

Social interaction as a factor of elderly and disabled people's activity in receiving cardiovascular health services in Russia

Interacción social como factor de la actividad de personas mayores y discapacitadas al recibir servicios de salud cardiovascular en Rusia

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Abstract

The article presents the results of studying the peculiarities of the social interaction and its influence on the social activity of the elderly and disabled people in receiving cardiovascular health services in the Russian Federation. In order to study the level of knowledge about cardiovascular health and the prevention of cardiovascular diseases in February – June, 2018 the sociological research was conducted in Belgorod region (Russia) among elderly and disabled (n=240) by Laboratory of social projects of the Belgorod National Research University. The main research methods were qualitative (content analysis of individual social rehabilitation maps of the elderly and disabled) and quantitative methods (questionnaires). The results of the study shows that the more elderly and disabled people are included in social interactions, the more they choose cardiovascular services from the entire types of social services; people who are not included in social interactions apply for cardiovascular services in cases of acute pain or a serious physical limitation of Breathing function; socially active elderly and disabled people apply for cardiovascular services for a variety of psychological and aesthetic reasons; the assessment of cardiovascular health by the elderly and the disabled themselves was more positive than that of the cardiologist; elderly and disabled people living in institutions have better cardiovascular health and more often receive cardiovascular services than those who are living at home.

Keywords: cardiovascular health, cardiovascular services, social services, social activity, elderly and disable people.

Resumen

El artículo presenta los resultados del estudio de las peculiaridades de la interacción social y su influencia en la actividad social de las personas mayores y discapacitadas que reciben servicios de salud cardiovascular en la Federación de Rusia. Para estudiar el nivel de conocimiento sobre la salud cardiovascular y la prevención de enfermedades cardiovasculares en febrero - junio de 2018, la investigación sociológica se realizó en la región de Belgorod (Rusia) entre ancianos y discapacitados (n=240) por el Laboratorio de proyectos sociales de la Universidad Nacional de Investigación de Belgorod. Los principales métodos de investigación fueron cualitativos (análisis de contenido de mapas individuales de rehabilitación social de ancianos y discapacitados) y métodos cuantitativos (cuestionarios). Los resultados del estudio muestran que cuanto más se incluye a las personas mayores y discapacitadas en las interacciones sociales, más eligen servicios cardiovasculares de todo tipo de servicios sociales; las personas que no están incluidas en las interacciones sociales solicitan servicios cardiovasculares en casos de dolor agudo o una limitación física grave de la función respiratoria; las personas mayores y discapacitadas socialmente activas solicitan servicios cardiovasculares por una variedad de razones psicológicas y estéticas; la evaluación de la salud cardiovascular por parte de los ancianos y los discapacitados fue más positiva que la del cardiólogo; Las personas mayores y discapacitadas que viven en instituciones tienen una mejor salud cardiovascular y con mayor frecuencia reciben servicios cardiovasculares que aquellos que viven en sus hogares.

Palabras clave: salud cardiovascular, servicios cardiovasculares, servicios sociales, actividad social, personas mayores y discapacitadas.

The relevance of the research topic is determined by a complex of social objectives. First of all, it is improving the health level of the elderly and disabled people; secondly, the improvement of the quality of social services for elderly and disabled; thirdly, the increase in the social activity of these categories of clients; fourth, the expansion of their social interactions that promote better health.

The study is aimed at solving a scientific problem, which consists, on the one hand, in the need to improve social activity of elderly and disabled people in Russia, on the other hand, the lack of information about the specificity of social interactions and its influence on the types of social services people used.

Background: The study is based on the use of basic concepts of sociology of medicine, sociology of health, social gerontology and sociology of disability. The importance of socio-hygienic risk factors of the behavioral nature is still insufficiently studied, especially the preservation of cardiovascular health of elderly and disabled people their social activity in receiving cardiovascular health care in particular^{9,20}.

Sociological studies are still very limited in exploring the cardiovascular health issues and social activity of the population in Russia. Because of the absence of a unified system for recording accessibility to cardiovascular care, it is hard to obtain reliable data about the cardiovascular health services of the population in general, and elderly and disabled, in particular.

At the same time, the sociological analysis allows us to predict the change in demand for cardiovascular services, as well as to use the resources available in the country more rationally¹. Unfortunately, in many cases high-tech cardiovascular care is not available for most Russian elderly and disabled because of its high cost which has a negative impact on the performance of cardiovascular health in general.

Currently, the Russian government is actively implementing special state programs which aimed to improve the health of citizens. But it is important to mention about the motivation among the population to take active steps to keep healthy^{2,3}.

The national standard of the Russian Federation includes, among other things, the organization of medical and social examinations⁵; the provision of qualified counseling; primary medical examination and primary sanitization; first aid; primary medical and cardiovascular care, which will ensure that the needs of inpatients in social and medical services before systematic treatment.

Literature Review: In scientific literature there are a vast and diverse range of priorities, paradigms and languages regarding disability; it combines specialized methodological and empirical concerns with more nuanced and wide-ranging theoretical discussions⁴. One of the key aspects of the research is the exploring what activating technologies of social services are needed for specific groups of elderly and disabled people. Some researchers agree that there is the need to develop a disability-inclusive approach to evaluate public health interventions. It can be seen as a step forward to the improvement of social and urban environment for people with disabilities.

D. Brucker, A. Houtenville, E. Lauer find out that the presence of an activity limitation is strongly associated with decreased odds of employment for persons with different combinations of sensory, functional, and activity limitations⁴.

Some researches explore the inconsistent approach adopted by the provincial government in how it identifies and accommodates disabled people in Ontario. The result of the study is the development of classification based on four criteria (employment, post-secondary education, accessibility regulations, and social assistance) to assess the state social policy in Ontario with particular attention to the medical services^{11,21}.

Others pay particular attention to the connection between depression and disability, stressing the peculiarities of diagnostic and statistical methods¹⁰.

Nowadays, there is a transition from passive forms of social services to active ones, which contribute to increasing the social activity of the elderly and disabled, and encourage the restoration and expansion of their social ties^{12,17}.

Data and Methodology: In order to identify the level of knowledge about the cardiovascular health and the prevention of cardiovascular diseases in February - June 2018, the study is conducted among the elderly and disabled (n=240), living in Belgorod region (Russia). The study is included 44 % of men and 56 % of women aged 27–81.

Two independent sampling sets are formed: the first group of informants is permanently residing in institutions of Belgorod region (n=90); the second group of respondents are living at home and receiving home-based social services (n=150). The objective component of cardiovascular health is assessed by content analysis of individual social rehabilitation maps of elderly and disabled; the subjective component of cardiovascular health is measured on the basis of a questionnaire. The questionnaire includes two sets of questions: (1) the self-assessment unit of cardiovascular health; (2) prevention and treatment of cardiovascular diseases (the frequency of visits to a cardiologist, etc.).

Empirical Results: The results of the study shows that the more elderly and disabled people are included in social interactions, the more they choose cardiovascular services from the entire types of social services; people who are not included in social interactions apply for cardiovascular services in cases of acute pain or a serious physical

limitation of Breathing function; socially active elderly and disabled people apply for cardiovascular services for a variety of psychological and aesthetic reasons; the assessment of cardiovascular health by the elderly and the disabled themselves was more positive than that of the cardiologist; elderly and disabled people living in institutions have better cardiovascular health (55%) and more often receive cardiovascular services than those who are living at home (45%). This is the result of the fact that elderly and disabled people living in institutions have systematic medical examinations.

The assessment of the priorities of life values of the elderly and disabled people shows that health is one of the main values for 97% of them⁸. At the same time, the study reveals a discrepancy between the desire to have a good health and the practical skills of keeping it, which is due to the following reasons: (1) the self-assessment of the causes of appealing for cardiovascular services by elderly and disabled; (2) a comparative analysis of the subjective and objective factors of cardiovascular health assessment by the elderly and disabled people themselves and specialists. Table 1 contains the average indicators for two groups of samples: clients who are permanently residing in institutions as well as those who are permanently residing outside the institutions and receiving home-based social services.

Table 1. The results of self-assessment of the causes of applying for cardiovascular care by elderly and disabled people

1. Estimated Positions	2. Measurement parameters
3. Function limitation	4. Impaired of Breathing function
5. Pain	6. Pain when walking
7. Psychological discomfort	8. Aesthetics
9. Physical disability	10. Inability to perform desired actions that cause satisfaction
11. Psychological disability	12. Sense of inferiority
13. Social disability	14. Violation of communicative functions (speech, halidosis)
15. Disability	16. The state of complete or partial disability, inability to self-service

In the study, the self-assessment of elderly and disabled people's cardiovascular health is analyzed. For most respondents, the cardiovascular health self-assessment is positive: 2% of elderly and disabled people who are permanently living in institutions consider their cardiovascular health to be excellent; none of those who are receiving home-based services; 24 % and 14% respectively consider their cardiovascular health to be good; 41 % and 69 % to be satisfied; 35 % and 15 % to be bad (Table 2).

Table 2. The results of the self-assessment of elderly and disabled people' cardiovascular health

17. Self-assessment of cardiovascular health	18. Samples
19. Excellent	20. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	21. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
22. Good	23. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	24. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
25. Satisfactory	26. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	27. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
28. Bad	29. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	30. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care

Table 3 . Results of the evaluation of elderly and disabled people's cardiovascular health by the cardiologist

31. Evaluation of cardiovascular health (incidence rate)	32. Samples
33. Very low	34. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	35. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
36. Low	37. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	38. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
39. Medium	40. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	41. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
42. High	43. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	44. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care
45. Very high	46. Elderly and disabled people who are permanently living in institutions and receiving cardiovascular health services inside the institution
	47. Elderly and disabled people who are living at home and receiving cardiovascular health services in different types of cardiovascular care

Comparative analysis of self-assessment of elderly and disabled people's cardiovascular health and its objective assessment by the cardiologist shows significant discrepancies. The reason for this fact, apparently, is the low awareness of these categories of patients about the diseases of the cardiovascular system and their clinical manifestations (especially those who are permanently living outside the institutions and receiving social services in non-stationary centers). The data can be explained by the fact that elderly and disabled who are permanently residing in institutions more often use the cardiovascular services. The main source of medical information about cardiovascular health (74%) for institution residents is the cardiologist. For non-residents are relatives and acquaintances (25%), the media (34%) and a cardiologist (41%).

The study revealed a significant discrepancy between the desire to have good cardiovascular health and the possession of practical skills to preserve it. In particular, 76 % informants have established the presence of bad habits, of which 36% of men and 16 % of women smoke; 41% do not get balanced diet; 49% of respondents do not visit the cardiologist regularly; 52% ignore the recommendations of the cardiologist.

In the medical literature, it is believed that the main reason that prevents people from visiting a cardiologist is economic but our respondents do not mention it^{7,13,14}.

The particular concern is the fact that the majority of these categories of patients declares health as priority life values however, they do not practically take any steps for its preservation and improvement. In this connection, the cardiovascular pathology in the absence of a pain component is not viewed as a cause of Breathing disorder that requires the emergency cardiovascular care or medical treatment^{6,15-18}. It is found, that while assessing their cardiovascular health, elderly and disabled people draw their attention primarily to the presence/absence of pain, as well as Breathing dysfunction, and more rarely to the aesthetic parameters.

1. One of the main objectives of the modern state social policy at the present stage of development of Russian society are improving the health care of elderly and disabled people; enhancing their social activity; increasing the quality of social and medical services for these categories of clients that contribute to the improvement of their health status.

2. The more elderly and disabled people are included in social interactions, the more they choose cardiovascular services from the entire list of types of social services.
3. People with limited social interactions apply for cardiovascular services more often in cases of acute pain or severe physical limitation of Breathing function while socially active elderly seek cardiovascular services for a much larger list of reasons (psychological, aesthetic).
4. The subjective self-assessment of elderly and disabled people's cardiovascular health is more positive than the objective assessment of a cardiologist.
5. Elderly and disabled people, who are permanently residing in institutions have better cardiovascular health and more often receive cardiovascular services than those who are living at home because of the regular medical examinations.

Implications:

1. The theoretical and practical significance of the research is to obtain new data that expands the possibility of using sociological research methods to study the relationship between the nature and intensity of social interactions, as well as social activity of the elderly and disabled people and cardiovascular services.
2. The results of the study substantiate the need for the development and implementation of educational, preventive and treatment programs aimed at preserving of elderly and disabled people's cardiovascular health.
3. Further research regarding elderly and disabled people's social activity and its impact on getting cardiovascular services are promising in relation to the study of other types of social services.

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