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ATTITUDES OF OLDER PEOPLE TOWARDS HEALTH

Key words: attitudes towards health, older people, gender

Introduction

An integrating character of health promotion allows to and obliges to draw from research achievements of various fields, including: health protection as well as social and economic sciences. Over the last decades, a number of authors have been perceiving sociology as the key partner in modeling the contemporary identity of health promotion.

The concept of the complementarity of sociology in respect of health and health promotion in Poland was presented, among others, by Słońska and Piątkowski (Piątkowski 2005, Barański 2002).

„The developing sociology of health places health, its protection and promotion in the focus of theoretical, research and practical interests. A growing interest in the category of health as a declared and accomplished value has also greatly contributed to its development. In this approach, a sociologist of health may also promote health in the work, school and living environment as well as be a leader of a social movement affirming a health-promoting lifestyle”.

(Piątkowski 2005)

An increase in the level of self-consciousness in respect of health is determined by age, life experience, tradition, fashion, education and – most of all – by health hetero- and autoeducation. All this creates the health culture of man that may be manifested by health needs and behaviors, and individual standards of the care over own health. From the viewpoint of sociology and sociologists, an accurate diagnosis of the level and character of the health culture may be made based on attitudes expressed towards health.

In literature addressing public health, health promotion and sociology, investigations of attitudes towards health are sparse and selective. The most extensive analysis of that issue was provided by Demel, who in his theore-

tical works characterized it from the point of view of an astute observer, historian, teacher and physician (Demel 1974, 1980).

The major practical task of health promotion and health education is the propagation, possibly on the mass scale, of the health-promoting lifestyle. Nevertheless, in order to enable indispensable transformations in the awareness and health behaviors it is necessary to identify and analyze the existing attitudes towards health.

Attitudes towards health in selected literature

An attitude is an issue being the basic element of the sociological concept of man. Attitudes determine the stance of man to the surrounding social reality and constitute a disposition for his behaviors. From the sociological perspective, an attitude is a “construct” with a complex structure. Rokeach defines an attitude as “relatively stable organization of beliefs referring to a specified object or situation, predisposing a person to respond to them in a specified way”. In turn Nowak describes it as “a total of relatively stable dispositions to evaluate an object and emotional response to it or as relatively stable beliefs on the nature and properties of that object and relatively stable disposition to respond to that object which may potentially accompany the aforementioned emotional-evaluation dispositions” (Majchrowska 2003).

The creator of the Polish pedagogy of health – Demel – has described in his books a wide array of attitudes towards own health and that of the others. The attitudes characterized by that author included, among others: absent-mindedness, brutality, joking, callousness and Samaritan (charitable), i.e. those that illustrate the way of referring to health or disease of the others. The attitudes of people to their own health and sickness, presented by Demel, are highly diversified, ranging from irrationally oversensitive to thoughtless as well as exaggerating the health status and its threats. Out of those attitudes, Demel proved in-depth description of: the attitude of drug-dependence, hypochondria, cancerophobia, hysteria and even terrorism (...or I will die...). He additionally indicated calculating and exploratory attitudes assuming the exploitation and damage of own health, as well as described attitudes of ambition and snobbery. That extremely rich and colorful list of attitudes has, however, never been diagnosed nor verified empirically (Demel 1980).

The preservation of utilitarian, cultural and health independence until late senility is determined not only by genetic factors but also by the early care over health and the creation of conditions (of environment) that facilitate the optimal development of the functioning of man. Nevertheless, we happen to get off this track, when we acknowledge the subordination of the

others to us as the only measure of self-esteem, when the attitude towards the others is driven by a wordless rule governing the impulsive behavior: “you shall now take care over me”. That infantile behavior is not so sparse, and perversely is referred to as “an inferiority complex” and consists in feeding on the good will of the others, especially when it attains forms of hypochondria, consciously cultivated weakness and helplessness (Sujak 2006).

Mindfulness, care and control over health are symptoms of an auto-creative attitude towards health (Woynarowska 2007). A number of authors address the problem of care over health. Ostrowska depicts two opposite approaches, i.e. care over health as: medical behaviors referring most of all to older people and those with lower assessment of their health status, and as health-promoting behaviors. Results of a survey by Puchalski and Korzeniowska demonstrate that barely a few per cents of the society are leading “relatively permanently” a healthy life. Results of their research enabled identifying a few groups of people exhibiting a passive attitude towards their own health, including: obstructive persons, withdrawn persons, the so-called common people declaratively affirming health promotion and practicing health-promoting behaviors fragmentarily. According to Gniazdowski, the past times the Polish society had been living in, have developed a claiming attitude, i.e. shifting the responsibility and care over health onto the state and the system. The second attitude developed in times of the real socialism is learned helplessness, reluctance or even incapability of independent activity (Woynarowska 2007).

In a sociological criticism of health promotion, Słońska warns against the phenomenon of “health terrorism” (healthism), *i.e.* conveying the responsibility for health from the system onto persons who are not capable of coping those demands. The ideology of healthism means the cult of health or even health terrorism resulting in the expectation that people will subordinate their life to health, and stigmatizing those who do not conform to the propagated standards. In other work, the author mentions the attitude of health abnegation, claiming for the identification of its causes (Majchrowska 2008).

Health of older people with consideration given to health and social policy

As one of the stages of human life, senility is multi-directional in character. From the viewpoint of biology, it means the successive degradation of functions of the body, most simply comprehended as a decrease in the level of organism functionality including changes that proceed in all systems of organs, i.e. skeletal, muscular, digestive, respiratory, urogenital, endocri-

ne, vascular, neural as well as in organs of senses and in skin. Somatic changes contribute to redefining psycho-social relations by restricting the family and social roles. In literature on the subject, the advanced age is characterized as a natural inclination of man to exhibit such traits as: egocentrism, conservatism, overbearing nature or hypochondria. Other traits described in this respect include: deceleration of all psychical activities, inclination to regression, turning back of the present and the future (Pacyna 1990, Trafiałek 1998).

A suppressing secretory activity of hormones (pituitary gland and others) disturbs adaptation processes. It results in the ossification of views and incapability of transformation along with gathering new experiences. An old man is characterized by being moved easily, the so-called senile wisdom – expressed by the sense of infallibility of own judgment and the narrowing of interests (senile egotism) (Kachaniuk 2002).

According to words by John Paul II, “In some societies, senility is valued and esteemed, whereas in others – it is far less respected, since mentality of those societies affirms first of all the temporary functionality and effectiveness of man. Upon the impact of that attitude, the so-called “third” or “fourth” age is often disrespected, and the older people are forced to ask themselves a question whether their life is still useful” (Jan Paweł II 1999).

Undoubtedly, an increasing population of people at the old age raises a growing concern over that generation in most of European countries and world wide. Various problems of the old people are the subject of theoretical and research works of researchers representing different branches of science. In turn, the problem of satisfying needs of the ageing societies is a great challenge to public institutions and social services.

The ageing of societies has become a severe global health problem, hence in the year 2002 in Madrid, the World Health Organization (WHO) presented the Framework Policy Referring to the Active Ageing. Two documents were adopted as well, including: Political Declaration and International Plan of Action referring to the Active Ageing. Both documents carry a message to world societies that encourages them to strengthen social behaviors oriented towards complete acceptance and development possibilities of older people. Effects expected to be reached by 2015 assumed, among others, the gaining of the sense of full health, safety and active participation in economic, cultural, social and political life by the older persons (Narodowy Program Zdrowia 2007).

By using a new term “successful ageing”, psychologists point to a positive dimension of what is inevitable in the biography of each man. The ageing people have a number of inclinations that could be an inspiration to the improvement of the quality of their life. The successful ageing includes such

capabilities as: transformation of own life in order to focus it on what is crucial and meaningful, creation of a positive attitude towards senility, setting new challenges and social roles (Rathus 2004).

Aim

The main objective of this study was to identify and present declared attitudes of older persons towards health. It was additionally aimed at depicting believes and degree of respondents acceptance of such attitudes as: drug-dependence, quackery, cancerophobia, hysteria, hypochondria, megalomania, neurastenia, exploitation, ambition, abnegation, absent-mindedness, callousness, claiming attitude, Samaritan and health-promoting.

Analyses were also conducted in order to determine whether gender differentiated answers of the respondents referring to the investigated attitudes towards health.

Research methods

The study into the attitudes fostered by older people towards health was conducted with the method of a diagnostic surveys using a questionnaire survey. A research tool applied was a self-designed questionnaire that contained 16 statements characterizing selected attitudes towards health. Each of them was ascribed a 5-degree scale of Likert that enabled determining the degree of respondents acceptance (disposition) of each attitude surveyed (1 – I definitely agree, 2 – I agree, 3 – I have no opinion, 4 – I do not agree, 5 – I definitely do not agree). That scale, being an ordinal type scale, in social surveys happens to be treated as an interval scale (Szwed 2009). Hence, the preliminary analysis of the collected statistical material was conducted by means of descriptive characteristics of distribution, including an arithmetic mean and standard deviations. In turn, the effect of a “gender” variable on the degree of acceptance of views describing the attitudes of the older respondents towards health was determined with the use of parametric and non-parametric tests. Due to a low number of men in the sample, finally use was made of a Chi-square independence test.

Results

The survey was conducted in the year 2009 amongst 106 respondents at the age of 51 – 81. Majority of them were members of Seniors Club and Third Age Universities acting in the city of Biała Podlaska. The sample was

constituted by 71% of women and by 29% of men. A subjective evaluation of living standards of the respondents is depicted in Fig. 1.

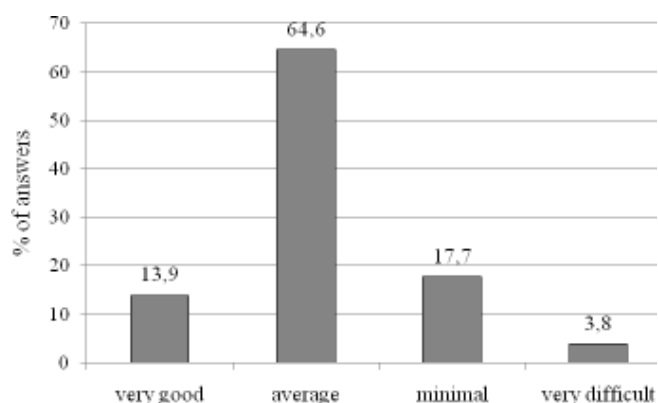


Fig. 1. Living standards of the respondents.

The evaluation of attitudes towards health was conducted taking into account health “as a whole”.

Manifestations of attitudes towards health were measured on a 5-degree scale, where 1 was interpreted as a strong identification of the respondent with the attitude, whereas 5 – as its negation. The scale was treated as an interval scale. The descriptive statistical measures computed in the study are presented in Tab. 1.

Tab. 1. Descriptive statistical measures of the degree of acceptance of views describing attitudes of the respondents towards health.

Attitude towards health	Mean value	Standard deviation	Variability coefficient	Median
drug-dependence	3.31	1.26	38%	4
quackery	3.48	1.29	37%	4
hypochondria	2.54	1.24	49%	2
cancerophobia	2.79	1.42	51%	2
ambition	3.47	1.29	37%	4
neurastenia	3.11	1.38	44%	4
exploitation	2.99	1.40	47%	3
hysteria	1.91	0.94	49%	2
abnegation	3.62	1.25	34%	4
megalomania	3.01	1.34	45%	2
promotion (autocreation)	1.75	1.00	57%	2
claiming	1.77	0.97	55%	2
cult (healthism)	1.71	0.86	50%	2
Samaritan	1.77	0.93	52%	2
absent-mindedness	2.71	1.32	49%	2
callousness	3.12	1.34	43%	4

Source: own calculations.

In analyzing the results it may be observed that answers of the respondents in respect of some attitudes were highly differentiated. In many cases, the coefficient of variability oscillated around 50%, which indicates that the standard deviation constituted half the value of an arithmetic mean. It may be stated, therefore, that the respondents did not constitute a homogenous sample in terms of the traits examined.

The greatest degree of respondents acceptance was noted in respect of such attitudes towards health as: hysteria, promotion (autocreation), claiming, cult and Samaritan (Fig. 2).

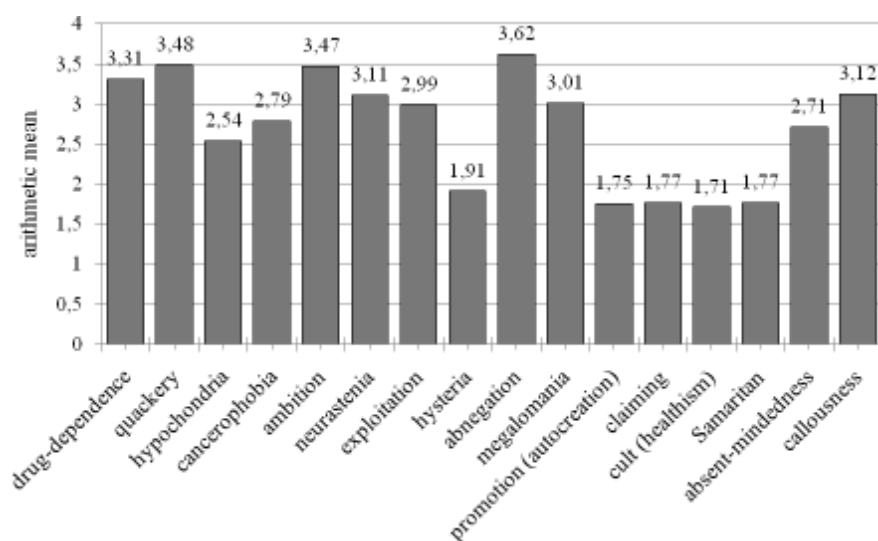


Fig. 2. Mean degree of acceptance of views describing attitudes towards health in the opinion of the respondents.

The statement that: “We should not disregard even the slightest symptoms of a disease. Ignoring them may lead to a severe condition and even to death” was accepted by 90.6% of the respondents (including 33% of answers “I definitely agree”, *i.e.* every third respondent). The attitude of health promotion was described with a statement: “We should be responsible for our future, for health in particular. We should take care over it, strengthen and control it as well as extend knowledge about it”. It was accepted by 88.7% of the respondents, including half the respondents that provided the answer “I definitely agree”. The claiming attitude was expressed by 88.7% of the older persons surveyed. The statement that “Each man has the right to unlimited and immediate access to the accomplishment of health needs, in the form of specialist medical examinations and versatile treatment” was definitely accepted by 46.2% of all respondents. The cult of health comprehended also as a “health obsession” was described as the care over health requiring maximum self-discipline, focusing on the improvement and shap-

ing of the body, its sizes and appearance, as well as on the conviction that health is the most precious thing. That opinion was shared by 90.6% of the respondents (with 47% of the respondents agreeing to it definitely). In turn, 89.6% of the surveyed people were identifying themselves with an opinion that each man should unselfishly help the other person in circumstances of diseases or health threat irrespective of the degree of relationship. Such a Samaritan attitude, originating from the history of the New Testament, was definitely accepted by 44.3% of all respondents.

The results obtained did not allow for explicit interpretation of the acceptance of the attitudes of, primarily, neurasthenia, exploitation, megalomania and callousness. The percentage of persons accepting those attitudes was similar to that of the respondents negating them (*ca.* 50% of answers from each of these groups).

The results did not demonstrate either the definite or unequivocal tendencies for the negation of the attitudes analyzed in the study. Every fourth respondent did not agree definitely to the attitudes of quackery and abnegation, whereas every fifth – to the attitudes of ambition and drug-dependence. The percentage of respondents not accepting those attitudes ranged from 61.0% to 70.5%.

In respect of the other evaluated manifestations of attitudes towards health (hypochondria, cancerophobia and absent-mindedness), *ca.* 60% of the older people surveyed were identifying themselves with them.

The undertaken research addressed also the problem of determining the effect of gender on the acceptance of attitudes towards health. Due to a low number of men in the sample surveyed (29%), respective categories of answers were combined. In this way, the respondents were divided into two groups: accepting or not-accepting the descriptions of attitudes provided in the questionnaire. Thus prepared data were subjected to an analysis with the Chi-square independence test or in the case of not meeting the assumptions – with the exact Fisher’s test. A statistically significant result of the test ($\chi^2=13.85$; $df=1$; $p<0.001$) was obtained only in respect to one attitude towards health, *i.e.* to health promotion attitude (autocreation). Differences in answers as affected by gender of the respondents were depicted in Tab. 2.

Tab. 2. Health promotion attitude *versus* gender of the respondents (% from a column).

	woman	man
I definitely agree or I agree	95.9%	70.0%
I definitely do not agree or I do not agree	4.1%	30.0%

Source: own calculations.

Results of analyses indicate that almost all women were identifying themselves with the health promotion attitude. Amongst men, that percentage was lower and accounted for 70%. It may thus be concluded about a greater disposition of the women, which was manifested in the practicing of that attitude in their life.

Discussion and final conclusions

A small number of men in the sample surveyed (29%) may be referred to results of nation-wide surveys, according to which the number of men at the age of 75 and over in the population is twice lower than that of the women (Bogusz 2003).

The greatest degree of respondents acceptance was reported in respect of such attitudes towards health as: hysteria, promotion (autocreation), claiming, cult and Samaritan. As many as 90% of the respondents were identifying themselves with those attitudes.

According to A. Gniazdowski, conditions the Polish nation was living in the after-world period were determining behavioral expectations expressed in the claiming attitude. It was characterized by excessive conveying the responsibility for satisfying the basic needs of an individual, including those linked with health, to the state and its subunits, and by a situation when the citizens were discharging themselves from the responsibility for and care over their own health (Woynarowska 2007).

The results demonstrate no definite nor unequivocal tendencies for the negation of the attitudes analyzed in the study.

Most of the respondents (60% – 70%) did not manifest such attitudes towards health as: abnegation, ambition, quackery and drug-dependence.

According to Ostrowska, “health abnegates” are persons who do not undertake any actions aimed at health preservation and, simultaneously, avoid any contacts with medicine. As demonstrated in a study conducted by the Institute of Philosophy and Sociology of the Polish Academy of Sciences (1995), they constitute *ca.* 20% of the society (Majchrowska 2008).

The results obtained did not allow for demonstrating tendencies in manifestations of attitudes of: neurasthenia, exploitation, megalomania and callousness. The percentage of persons accepting those attitudes was similar to that of respondents negating them (*ca.* 50% of answers from each of these groups).

Gender was found to affect the manifestations of attitudes of the older persons towards health only to a very small extent.

Significant differences in answers of women and men were demonstrated only in respect of the health promotion attitude (autocreation). Almost

all women surveyed were manifesting the attitude of health promotion. Amongst men, this percentage was also high, yet lower than in the women, and accounted for 70%.

In the Polish society, a woman is the person taking care over healthy and sick family members, and providing their health needs. Women possess greater health awareness and better knowledge on symptoms of diseases (Ostrowska 1999).

Abstract

The implementation of positive transformations in the awareness and health behaviors of selected social groups requires identifying and analyzing their current attitudes towards health.

The major objective of the study was to identify and present selected attitudes of older persons towards health. It was conducted with the method of a diagnostic survey amongst 106 respondents, with consideration given to gender of the surveyed.

The greatest degree of respondents acceptance was reported in respect of such attitudes towards health as: hysteria, promotion, claiming, cult and Samaritan. As many as 90% of the respondents were identifying themselves with those attitudes. The gender was found to exert a significant effect only on differences in answers referring to the attitude of health promotion (auto-creation).

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