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VARIOUS ASPECTS OF CARING FOR ELDERLY PEOPLE IN THE INTEREST OF THEIR SELF-RELIANCE AND INDEPENDENCE, ACCORDING TO THE AUTHORS' OWN PROPOSITIONS

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Abstract
Predictions for the upcoming decades suggest an increase in the number of elderly people in Europe; due to low fertility and the rise in average life expectancy, societies age considerably faster. The nature of these changes signifies that a complex demographic process is taking place. In consequence, one can notice an increase in the demand for personal and nursing care activities provided in the natural human environment, or in various institutions, by adequately prepared, specialized medical staff. Creating the best possible procedures for assisting elderly people is a multifaceted and dynamic problem. The constantly changing expectations regarding healthcare providers, and the higher social and health awareness are challenging medical sciences and social services to provide the oldest generation with the best quality of life. The life satisfaction measure for elderly people is their activity which determines an independent, self-reliant, satisfactory, and long life. Int J Occup Med Environ Health. 2021;34(3)

Key words:
activation, prevention, health promotion, healthcare, cognitive reserve, frail elderly

INTRODUCTION

Ageing, as a natural development process, is one of the stages in human life that cannot be reversed. Late adulthood is also the most diverse phase of human life. One could even venture to say that there are as many ageing methods as there are people in society. Therefore, the problems connected with late adulthood should be examined in a multidimensional way – in various aspects. While explaining the observed differences connected with the cognitive functioning in late adulthood, researchers usually refer to the concept of the cognitive reserve [1]. Amongst the factors that are responsible for building the cognitive reserve, 3 types are the most common: intelligence, the level of education, and physical activity [2].

With being a senior comes a multitude of changes, both positive and negative, occurring in different spheres of life. One of the spheres that the ageing process influences the most is the one connected with cognitive functioning. The positive cognitive change that comes with age is the accumulating knowledge and life experiences, com-

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monly referred to as worldly wisdom. It is a special type of knowledge that provides the basis for a better assessment of people and for giving advice in matters where there are no apparent solutions. However, most gerontological studies suggest that the changes taking place in the sphere of cognitive functioning in late adulthood are negative.

The efficiency of cognitive processes is deteriorating with every passing year. These types of changes can be observed on elementary levels of cognitive processes, as well as on more complex levels of intellectual functioning. With age, the duration of one's response time increases, and the efficiency of attention function decreases.

In late adulthood, one can observe a deterioration in different areas of memory. Negative changes also occur as far as fluid intelligence is concerned [1,3].

For the self-reliant and independent functioning in advanced age, the efficiency of cognitive processes is a crucial element of life quality; these processes depend on all types of activities performed during one's lifetime. The elements closely associated with the size of the cognitive reserve in late adulthood include physical, educational, and cultural activity.

Ageing populations present a challenge for many professionals in various medical disciplines.

Creating the best possible procedures for assisting elderly people is a multifaceted and dynamic problem. The constantly changing expectations regarding healthcare providers, and the higher social and health awareness are challenging medical sciences and social services to provide the oldest generation with the best quality of life.

The social status of elderly people is dependent on many factors including those of cultural, social, economic, demographic, and political nature, involving the type of society culture, the values and ethical standards of a given period, the family structure, an affiliation to a particular economic and social class, and the state of health of elderly people. Polish seniors are most exposed to marginalization in the following areas:

– the labor market where there is a visible presence of premature professional inactivity, with there being no jobs for people aged >50 years;
– social contacts outside of one's family (difficulties in the use of services, institutions highly inaccessible for elderly people);
– participation in the political life (a relatively small participation in various political life institutions);
– mass culture and social communication (matters concerning seniors are less attractive for media, and are rarely present in informational messages; what mass culture offers is mainly created for young people).

In order not to perceive late adulthood as a disaster, and elderly people as an onerous burden, social policy is challenged to provide seniors with such care that they are self-reliant and independent as long as possible.

Directing social policy not only towards extending human lifespan but also towards taking actions that increase the quality of life of elderly people becomes indispensable.

The growing interest in this subject is associated with the emergence of a new medicine model which takes responsibility for the holistic approach to patients, not only to extend their lifespan in a biological sense, but also to increase their quality of life.

Research on the quality of life could provide useful information on how to improve procedures for healthcare professionals. The research could also be an inspiration for different types of therapy and care depending on one's life and health situation, personality, mental state and expectations.

Objective of the study

The objective of the study is to present selected directions of care services addressed to elderly people, in the pursuit of a self-reliant and independent life.

Late adulthood is often perceived as a period of complete degradation of human health, the occurrence of some somatic symptoms, infirmity, progressive reliance on the en-

vironment, loneliness, the absence of kindness and, finally, waiting for the end to come.

Unfortunately, it is common that, along with retiring, the quality of one's life decreases. Seniors feel alienated and useless. They lose the purpose in living. Meanwhile, it is important to keep in mind that ageing is a process, which is why it should not be a period of complete withdrawal from the social and cultural life, which could lead to depression, alienation and isolation, which all contribute to a decreased quality of life.

When presenting the concept of the quality of life, it is worth providing its definition according to the World Health Organization (WHO), bearing in mind the multifaceted nature of this term. In accordance with the definition, the "quality of life" is "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." In the quality of life defined in this manner, WHO includes "person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment."

Late adulthood is usually a period of relaxation, well-earned rest after working and bringing up children. One should strive not only to extend the general life span but also to extend the healthy life span. It is a mission given to all of us, which possesses not only an economic element but also a large dose of humanitarianism.

METHODS

Characteristics of late adulthood

Involution changes occurring in seniors concern, among others, the nervous system. Due to the decreased production of neurotransmitters like dopamine and acetylcholine, which are responsible for the transfer of information, the ability to deduce quickly deteriorates, and so do the time and precision of response to stimuli. Brain cells are less and less metabolically active, and they use less oxygen and glucose. Because of these processes, changes in the senior's way of thinking, perception of the environment, behavior and personality can be observed. The weakening of the ability to memorize information also takes place. It mainly concerns information stored in short-term memory, also called fresh memory, while information stored in long-term memory is rooted in it and is accessible until late years. The slowing down of the time and precision of response to stimuli is the surest psychophysical mark of ageing of the organism [4].

In addition, some personality changes can be observed in elderly people. These concern such characteristics as achievement motivation, self-confidence or the level of activities undertaken. One can observe a more conservative and defensive approach towards the environment, with avoiding innovation and changes. A high level of the fear of alienation is also distinct. The passive attitude of elderly people is most likely triggered by their disturbed sense of security and helplessness towards their late adulthood.

One can notice a tendency for stubbornness with a penchant for persisting in old habits, which is often called the "old age stubbornness." The negative traits of one's character are often highlighted, such as parsimony, loquacity, or jealousy. A typical symptom of late adulthood is a decreased intensity of experiencing the world, in the form of apathy. One can also observe that negative emotions influence deductive reasoning. In the case of stress, emotions reach a higher level of activity and the reversion to their initial state takes longer [4,5].

Because of somatic diseases – often chronic, which considerably limit physical and mental abilities – one can experience depressed mood or even depression.

Impairing these functions makes watching TV or reading magazines impossible, which also decreases the quality of life of an elderly person to a significant extent. One of the most important changes associated with late adulthood is retiring, which relates to a total change in one's lifestyle, a deteriorated financial situation, and a loss of social ties.

In the multitude of factors which significantly lower elderly people's independence, there are those called "major geriatric problems."

Major geriatric problems are "chronic conditions that gradually lead to functional disability, and thus negatively impact on the quality of life of elderly patients." These particularly include:

- falls and loss of balance,
- loss of control of the sphincter muscles (urinary and fecal incontinence),
- impaired vision and sight,
- geriatric depression,
- frailty syndrome,
- iatrogenesis.

Recognizing the needs of elderly people

The social attitude towards old age has undergone changes throughout the years. The current approach towards the ageing process and late adulthood is not optimistic; late adulthood is often presented as an inconvenience, equated to a burden and entailing costs. One of the traumatic events that significantly lower the elderly person's quality of life may be the death of their spouse, friend or peer. For many, this loss cannot be compensated in any way, which, in consequence, intensifies the feeling of loneliness and alienation.

There is a considerable difference between loneliness and alienation. Loneliness defines the state of mind of an elderly person after their spouse dies. Alienation means living in isolation, away from the environment. One can live among people and still experience the feeling of alienation.

The causes of alienation include, for example, isolation because of urinary or fecal incontinence, and impairments of the sensory system or mobility problems [6–9]. Oftentimes, seniors feel alienated while living amongst people closest to them.

Elderly people are a group discriminated against, overlooked, preferably forgotten. That is why it is immensely important to take measures to improve their health condition and socio-economic situation. Efforts should be directed towards improving and maintaining their functionality not only in the physical sphere, but also in the cognitive and emotional areas.

All activities are undertaken in order to raise the seniors' quality of life, and to prevent their exclusion from social life. Local politicians are in a position to implement facilities and services in their environment that help elderly people, for example, increasing the number of sites in group homes [10]. In the society's collective mind, elderly people are perceived as wise. Because of the life experience gathered, seniors possess the ability to solve problems, accurately predict events, or face adversities. These qualities allow them to gain a little perspective on certain events, grasp the meaning of life and take a wise attitude towards reality [5]. One can expect that seniors who had a harmonious lifestyle would still be eager to be active in late adulthood; they would be interested in their environment and involved in current matters [11,12].

Elderly people also need social contact with their peers, and a sense of belonging to a group. They should be encouraged to go out. A good form of assisting seniors are geriatric day care centers.

Staying in these types of centers positively influences patients' mood, physical and mental condition, encourages them to meet new people, and prevents social isolation. This form of geriatric care enables the implementation of a holistic approach to senior citizens. It improves their functional efficiency, which allows for a longer self-reliance and independence [13]. A positive image of an elderly person (connected with their life experience, prudence and wisdom) should be cultivated in society. Elderly people can fulfill their need for social contact with their peers through attending universities of the third age, also referred to as U3As. These facilities offer a whole range of classes to improve physical fitness – from general exercise gymnastics, to swimming, Nordic walking,

to ballroom dancing lessons. They also offer language learning, computer literacy, memory training, and education in the field of preventive care. Thanks to continuous education, seniors strengthen their psychophysical well-being, and thus maintain their position in society. This translates into the ability to cope with new and difficult situations. For example, thanks to the ability to use a computer, the senior can set an appointment with the doctor online [14,15].

A deterioration in the functional ability of elderly people is associated with the need to provide them with proper care. Although the goal of social policy is to enable elderly people to stay self-reliant as long as possible in their own environment, in the end, the senior faces the necessity of using the assistance of third parties. Most often, it is the family that takes care of the senior, because the state care system is not efficient enough to meet these tasks on the current scale. Research shows that assisting an elderly person, especially a senile person, often leads to the carers' mental and physical exhaustion.

In addition, care is hampered by the low level of support from public institutions, such as environmental care or volunteering. The guardian's exhaustion often leads to premature placement of a senior in a stationary facility [16].

Stimulating seniors

It is necessary to create comprehensive health prevention programs in the form of various activities for seniors in order to preserve their functional capacity, mobility, independence and autonomy for as long as possible. Physically fit seniors taking care of their own health could be examples for their peers; a loss of independence comes with medical, social and economic consequences. Involution changes cause disturbances in the functioning of many organs, even in the absence of lesions. Through health training, one can effectively delay involutionary changes and a loss of self-reliance. Elderly people should be encouraged to take up different forms of physical and mental activities, so that they can be functional and independent for as long as possible. According to WHO, the concept of the quality of life, conditioned by the state of one's health, concerns the functioning in the areas of physical, mental, social and subjective evaluation of the patient. In elderly people, it is particularly important to maintain a good psychophysical condition by implementing appropriate physical activity, which is permanently embedded in the lifestyle of a person. Regular exercise should be present in seniors' lives.

The goal of stimulating elderly people is to implement activities that will promote successful ageing. Successful ageing can be defined as reaching old age with a low risk of diseases and infirmity, a high mental and physical fitness, as well as preserved activity in life. It is also important to stay active in the area of social contacts. In the sphere of ageing, external factors play an important role; these include lifestyle, diet, living environment and psychosocial factors. The process of ageing, as well as the behavior and needs of elderly people, are all based on pre-shaped individual features. Physical fitness determines well-being and satisfaction with life. Because of physical exercises, the involution process can be slowed down. Health training improves fitness and physical efficiency, extending independence. One of the effects of ageing are irreversible organ changes.

Elderly people should be encouraged to take up various forms of physical activity so that they can be physically and mentally fit [17]. Physical activities carried out should include regular exercises in the form of health training [18]. Health training is a deliberately directed process relying on the intentional use of strictly defined physical exercises to obtain physical and psychological effects, counteracting the reduction in the body's adaptive capacity to exercise [19]. Everyone needs a proper dose of exercises in their life because it causes the development of adaptive mechanisms of the system. The activation of such adaptation mechanisms of the organism can be real-

ized in various forms of physical activity [20]. The basic ones include:
- recreational stimulation – the application of active leisure, sport or rehabilitation exercises;
- preventive stimulation – the goal is to prevent the premature ageing of people exposed to increased risks;
- curative and rehabilitation stimulation – the goal is to restore fitness after an acute illness, and to counteract the loss of efficiency due to chronic diseases and progressive ageing [21].

Ancient people were aware that stimulation of seniors brings measurable benefits, and over the years the subject has increased in importance. Regular physical activities reduce the risk of many diseases that significantly decrease the quality of life of elderly people, including degenerative diseases of the nervous system, such as Alzheimer's disease. Seniors are more likely to take regular training if they are better educated and motivated.

The ageing process is inevitable, but how long a person lives is not only determined by biological factors but also by environmental and lifestyle factors. Additionally, a positive attitude towards the inevitability of the ageing process will allow for a significant increase in the life span of an individual, and at the same time for an improved quality of life [22]. The efficiency of cognitive processes is deteriorating with every passing year. These types of changes can be observed on elementary levels of cognitive processes, as well as on more complex levels of intellectual functioning. With age, the duration of one's response time increases, and the efficiency of attention function decreases.

In late adulthood, one can observe a deterioration in different areas of memory. Negative changes also occur as far as fluid intelligence is concerned. Currently, many researchers dealing with the study of changes in the cognitive functioning of elderly people pay attention to the role of executive functions in these transformations. The term defines the control processes that are responsible for the management, monitoring and optimization of targeted behaviors. According to many definitions, the primary role of management functions is underlined in relation to other cognitive processes. One of the more common divisions is one within which 4 components of management functions are identified. These are:
- cognitive flexibility – understood in terms of attention hyperactivity;
- inhibitory control – defined as the ability to refrain from intrusive reactions;
- working memory – understood as the ability to preserve in memory the information that is necessary to perform the task and to operate within it;
- planning – an intention to take specific actions to achieve the goal. In late adulthood, there is a decrease in the efficiency of each of the management functions [23].

RESULTS

The concept of ageing

In response of politicians and experts to the demographic revolution, 3 related concepts have been developed:
- active ageing
- healthy ageing,
- successful ageing.

The concept of active ageing

This implies that elderly people would still educate themselves, be productive, gainfully employed, and socially and family active. In this regard, they will remain independent and socially integrated for as long as possible, and will lead a satisfying life. The concept also draws attention to carrying out a favorable policy on the activity of elderly people on the institutional and infrastructural levels. The concept was developed by WHO in 2002 [24]; the directions and basic content of active policies, as well as proposals for operational programs, were presented [25]. The EU announced year 2012 as the European Year for Active Ageing and Solidarity between Generations, initiating many ben-

eficial activities [26]. An indicator of active ageing [27] was constructed, which includes 4 domains:
– further work,
– participation in social life,
– independent and secure life with access to health services,
– environmental opportunities for active life.

For each domain, certain factors were defined, and adequate research results obtained in the EU were cited.

The concept of successful ageing

It contains elements concerning health in its medical sense. The health condition of seniors is gradually deteriorating in a natural way. The sensory capacity and functional efficiency decrease, and chronic diseases appear more often. The dynamics of these changes is individual. Some people pass this process successfully, without experiencing a sudden deterioration in their health condition, while preserving their health potential for a long time.

Others are ageing less successfully, and diseases and disabilities affect them more, thereby significantly reducing their quality of life. Both geriatrics and gerontology in their research try to determine what factors affect the process of successful ageing, and to what extent they are biologically determined or result from socio-cultural factors. The results of these studies lead to the development of actions for the successful ageing which can be used to establish strategies to optimize life expectancy, and to maintain physical and mental health, and functional fitness.

Paul Baltes, developing the theory of Selective Optimization with Compensation (SOC) [28], explained the psychological mechanism of successful ageing. This theory assumes that every person at different stages of their life strives for a balance between the choice (selection) of life goals, adapting the methods of achieving them and replacing them in a situation where the existing methods are unobtainable.

The concept of healthy ageing

This is a strategy predominating in European programs closely related to the concept of successful ageing; sometime these 2 terms are used interchangeably. In its study, the European Commission interpreted the expedience of a healthy ageing strategy primarily in economic terms, as a factor of economic growth [29]. In the European project implemented by the National Institute of Public Health in Sweden [30], healthy ageing was defined as "the process of optimizing opportunities for physical, social, and mental health to enable older people to take an active part in society without discrimination and to enjoy independence and good quality of life."

When chronic morbidity and disability, or human capital and conditions of the natural or social environment, bring serious limitations, effective control over one's own health is still possible. With the help come theories that allow one to understand the prospects of a good life (for example, the SOC theory) [31], and refute the myths about late adulthood [32]. Even at an advanced age, people have the potential to adapt to new situations and requirements, reinforced by learning and support from the environment.

Elderly people pay attention to their own health; therefore, they are more susceptible to persuasion. Their preferences related to health and the temporal dimension of their lives are different from those of young people. Seniors are more motivated to contribute to their health. The process of learning and adapting to a new situation in late adulthood is not easy. Elderly people have many reasons for sadness, often lose their partners and peers, suffer from many illnesses, and become depressed. Taking care of an elderly person is a multidisciplinary task, and the people who exercise it are required to have extensive knowledge and certain character traits like patience, understanding, and empathy. The policy towards ageing and late adulthood requires medical professionalism and a certain psychosocial sensitivity.

The regional European WHO report (2012) [33] on healthy ageing policies lists the solid principles of the European health policy for elderly people, such as:
- a participatory approach, involving the inclusion of seniors in the decision-making process of choices that concern them, and evaluation of the results of these decisions;
- an appreciation of seniors at the individual level and in the community in which they live;
- a focus on equal treatment, especially for the vulnerable and unprivileged groups of elderly people;
- considering the gender perspective due to the significant differences in life experiences when it comes to fulfilling social roles by elderly women and men [34,35].

Cognitive reserve

Even though the decline in intellectual functioning is a distinctive feature of elderly people, this group is not homogenous in this respect. Changes in the area of cognitive processes, such as a reduced ability to remember or use guidelines, are always present in this group; however, the degree of intensification of this phenomenon is interindividual.

For example, in the sphere of processes, there are differences between seniors when it comes to the efficiency of divisibility and selectivity processes.

While explaining the observed individual differences in the field of cognitive functioning observed in late adulthood, researchers often refer to the concept of the cognitive reserve. The term defines the ability of the cognitive system to optimize and maximize normal functioning, as well as to compensate losses in cognitive performance due to brain damage or the ageing process.

In recent years, the concept of the cognitive reserve has broadened and is now used to explain the diversity of cognitive functions in seniors. While deliberating the factors that contribute to building the cognitive reserve, 3 types of impacts that are most often considered point towards intelligence, the level of education and physical activity.

The condition of cognitive processes in late adulthood is also influenced by actions taken up in free time. Frequent physical activity and cultural activity are very important.

The aim of health promotion among seniors

The concept of health promotion among elderly people, which found its place in the strategy of healthy ageing, was based on the preliminary results of research carried out as part of one of the European projects – The Second Program from Community Action in the Field of Health [36]. The project sought active forms of health promotion with proven health efficiency for the elderly. Health promotion among elderly people is still a relatively new topic in Poland with a potential for dynamic development. The purpose of health promotion among elderly people is not so much changing their lifestyle, as improving its quality.

The promotion of health addressed to elderly people is aimed at both preserving a lifestyle that is health-enhancing despite the worsening of individual abilities and changing it when current habits are found to damage health.

Health promotion addressed to elderly people can be an alternative to costly treatment services for ageing populations. It is assumed that the elderly people who are more and more aware of their health, and who lead a healthy lifestyle, will be less ill, on the one hand, and, on the other, they will be able to cope with many chronic diseases [37].

The main elements of health promotion were defined at a conference in Canada, where in 1986 the Ottawa Charter for Health Promotion [38] was adopted. It states that the goal of health promotion is to achieve individual ability to control one's health in order to preserve and improve it. For this purpose, information should be provided about what and why something is beneficial to health. One should advise and assist others in acquiring the ability

to apply this knowledge, provide support in undertaking these activities, and motivate others to take up pro-health activities.

Activities in the field of health promotion are based on the knowledge coming from many disciplines: psychology, sociology, communication and management, social marketing, and medicine [39]. They require a comprehensive knowledge of many areas of individual human behavior (cognitive, motivating).

In the operational determination of the scope of health promotion, activities are classified considering these 3 main criteria [34]:

- the functional criterion, which consists in aggregating activities within the types of functions
  - feedback,
  - health education,
  - screening examinations,
  - primary prevention,
  - advocacy – an impact on society (families, employers, media) and policy makers by advising, consulting, supporting and lobbying to raise the value of health and a healthy lifestyle in society;
- the criterion of the place of health promotion
  - health protection at work and the prevention of occupational diseases,
  - health protection in health and social care units,
  - health protection in the place of residence,
  - presence of the values of healthy life in every community,
  - a healthy home,
  - healthy media;
- the activity criterion
  - physical activity,
  - healthy eating,
  - vaccination,
  - avoiding health risks,
  - mental health protection,
  - sexual health.

The ageing of society gives rise to numerous political, economic and socio-health consequences. One of the possible forms of eliminating these consequences is the promotion of health among elderly people.

Activities promoting health among elderly people are aimed at providing them with the longest possible functioning, i.e., staying in their own home and family environment, and maintaining the fitness that gives the basis for an independent and active life. Promotional activities should contribute to the improvement in the quality of life of elderly people [40]. Pro-health programs are an important tool for promoting health, which is helpful in achieving its goals. The main subject on which pro-health programs aimed at young people are focused is a change in lifestyle, including anti-health behaviors that are risk factors for various diseases [40,41]. Such targeting of promotional interventions is a consequence of the observations made in the Framingham study in which it was shown that the impact of lifestyle on the incidence of civilization diseases and premature death is greater than all other factors combined (this impact was determined at 53%).

As the effectiveness of health promotion manifests itself in individual behavioral changes in society (lifestyle) that are more beneficial to one's health, this type of an institutional impact is of particular importance because it is both credible and convincing, or more closely anchored, i.e., in the community in which people live, learn, work, spend time together, more and more often in the virtual space.

Activities promoting health among people from the oldest age groups are aimed at ensuring their longest possible functioning, i.e., staying in their own home and family environment, and maintaining fitness that is a basis of an independent and active life.

CONCLUSIONS

Successful ageing can be defined as reaching late adulthood with a low risk of diseases and infirmity, with high mental and physical fitness, as well as being active in life.

It is also important to be active in the sphere of social contacts. In the realm of ageing, external factors play an important role. These include lifestyle, diet, living environment and psychosocial conditions.

Increasing the activity of elderly people makes them independent, and prevents their social isolation and loneliness. While preserving independence and a high quality of life until later years in one's life, it is necessary to motivate people to undertake voluntary activities that are physical, intellectual, creative, professional, social and cultural.

The ageing of society is a huge challenge for all of the state's fundamental policies, including economic, social and health policies. Particularly noteworthy is the health policy analyzing the possibilities of providing care for the elderly population and alleviating the ageing process so that the elderly population is efficient and independent for as long as possible.

Preserving vitality and independence until later years in one's life is gaining a special significance today. Never before have people lived as long as today, which promises an unprecedented, extensive and profound systemic transformation in all important spheres of social life in the coming decades.

Efforts should be made to improve and preserve the functional capacity of elderly people in the physical, cognitive and emotional sphere.

It is necessary to create comprehensive health prevention programs in the form of various activities designed for seniors in order to maintain their functional capacity, mobility, independence and autonomy for as long as possible.

A positive image of an elderly person should be cultivated in society, identified with their life experience, prudence and wisdom. Although the decline in intellectual functioning is a characteristic trait of elderly people, this group is not homogenous in this respect.

In explaining the observed individual differences in the field of cognitive functioning in late adulthood, researchers often refer to the concept of the cognitive reserve. The term defines the ability of the cognitive system to optimize and maximize normal functioning, as well as to compensate for the losses in cognitive performance due to brain damage or the ageing process.

Promoting a healthy lifestyle contributes, among others, to building the cognitive reserve, and to being intellectually, socially, culturally and physically active, which should result from a conscious preparation for late adulthood of people already in younger age groups.

In late adulthood, it is especially important to maintain a good psychophysical condition by implementing appropriate physical activities which are permanently embedded in the lifestyle of a person. Actions to improve the quality of life of elderly people require the consolidation and optimization for an early recognition of age-related disorders which will help to prevent the consequences and inconveniences of late adulthood.

Content with their life and its high quality, seniors are not a burden for the society they live in. Elderly people do not cause a decrease in statistics; nor are they a financial liability for their community. Seniors are indisputable wealth, a source of life wisdom and evidence for a high civilization development.

REFERENCES

1. Harada CN, Natelson Love MC, Triebel KL. Normal cognitive aging. Clin Geriatr Med. 2013;29(4):737–52, https://doi.org/10.1016/j.cger.2013.07.002.
2. Jeste DV, Depp CA, Vahia IV. Successful cognitive and emotional aging. World Psychiatry. 2010;9(2):78–84, https://doi.org/10.1002/j.2051-5545.2010.tb00277.x.
3. Paúl C, Teixeira L, Ribeiro O. Active Aging in Very Old Age and the Relevance of Psychological Aspects. Front Med. 2017;4:181, https://doi.org/10.3389/fmed.2017.00181.
4. Bartke A. Somatic growth, aging, and longevity. NPJ Aging Mech Dis. 2017; 3:14, https://doi.org/10.1038/s41514-017-0014-y.
5. Ferdinand NK, Paulus M, Schuwerk T, Kühn-Popp N. Social and Emotional Influences on Human Development. Front Psychol. 2018;9:2490, https://doi.org/10.3389/fpsyg.2018.02490.

6. Olivera J, Benabarre S, Lorente T, Rodriguez M, Barros A, Quintana C, et al. Detecting psychogeriatric problems in primary care: factors related to psychiatric symptoms in older community patients. Ment Health Fam Med. 2011;8:11–19.
7. Paúl C, Teixeira L, Ribeiro O. Active Aging in Very Old Age and the Relevance of Psychological Aspects. Front Med. 2017;4:181, https://doi.org/10.3389/fmed.2017.00181.
8. Błędowski P. [Medical, psychological, sociological and economic aspects of ageing in Poland]. Exp Gerontol. 2011;46(12):1003–9, https://doi.org/10.1016/j.exger.2011.09.006. Polish.
9. Paskaleva D, Tufkova S. Social and Medical Problems of the Elderly. J Gerontol Geriatr Res. 2017;6:3, https://doi.org/10.4172/2167-7182.1000431.
10. Veras R. The Current Challenges of Health Care for the Elderly. J Gerontol Geriatr Res. 2015;4:3, https://doi.org/10.4172/2167-7182.1000223.
11. Foster L, Walker A. Active and Successful Aging: A European Policy Perspective. Gerontologist. 2014;55(1):83–90, https://doi.org/10.1093/geront/gnu028.
12. Silva TBL, Ordonez TB, Batistoni TN, Yassuda SST, de Melo MS, Lopes RC, et al. Beliefs, Perceptions, and Concepts of Old Age Among Participants of a University of the Third Age. Psychol Neurosci. 2018;11(4):417–25, https://doi.org/10.1037/pne0000117.
13. Malone ML, Capezuti EA, Palmer RM, editors. Geriatrics Models of Care. Bringing 'Best Practice' to an Aging America. Springer International Publishing; 2015.
14. Meshram K, O'Cass A. Empowering senior citizens via third places: research driven model development of seniors' empowerment and social engagement in social places. J Serv Market. 2013;27(2):141–54, https://doi.org/10.1108/08876041311309261.
15. Campbel SM. Well-Being and the Good Death. Ethic Theory Moral Prac. 2020;23:607–23, https://doi.org/10.1007/s10677-020-10101-3.
16. Konieczna-Woźniak R. [Third Age Universities and their place in an ageing world]. Universities of the Third Age in Poland. Poznań: Eruditus; 2001. p. 39–55. Polish.
17. Middlekauff M, Woonghee L, Egger MJ, Nygaard IE, Shaw JM. Physical activity patterns in healthy middle-aged women. J Women Aging. 2016;28(6):469–76, https://doi.org/10.1080/08952841.2015.1018067.
18. Langhammer B, Bergland A, Rydwik E. The Importance of Physical Activity Exercise among Older People. Biomed Res Int. 2018;2018:7856823, https://doi.org/10.1155/2018/7856823.
19. Svraka E, Pecar M, Jaganjac A, Hadziomerovic AM, Kaljic E, Kovacevic A. Physical Therapy in Elderly Suffering from Degenerative Diseases. Mater Sociomed. 2017;29(4):272–5, https://doi.org/10.5455/msm.2017.29.272-275.
20. Lam K, Gandell D. The Top Articles in Geriatrics 2016–2017. Can Geriatr J. 2018;30;21(3):210–7, https://doi.org/10.5770/cgj.21.330.
21. Zlotnik G. Vansintjan A. Memory: An Extended Definition. Front Psychol. 2019;10:2523, https://doi.org/10.3389/fpsyg.2019.02523.
22. Diamond A. Executive Functions. Annu Rev Psychol. 2013;64:135–68, https://doi.org/10.1146/annurev-psych-113011-143750.
23. World Health Organization. Active Ageing A Policy Framework. Geneva: The Organization; 2002.
24. AGE Platform Europe, Committee of the Regions, European Commission. How to promote active ageing in Europe. EU support to local and regional actors. Brochure producted in partnership with the Committee of the Regions and the European Commission. Brussels: European Union Committee of the Regions; 2011.
25. Cancedda A, Blakemore M, McDonald N, Pickles A, Viertelhauzen T. Evaluation of the European Year for Active Ageing and Solidarity between Generations. Final Report. Rotterdam: ECORYS; 2014.
26. Zaidi A, Stanton D. Active Ageing Index 2014: Analytical Report. Brussels: UNECE/ European Commission; 2015.
27. Bowling A, Dieppe P. What is successful ageing and who should define it? BMJ. 2005;331(7531):1548–51, https://doi.org/10.1136/bmj.331.7531.1548.

28. Baltes PB, Baltes MM. Psychological perspectives on successful ageing: The model of selective optimization with compensation. In: Baltes P, Baltes M, editors. Successful Aging: Perspectives from the Behavioral Sciences (European Network on Longitudinal Studies on Individual Development). Cambridge: Cambridge University Press; 1990. p. 1–34, https://doi.org/10.1017/CBO9780511665684.003.
29. European Commission. The 2018 Ageing Report: Underlying Assumptions and Projection Methodologies: Luxembourg. Luxembourg: Publications Office of the European Union; 2017, https://doi.org/10.2765/40638.
30. The Swedish National Institute of Public Health. Healthy Ageing – A Challenge for Europe [Internet]. Huskvarna: The Swedish National Institute of Public Health; 2007 [cited 2019 Nov 25]. Available from: https://ec.europa.eu/eip/ageing/file/347/download_en?token=Paytntbc.
31. Baltes PB. The ageing mind: Potential and limits. Gerontologist. 1993;33(5):580–94, https://doi.org/10.1093/geront/33.5.580.
32. Rowe JW, Kahn RL. Human ageing: usual and successful. Science. 1987;237(4811):143–9, https://doi.org/10.1126/science.3299702.
33. World Health Organization. Strategy and action plan for healthy ageing in Europe, 2012–2020. Geneva: The Organization; 2012.
34. Golinowska S, Groot W, Baji P, Pavlova M. Health promotion targeting older people. BMC Health Serv Res. 2016;16:345, https://doi.org/10.1186/s12913-016-1514-3.
35. World Health Organization (WHO). World report on ageing and health. Luxembourg: The Organization; 2015.
36. Council Of The European Union. Second programme of Community action in the field of health. Luxembourg. Luxembourg, 9 October 2007. C/07/221. Brussels: Concilium Europa; 2007.
37. Kemm J. Health Promotion: Ideology, Discypline and Specialism. Oxford: Oxford University Press; 2015.
38. World Health Organization [Internet]. Genewa: The Organization; 1986 [cited 2019 Nov 25]. Ottawa Charter for Health Promotion. Available from: https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion.
39. Innstrand ST. Health Promotion – Theory and Practice. Trondheim: Research Centre for Health Promotion and Resources HiST/NTNU; 2012.
40. Thakur RP, Banerjee A, Nikumb VB. Health Problems Among the Elderly. A Cross-Sectional Study. Ann Med Health Sci Res. 2013;3(1):19–25, https://doi.org/10.4103/2141-9248.109466.
41. Shrivastava SRBL, Shrivastava PS, Ramasamy J. Healthcare of Elderly: Determinants, Needs and Services. Int J Prev Med. 2013;4(10):1224–5.

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