialogue. Other competences are divided into experience and personality traits.

Do employees have enough competences for intergenerational dialogue?

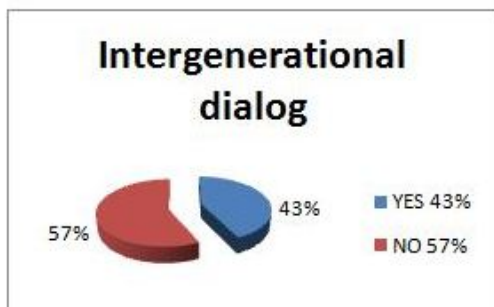


Figure 5: Competences for intergenerational dialogue, subjective opinion of employees

The data shown in Figure 6 above speak for themselves: employees do not have enough competences for intergenerational dialogue. The interviews that we have carried out leave no doubt in our minds that employees possess adequate personality traits and qualities needed to establish intergenerational dialogue. Experience was also not debatable¹. The main problem turned out to be the lack of formal education for working with or for managing the work with the older generation.

4. CONCLUSIONS

The study has clearly shown that women do not carry the burden of caring for the elderly in their private lives only; they are the providers of intergenerational dialogue in the public and business sphere as well. It is obvious that women are the majority of those who choose a career in working with this vulnerable population, which points to the fact that women possess those key personality traits that are an integral part of competences to establish intergenerational dialogue. But it seems that women, in spite of their aptitude for establishing intergenerational dialogue, either lack ambition to take up leadership roles in that area or are aware of their inadequate education and experience in leadership. And this clearly is a dilemma which could be a starting point for new research. The required social skills, such as self awareness, mood control and self moti-

vation together with authority, responsibility, efficiency, legitimacy, influence, communication skills, team work and innovativeness, being systematic and having high personal standards are all part of competences, needed for working with elderly population. But according to the research results, all those qualities listed above are not sufficient. The education remains the crucial part. Even employees, who are dealing with elderly people for many years, feel insecure because of the lack of professional education. Times have changed and the needs of elderly population also. Only medical and health care education is not enough. Random, unplanned and impulsive decision-making about educational goals must be replaced by a strategic goal: to raise awareness and provide education on which intergenerational dialogue can be based. Intergenerational coexistence is inconceivable without awareness and education; without intergenerational coexistence it is impossible to establish efficient intergenerational dialogue. When we consider the projections that in a dozen years or so almost half of the population will belong to the older generation, it is clear that we will not achieve sustainable and harmonious development unless we act immediately.

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