

# Social Challenges and Social Gerontology Competencies: The Case of Slovenia

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## ABSTRACT

*The trend toward an aging population observed in Slovenia is one of the major problems as in other developed countries within the European Union. The goal of the paper was to analyse the state of the art of the field, and suggest a potential set of variables for measurement instruments with appropriate social gerontology (SG) competencies for educational programs. Using the mixed method approach, the aim of the paper was to observe and suggest the most (1) needed, (2) desired, and (3) obtained SG competencies for higher education institutions. The results of analysis and measurements indicate how the opinion of our respondents intersects with 40 national factors recognized by gerontological social workers. We then categorized gathered data into ten factors, which represent potential set of variables for a new measurement instrument, showing frequencies that are proportional to the importance perceived by our respondents. Our preliminary research questions are: (1) Which (social and non-social) competencies are included in existing study programmes in Slovenia? (2) Which competencies are recognized by experienced workers as most important for enabling (future) students to effectively work with the elderly?*

**Key words:** caregiving, young people, long-term care, social gerontology (SG), older people, higher education (HE), Slovenia

## Introduction

The problem of population aging is biological aging, which causes the vital functions of the organism to be diminished<sup>1</sup>. However, today's science of aging – gerontology, which pays particular attention to the social, mental, and other aspects of aging that are characteristic of “experiential aging” – is itself aging<sup>1</sup>. Undoubtedly, health, social, and economic factors, as well as weight maintenance and spiritual and physical activity also have an impact. In many countries worldwide, as in Slovenia, the best possible solutions must be sought for the care of the increasingly elderly population, the encouragement of the employment of young people in this field, and especially the encouragement of their competencies in the field of social gerontology (SG)<sup>2</sup>. SG is a subfield of gerontology with an emphasis on the social aspect of growing old. It also includes help for older adults to live more independent and more active lifestyles. This last factor is very important for all the members of the “Baby Boomer” generation who are growing very old.

Becoming a social gerontologist means working with elderly individuals, as well as those that surround them, to increase the quality of living and help others understand them. Nevertheless, social gerontologists often work as supporters for older adults. This may involve educating them about their options for healthcare and other areas. They might help older adults locate community and health services or fill out and understand difficult paperwork; this can include filling out paperwork for health insurance, life insurance, and wills<sup>3</sup>. Social gerontologists might also be called upon to help improve or establish communication between older adults and their healthcare providers, such as doctors and nurses. Additionally, in Slovenia, it is expected that after finishing their studies, social gerontologists will be able to offer treatment and therapy to older adults who may be suffering from symptoms of depression, anxiety, or other emotional problems that tend to be more prevalent during the old age.

Individuals and society alike must be prepared for aging. The demographic situation in Slovenia is character-

ized as “a set of demographic problems, tasks or challenges, including the rapid departure of the middle generation into retirement, the increase in care needs of the disabled people, the lack of mutual knowledge between the young, middle, and retired generation, the overburdening of families in the care of family members, and the overworked experience of value and age in today’s culture”.<sup>4,5,6</sup>

In this context, both Europe and Slovenia are facing demographic changes<sup>7</sup>. They predict the growth of older populations, the decay of intergenerational connectivity, the risk of stunting intergenerational solidarity, and the decline of normal family roles, as well as surroundings conducive to taking appropriate care of the elderly<sup>8</sup>. Taking in account all above mentioned, this research was conducted to identify and prioritize SG knowledge, skills, and personal characteristics required to propose a qualified measurement instrument. The research was conducted within the dedicated Slovenian sample of the population, where the aim was also to formulate some prioritized SG competences, primarily for Slovene higher education institutions (HEI). Finally, this study suggests ten competencies which could be used to increase the level of competence of future students when designing faculty programs or courses. Additionally, a literature review was conducted to examine national and international documents on SG competencies, as we found that few courses of study in Slovenia offer an SG study.

## The proposition

### *Demographic change and population aging*

Among EU Member States, the highest shares of populations over 65 years of age belong to Germany (20.7%), Italy (20.2%), and Greece (18.9%). The mean age of the population of EU Member States is projected to increase from 40.4 years to 47.9 years between 2008 and 2060, while the proportion of persons aged 65 and over among the total population is thus expected to increase from 17.1% to 30%<sup>9–11</sup>. Similarly, the number of people aged 80 and over is projected to almost triple between 2008 and 2060, from 21.8 million to 61.4 million. Demographic forecasts for Slovenia are similar, but according to some indicators, they are even less favourable. Over the next 50 years, the age structure of the population of Slovenia will change considerably, which is expected to increase rapidly by 2025 and stabilize at about 2.155 million inhabitants, after which the population will slowly begin to decline<sup>9,11</sup>.

Better quality of life, health services, and the dramatic improvement of technology in medicine in recent years have led to increased life expectancy<sup>12</sup>. If we compare this with the regression in a number of births, particularly in the developed world of Western Europe and the United States, we can assume that the average age will continue to increase. This trend may vary in part due to migration, with projections suggesting that in 2050, there will be as

many as 40 million people in the EU, representing almost 100% growth compared to 2020, when the number of migrants was 20.2 million<sup>13</sup>. This data is given according to Rinaldi<sup>13</sup> where the data are certainly not applicable to all European countries and all areas in the US, as there are noticeable differences in the growth or decay of birth rates within individual countries.

### *Social gerontology educational programs and courses*

The importance of gerontology and more focused classroom and field education has been emphasized heavily in social work education for decades as the population of older adults continues to expand. These facts emphasize the need to provide services for supporting health and well-being of older adults<sup>4</sup>. However, the need for social workers and other professionals who possess competency in relevant aging issues is dominant. Various challenges still exist regarding the curricular infusion of gerontological education and generating student and faculty interest in this area of study<sup>14</sup>. The present study employed research through a cross-sectional, qualitative survey to identify experience, interest, preparedness, and barriers expressed by university faculty and students regarding addressing a rapidly aging society. Findings contribute to pre-existing literature and offer new insights and feasible recommendations for faculties and university departments to expand SG education opportunities<sup>4</sup>.

Europe has renewed its focus on gerontological educational programs in recent years<sup>15</sup>. The programs are developed to produce skilled, specialized gerontologists who meet the demands of this aging population, according to the Association for Gerontology in Higher Education<sup>16</sup>. Despite all this, we must keep in mind that the rationale and consciousness of each person is valuable. In this regard, the institutions providing SG education have to be focused on educating future workers to be more creative, and improve the quality of life and social responsibility of the elderly, because taking care of the elderly is a social responsibility<sup>17</sup>.

The field of gerontology is just over 40 years old, and other undergraduate and graduate gerontology programs, such as SG are much younger<sup>18</sup>. Acceto wrote about gerontology in Slovenia in the 1960s<sup>19,20</sup>. In addition to the medical aspects, he defended the social aspects of gerontology and advocated the integration of different sciences and professions in the care of the elderly. Almost 40 years later, based on Acceto's definition, gerontology was presented by Ramovš<sup>17,18</sup>, as a very diversified discipline drawing attention to the rapid development of this field<sup>6</sup>. Gerontology itself today consists of various fields. Some areas focus only on physical health, solely taking into account the biological aspects of gerontology; some emphasize only the material provision of the elderly, consisting of the economic and financial health of gerontology; some emphasize mentality and the experiential world of the elderly, which can be characterized as the psychological interpretation of gerontology, along with some tendencies to emphasize the social, statistical, or political science

treatment of age “to give a sociological character or interpretation” and the politicization of gerontology<sup>21,22</sup>. Working concurrently with the Gerontology Institute, Slovenia, the Gerontology Society of Slovenia publishes various publications, organizes educational seminars, and holds public forums on aging issues<sup>20</sup>. Thus, in contrast with geriatrics and medicine at the level of colleges and medical schools, the development of gerontology has not been interrupted<sup>23</sup>. Within the public and private higher education institutions (HEIs), we divided education in Slovenia into SG and gerontological health care. Dealing with gerontology and SG in Slovenia, there are the following higher education institutions: the Faculty of Social Work and Faculty of Health Science of the University, which stands out in terms of educational content in Ljubljana, and at the University of Maribor there is the Faculty of Health Science. In addition, there are private higher institutions such as the Faculty of Health and Social Sciences Slovenj Gradec, the Angela Boškin Faculty of Health Care, the College of Nursing in Celje, and Alma Mater Europaea, European Center Maribor. Alma Mater’s SG study program features some new methods in study programs in which students obtain new skills and knowledge for the management and treatment of the elderly. In the course of their education, social gerontologists gain theoretical, practical knowledge and social skills in the form of gerontological, psychosocial, methodological, medical, and organizational management skills, which will result in a new force in maximizing the cognitive and physical functioning of the elderly<sup>17,24</sup>. Unfortunately, most of Slovenia’s young people believe that the elderly are the “burden” of the society. The author of one paper<sup>25</sup> is convinced “that looking at pensioners as parasites is an artificially created statement.” In all phases of life, aging can be frustrating, and unfortunately, a lot of people believe absurd claims that older adults cannot be independent or that they are unproductive, are social statistics that have many problems, are depressed and anxious, senile, demented, etc.<sup>26</sup>. If Slovenian young people have such opinions of the elderly, we fear to ask, what interest do they have in working with the elderly, especially in the social context?

In light of the aging population, there is a need to define which specific competencies should influence the development of study programs. Within this context, a comparison of gerontological and, specifically, SG competencies was made across undergraduate and graduated educational programs in Slovenia in comparison to the skills recognized as important to social workers by gerontological social workers effectively working with and on behalf of older adults and their families<sup>27</sup>.

The government is an essential actor with its regulatory role (laws, etc.) and production role (services), which provides care for the elderly in Slovenia while complementing the role of the family and the non-profit and private sector in this field<sup>28</sup>. After 2000, we accepted several socio-political documents that plan and determine the care of the elderly. The clear social orientation is initially observable and has become more prevalent in the documents

of recent years, showing the multidimensionality of aging, as it involves various public sectors in care planning, from health and education to science, culture, and transportation; nevertheless, in education programs, students acquire social health, communicational, organizational and social competencies for working with older people, and orientation at the first, second and third levels of education into scientific research and applied work<sup>28</sup>.

Using qualitative methodology on a wide-ranging sample addressed with an online questionnaire, we assessed and categorized the main SG competencies recognized by study participants. This may suggest some differences from other international and/or Slovenian HEI documents and SG profiles of educational programs in SG. We also define a range of SG competencies that vary across different academic programs. We focused on the following research questions: (1) Which (social and non-social) competencies are included in existing study programmes in Slovenia? (2) Which competencies are recognized by experienced workers as most important for enabling (future) students to effectively work with the elderly? The answers to these research questions will thus define the fundamental steps toward the key SG competencies that could be identified. These SG competencies also fill the gap between ground theory and SG competencies, which are highlighted after the final research.

#### *Social competencies for elderly caregiving*

“Competence” generally means that individuals have professional skills that enable the person to undertake one’s work. Having social competence means that a person has attributes and characteristics to be very good in sociological, psychological, and biological aspects of aging, in terms of physical, mental and social changes due to aging<sup>29</sup>. Social competencies are identified as: social skills, sociometric status, relationships, and functional outcomes<sup>30</sup>. Social care (besides health care) is the basic concept of long-term care for the elderly<sup>31</sup>. Social competencies offered by the faculties are usually quite clearly defined, and the competencies are gained through academic training, education, and experience at work. Still, the career progress and personal social competence prototype are formed in the environment (organization) in which one operates. Thus, available SG education should, in their broad spectrum of competencies, ensure the career growth and development of students, which is a basic prototype for success in institutions<sup>17</sup>.

Del Prette and Del Prette<sup>32</sup> argue that social competencies implicate a valuation of the appropriateness of a person’s actions and/or consequences that they produce in a given situation<sup>32</sup>. Nevertheless, to assess one’s social competence, specific situations and cultural frameworks must be taken into account. This does not mean that a person who is professionally competent is likewise competent in caring for the elderly or a family member or vice versa. To meet social competence criteria, qualified caregivers must merge their interests with those of the elderly or other family members. In this regard, a socially compe-

tent person must have better self-control, avoid aggressive reactions or anger, and keep calm with the elderly so they can decide the best way to solve problems<sup>33</sup>.

In 2012, the Academy for Gerontology in Higher Education (AGHE) formed the AGHE Accreditation Task Force, including a Competencies Development Workgroup<sup>34</sup>. The U.S. Council for HE Accreditation (including social work and nursing), under this process, has assumed a competence model for accreditation within the National Centre of Higher Education Management Systems<sup>35,36</sup>.

Suppose we take a look at the Slovenian Report of productivity<sup>37</sup>. We found similarities in demographic changes and social needs that must be adopted, such as adequately regulating social protection systems to provide quality health services for the elderly, long-term care services and a decent income, ensuring a sufficient workforce, strengthening lifelong learning, and adapting jobs to stay longer in work, in addition to greater inclusion of older people in society and promoting a healthy lifestyle for elderly<sup>38</sup>.

## Methodology and Methods

Our study aims to (1) suggest the main theoretical competencies in connection with the most required competencies to study SG programs/ courses and (2) propose the supplemented methodological approach to test/assure social competencies in line with the future social gerontologist in Slovenia. This approach is basically meant to suggest a potential future measurement instrument. The instrument could be later used, corrected or renewed due to HEIs. The work is based on the theoretic ground of the field and will allow measuring and collecting data on the most important SG competencies, meaning main aspects – from physical functioning to psychosocial wellbeing.

To answer our first research question, “Which (social and non-social) competencies are included in existing study programmes in Slovenia?” we firstly used document analysis – a qualitative research method. The literature review included numerous papers, texts, legislative documents, syllabuses (17), etc., through two years of research. The competency profile – new measurement instrument, despite the review of various papers (on gerontology and SG) included the basic behaviour and skill indicators from the document AGHE<sup>16</sup>. The qualitative method might define a wide variety of SG competencies and, in this regard, has many benefits, such as accessibility, clarity, and awareness of the obtained data<sup>18</sup>.

Secondly, the elements were developed to prepare the online questionnaire and gather the data from the field<sup>8</sup>. The sample included students from the fields of social sciences and health studies, workers with the elderly, and family caregivers from diverse areas of universities, homes for the elderly, and hospitals. Our questionnaire was spread through different sources (via e-mail, private

chats, messages, calls, in-person meetings,..) and to different Slovenian regions. Respondents to the online questionnaire were of different ages. By doing so, opinions differ on age and region, so we achieved a holistic picture of our question.

Between March and April 2020 we conducted online research with the questionnaire. The students of the School of Advanced Social Studies in Nova Gorica, Slovenia helped us. The collection itself was conducted according to the snowball system. We used an online questionnaire instrument 1KA<sup>39</sup>, where the questions were designed with the help of the online application. This included 24 questions, which, in addition to the basic demographic questions, gathered answers to questions related to the potential readiness of the respondents to requalify for the field of care for the elderly. In this paper, we will focus solely on the attitude of young people toward working with and helping the elderly. Table 1 shows demographic data on the respondents: 1,063 respondents participated in the online questionnaire, of which 810 were men and 253 were women. Among the respondents who answered, most were between 36 and 50 years old (half of the respondents). More than half of the respondents who responded had a high school education, and 55% were employed. It should also be noted that while 1.063 respondents took part in the online questionnaire, not all of them answered every question. Thus, 54 respondents were less than even in the analysis of age question, 57 less in the educational structure review, and 79 in the employment analysis.

We indicate how the opinion of our respondents intersects with 40 factors from the AGHE competencies<sup>14</sup>. The quantitative and qualitative analysis of this information produced a preliminary collection of ten practiced representing competencies for the future (without physical readiness). The meta-analysis showed frequencies that are proportional to the importance perceived in our respondents. We also used weights derived from our frequencies for the final average assessment of competencies. It can be seen that empathy and communication are convincingly outstanding and, on these competencies, should therefore be given more emphasis in the programs. To evaluate the facility of use of the online questionnaire, we considered a typical time (ten minutes) to complete the questionnaire. Also, a percentage of people did not respond to each question.

The online questionnaire provides direction for supplementary study and to confirm and operationalize SG competencies needed by social gerontologists and professionals. To answer the second research question, “Which competencies are recognized by experienced workers as most important for enabling (future) students to effectively work with the elderly?” we made a meta-analysis and cross-comparison of the responses, resulting in the ten main SG competencies categories within the competency model AGHE<sup>14</sup>.

**TABLE 1**

DEMOGRAPHY OF THE RESPONDENTS (N = 1,063)

Answer	Frequency (no.)	Percent (%)
Gender		
Women	810	76
Man	253	24
All	1,063	100
Age		
Less than 20	167	17
20–35	502	50
36–50	217	22
51 and over	123	12
All	1,009	100
Completed level of education		
Primary school	100	10
High School	623	62
University education	228	23
Another	55	5
All	1,006	100
Employment status		
Employment status	539	55
Employed	49	5
Self-employed	208	21
Unemployed	188	19
All	984	100

*Descriptive analysis*

Each online questionnaire (with future students, caregivers, workers within the field of elderly care, and all respondents) started with some general questions to fill in: age, gender, education, and occupation. Four sections of questions followed in which we asked about the type of education – nursing, social, health, etc. – experience in

the field, and homes for the elderly<sup>40</sup>. In the context of practice/work, questions were more specific. Also, in the section of questions about social gerontology and work, education, and competencies, our respondents were asked to kindly be more precise about the Slovenian caregiving system and social engagement with the elderly. All questions took the form of multiple-choice options, plus the option to add a comment in the blank field below<sup>8</sup>.

**Results**

In Figure 1, the authors show the collection of the results for ten factors recognized as essential for elderly care. The experienced participants in the study mainly selected compassion and patience, followed by a positive attitude towards the elderly. Socialization, integrity, and responsibility had the lowest consideration. It would be difficult to comment on the importance of the frequency of the results since we measured the participants’ understanding with the open-type question to avoid being suggestive. In our opinion, contemplates can be effectively used as guidance for creating educational programmes. We expect the participant to be more motivated to learn about factors with higher contemplates. However, we suggest that educational institutions should consider covering all these aspects equally to motivate students to recognize all elements as equally important.

Based on the qualitative nature of this research, the online questionnaire offered a considerable and usable representative sample of SG competencies, and the final results from the online questionnaire provided sufficient information that could be freely used for action in HEIs. The competencies that are clearly needed by all social gerontologists (students, workers, professionals, educators) are divided into ten categories considering the values, assessments, intervention, and services (e.g., compassion, health care, daily care, socialization, communication, positive attitude, patience, physical fitness, integrity/respect, geriatric knowledge, responsibility).

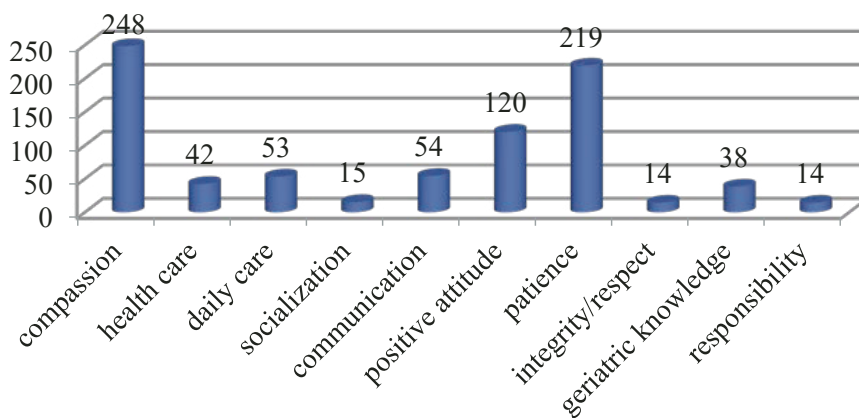


Fig. 1. Frequencies for ten factors recognized as important for elderly care (N = 250).

As with the SG competencies needed by all students, workers, professionals, and educators, this study provided insight concerning the suggested and/or needed SG competencies. We then categorized the competencies perceived by our respondents into a set of two essential groups of competencies. The first includes compassion (also altruism), nursing/patient care, daily help/daily care, social (socialization), and communication. The second: a positive attitude (kindness), patience, physical readiness, integrity (respect for personal dignity), gerontological knowledge, and responsibility (reliability). The authors also considered that some elements of competencies of the constructed measurement instrument are considered to be too complicated or multi-layered. This research demonstrated that competencies such as compassion (also altruism), social (socialization), communication, positive attitude (kindness), and patience are the competencies most essential to working as a social gerontologist (according to the respondents). Nursing/patient care and Daily help/daily care then follow. There is no question that essential competencies are ones that would already be part of the individual's character, even for a person already working or studying in the field of SG.

We categorized our ten factors into four clusters pre-defined by Schoenmakers et al.<sup>18</sup> and compared them with Geriatric Social Care Competency Scale. It must be noted that our comparison is based on subjective qualitative observations and have to be further tested with future quantitative studies. However, in our opinion, the ten factors identified by those observations seem to offer an excellent basic construct for developing curriculums and measuring the level of competencies achieved by students.

## Discussion and Further Research

In Slovenia, there is an evident shortage of competent care staff in homes for the elderly, especially when it comes to young and skilled social gerontologists. It would be wise to seek possible solutions for the care of the elderly population, not only for health or palliative care (which is very important) but also for social well-being. It would also be wise to encourage the employment of competent young people in this field<sup>2</sup>. The Covid-19 pandemic definitely amplified the situation, and the elderly, including homes for the elderly and caregivers, were the most vulnerable populations.

This paper analysed various pieces of literature on already established practical definitions of competencies to then upgrade a methodological solution based on qualitative research. Research findings and suggestions were then used for defining a set of variables for potential measurement instruments. It would be an advantage for HEIs to have SG programs/courses. Despite this, it allows a better understanding of the appropriate qualities of a young and future social gerontologist.

Currently, there is little material and few opinions regarding SG education and competencies in Slovenia, ex-

cept syllabuses, national directives and laws, and small, quite old singular research studies. But here, results indicate substantial differences in the desired competencies and SG students and workers with elderly perceptions. Comparing the perception of needed with acquired competencies, we found a gap between what is offered by HEIs, and what competencies and knowledge are perceived as essential for working with the elderly<sup>41</sup>.

We have to take in account that the SG programs/courses are still new in Slovenia. Our respondents mostly knew that SG is a multidisciplinary field with an emphasis on the duty of the social gerontologists dealing with the assimilation of the elderly in the society, helping the elderly to familiarise to the environment and the other way around.

We follow our research aim and focus on identifying the competencies already defined. They are included in the HEIs competency profile documents in Slovenia of four private Faculties and two Universities at the undergraduate and graduate levels. Three properties that are: empathic communication, professional performance, and empathic communication of a total of 10 categories of AGHE competencies were identified (see Fig. 2). After reviewing the existing material and examining the results of our online questionnaire, we compared frequencies detected by our study with the 40-item Geriatric Social Work Competency Scale II<sup>27</sup> recognized by National Centre for Gerontological Social Work Education. The Scale was designed to evaluate education and field training programmes and is widely used in contemporary studies. The results are cross-referenced in Figure 2. After first recognizing, it was difficult to correlate the two sets of factors. However, we still conclude that it might be helpful for constructing a new, more practical approach to evaluating educational programmes. The construction of a new measurement instrument would enable educational institutions to evaluate their programmes more practically. This will be possible by evaluating the newly proposed ten items, taken into consideration together with the corresponding frequencies, which may be used as ponders. After careful literature examination, we found some recent studies<sup>8</sup> that alternatively may be used for this purpose since they match competencies that we already detected.

It is somewhat noteworthy that in research with this scope and diversity of SG work educators and practitioners, over half of the skills were agreed upon by all respondents. Of the 1063 respondents, those who agreed with at least one competence were 817 or 76.9%. The questionnaire results may also offer an opportunity to prioritize competency development for syllabuses and ongoing education. According to our study, some of the basic SG competencies are required of all dealing with the elderly (or social workers or students). Similar to the skills required of all students or workers dealing with the elderly, this study shows the information on some of the needed and acquired abilities of students following graduation. It may propose certain competency levels and priorities based on acquired knowledge (for example, geriatric knowledge).

**TABLE 2**  
 Compared and matched factors with the subscales of the 40 AGHE competencies study

Psychometric properties of a compassionate care questionnaire for nurses <sup>8</sup>	empathic communication	patient-centered performance	patient-centered performance	professional performance	empathic communication	professional performance	empathic communication	professional performance	continuous follow-up	continuous follow-up
Competences exposed by participants of our study	compassion	health care	daily care	socialization	communication	positive attitude	patience	integrity/respect	geriatric knowledge	responsibility
Frequencies resulting from our study	248	42	53	15	54	120	219	14	38	14

↓↓↓ Geriatric Social Work Competency Scale II ↓↓↓

**Values**

Assess and address values and biases regarding aging.		x		x					x	
Respect and promote older adult clients' right to dignity and self-determination.								x		
Apply ethical principles to decisions on behalf of all older clients with special attention to those who have limited decisional capacity.								x		x
Respect diversity among older adult clients, families, and professionals								x		
Address the cultural, spiritual, and ethnic values and beliefs of older adults and families.								x		
Relate concepts and theories of aging to social work practice										x
Relate social work perspectives and theories to practice with older adults										x
Identify issues related to losses, changes, and transitions over their life cycle in designing interventions.										x
Support persons and families dealing with end-of-life issues related to dying, death, and bereavement.		x								x
Understand the perspective and values of social work in relation to working effectively with other disciplines in geriatric interdisciplinary practice.				x	x	x	x		x	x

**Assessment**

Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems.	x									
Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult.					x	x	x			
Conduct a comprehensive geriatric assessment (bio-psychosocial evaluation).									x	
Ascertain health status and assess physical functioning		x								
Assess cognitive functioning and mental health status of older clients		x								
Assess social functioning and social support of older clients.				x						
Assess caregivers' needs and level of stress.		x								
Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults		x								
Develop clear, timely, and appropriate service plans with measurable objectives for older adults.		x	x							x
Reevaluate and adjust service plans for older adults on a continuing basis.		x	x							x

**Intervention**

Establish rapport and maintain an effective working relationship with older adults and family members.	x				x	x	x			
Enhance the coping capacities and mental health of older persons through a variety of therapy modalities.		x								
Utilize group interventions with older adults and their families	x	x								
Mediate situations with angry or hostile older adults and/or family members.					x	x	x		x	x
Assist caregivers to reduce their stress levels and maintain their own mental and physical health.		x							x	
Provide social work case management to link elders and their families to resources and services.				x						
Use educational strategies to provide older persons and their families with information related to wellness and disease		x								
Apply skills in termination in work with older adults and their families.		x								

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Competences exposed by participants of our study	compassion	health care	daily care	socialization	communication	positive attitude	patience	integrity/respect	geriatric knowledge	responsibility
Frequencies resulting from our study	248	42	53	15	54	120	219	14	38	14
Advocate on behalf of clients with agencies and other professionals to help elders obtain quality services.				x					x	x
Adhere to laws and public policies related to older adults				x					x	x
<b>Services</b>										
Provide outreach to older adults and their families to ensure appropriate use of the service continuum.			x	x						x
Adapt policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.			x	x						x
Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.			x						x	
Include older adults in planning and designing programs.				x	x	x	x		x	
Develop program budgets that take into account diverse sources of financial support for the older population.										x
Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults.										
Apply evaluation and research findings to improve practice and program outcomes.										
Advocate and organize with service providers, community organizations, policy makers, and the public to meet the needs of a growing aging population.										
Identify the availability of resources and resource systems for older adults and their families.										
Address any negative impacts of social and health care policies on historically disadvantaged populations.										
<b>Included in our items</b>	<b>3</b>	<b>13</b>	<b>5</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>15</b>	<b>8</b>

The study also reveals which competencies are required to lay the groundwork for SG specialists' knowledge and skills. The study also provides information on the two levels of education required for the SG competence criteria. It is probable that the online questionnaire may be too complex and might provide a challenging scenario for responders. However, the findings show some observations based on a question about whether the respondent has any specific training regardless of elderly care.

After having a clear vision of the state of the art in Slovenia, we found that SG programs/courses offer singularities in aging. The necessity for or interest in learning about aging does not arise until SG students or workers start to deal with the SG.

During the research task itself, we observed that the interest among young people in the care of the elderly is poor. Most of the respondents who would and are willing to work or study in the field of care for the elderly are from distant parts of Slovenia. Regionally, there are more interested young people in Slovenia in remote places, for work and cooperation with the elderly, than in cities. This is probably due to the fact that the connection between the generations is stronger in rural areas where children more often grow up together with grandparents.

This suggests that there are considerable disagreements and limitations among Slovenian undergraduate and graduate programs/courses considering key properties necessary for all social gerontologists. Some differences came out in terms of HEIs cultural differences and region in Slovenia, and some HEIs syllabuses may still be under development. The HEIs took into consideration their own strategies, visions and competencies acquisition, so their education differs from one another. Their approach could be focused on educating students/future workers with elderly to be SG professionals in the local environments. Many of these competencies, for instance, professional performance and continuous follow-up, may be functional in opposing circumstances and institutions. One of the main limitations of the research concerned the data from HEIs syllabuses/documents. This means that HEIs programs/courses were not required to explain why preparations were chosen in the manner they were or to offer supplementary resources to support SG competence profile statements. Furthermore, SG programs/courses may cover more topics and teach more skills than are explicitly defined on HEIs syllabuses/documents. For instance, this research may not provide the entire picture concerning these educational proposals.



The intention of this paper was captured within the research results in relation to existing and past findings as described in the proposition and supplemented by the list of outstanding competencies obtained from a sizeable preliminary sample of respondents (some experienced in the field, some intending to go on to study SG, and others with different opinions/thoughts and education). These were taken into account in addition to the literature review. Our research is mainly based on the mixed method approach which could help HEIs (having SG education), providing guidance for defining competencies social gerontological workers should have upon graduation.

The next stage would be proposed research programme that would consider the observations and the insertion of the SG programmes/courses. It can be used on the current competencies instrument (e.g., program/course or values, practice, evaluation, service, involvement) to best complete the matter combination. It is also curious that some essential elements considered in the AGHE and responses analysis document have more differences than initially thought. This could mean that future students/workers with elderly/caregivers have some critical conceptual distinctions regarding the role of a social gerontologist. It is not unusual that the respondents closer to this type of education provided more detailed responses.

This study also creates a resource that includes some reliable content and analysis for the basis of the SG syllabuses and work. The study connect the fact that the key competencies for the care of the elderly must relay on the individual's empathy for this type of work with the influence of a positive attitude to the social life and environment of the elderly.

## Conclusion

As an age category, older adults are rising in number and becoming more diversified than in the past. Income, wealth, health conditions, social networks, and various other characteristics distinguish older persons. As presented in this paper's proposition, the number of elderly persons in European Union is rising to percentage of the total population. The proportional increase in the elderly is due to a lower birth rate than in prior generations. Considering the global population's aging, we all have to consider for example the expanding variety of older adults necessitates, the development of new services especially social ones, new products to fulfil the needs and desires of diverse older adults. This requires an increase in the number of SG professionals who are appropriately trained

to deal with and on behalf of older individuals. Social Gerontologists are one example of such experts.

After a common core of competencies in Slovenian (social) gerontology education programs or courses, and by a cross-comparison of the undergraduate and master level programs, we offer a sum of essential SG categories resulting from the respondents from Slovenia (see Fig.2). We strongly believe that our findings can be incorporated into the content of the basic Slovenian (or outside the Slovenian borders) syllabuses for SG. The competency profile documents at the actual Slovenia HEIs educational programs were studied for this purpose.

It is essential, and desirable that the findings of the analysis spread widely in an appropriate structure/form to the faculties and community. During the research task itself, we observed that the interest among young people in the care of the elderly is inferior. Most of the respondents who would and are willing to work or study in the field of care for the elderly are from distant parts of Slovenia.

This research considers elderly and their well-being with triggering evaluation and supporting faculties with needed knowledge and skills to take care of old people. As we have already noted, we do not propose a new method because we have not (yet) developed it. However, this research represents a new set of measurement instrument categories. Based on the finding and suggestions, we propose two approaches: (1) the development of a new instrument for measuring ten categories that we detected through qualitative research; (2) the use of already established methods<sup>8</sup>. The items for constructing preliminary measurement SG competencies instrument were supported by qualitative methodology. By analysing the qualitative data, including later online questionnaire instrument, the authors defined key SG competencies to be considered.

Saying that we can confirm that our assumed/identified SG competencies coincided with the acquired and desire dessential SG competencies observed in Slovenia.

## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest concerning the research, authorship, and/or publication of this paper.

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## DRUŠTVENI IZAZOVI I NOVI MJERNI INSTRUMENT SOCIJALNE GERONTOLOGIJE NA VISOKOŠKOLSKIM USTANOVAMA, SLOVENIJA

### SAŽETAK

Trend starenja stanovništva uočen u Sloveniji je jedan od najvećih problema kao i u drugim razvijenim zemljama Europske unije. Cilj rada bio je analizirati stanje na ovom području, te pripremiti mjerni instrument s odgovarajućim kompetencijama socijalne gerontologije (SG) za obrazovne programe. Uz pomoć mješovite metode, cilj rada bio je promatrati i izvršiti selekciju najpotrebnijih, (2) željenih i (3) stečenih SG kompetencija za visoka učilišta. Kasnije rezultati analiza i mjerenja pokazuju kako se mišljenje naših ispitanika prepliće s 40 nacionalnih čimbenika, koje prepoznaju gerontološki socijalni radnici. Meta-analizom smo potom izdvojili deset faktora koji predstavljaju glavni i preduvjet za novi mjerni instrument, pokazujući učestalosti koje su proporcionalne važnosti koju percipiraju naši ispitanici. Naša preliminarna istraživačka pitanja su: (1) Koje su (društvene i nedruštvene) kompetencije uključene u postojeće studentske programe u Sloveniji? (2) Koje kompetencije iskusni radnici prepoznaju kao najvažnije za osposobljavanje (budućih) studenata za učinkovit rad sa starijim osobama?