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Needs of Users of the Emergency Care Social Service

Potřeby uživatelů sociální služby tísňové péče

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Abstract:

Users of the "emergency care" social service have many needs. This led the author of the study to carry out a qualitative research among the emergency care social service users. Individual semi-structured interviews aimed to find out all aspects affecting due provision of emergency care within the concept of biological, mental, social and spiritual health model. Interim results show that the most frequent reason for requesting the emergency care service is deteriorating health (45.3%) or reduced autonomy (30%). The elderly most often state that they expect the emergency care service to improve arranging for health and social care availability (38.7%) and boost their sense of safety and security (43.3%). The elderly rate their heath at 3.3, the part of their health rated the highest being their spiritual health and the lowest being their social health.

Keywords:

Social services; emergency care; user; senior

Abstrakt:

Sociální služba „Tísňová péče" se specializuje na potřeby zachování samostatnosti a bezpečí. To vedlo autorku studie k provedení kvalitativního výzkumu mezi uživateli sociální služby tísňové péče. Cílem individuálních polostrukturovaných rozhovorů bylo zjistit všechny okolnosti, které ovlivňují řádné poskytování tísňové péče, a to v konceptu bio-psycho-sociálního a spirituálního modelu zdraví. Prozatímní zjištěné výsledky ukazují, že nejčastějším důvodem, proč bylo o službu tísňové péče žádáno, bylo zhoršení zdravotního stavu (45,3 %) či snížení soběstačnosti (30 %). Nejčastěji senioři uváděli, že od služby tísňové péče očekávají zlepšení zprostředkování dostupnosti zdravotní a sociální péče (38,7 %) a zvýšení pocitu bezpečí a jistoty (43,3 %). Senioři své zdraví ohodnotili známkou 3,3, přičemž nejlépe ohodnotili své spirituální zdraví, nejhůře sociální složku svého zdraví.

Klíčová slova:

Sociální služby; tísňová péče; uživatel; senior

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Introduction

Meeting needs and care is needed to varying degrees by everyone, including social service users and their families. Every social service user whose life has changed as a consequence of an illness or accident starts to look for a new meaning of life. An unexpected situation can bring insecurity, anxiety, fear, loneliness, estrangement, etc. to their lives and they often perceive the change as well as their future prospects negatively.

In the Czech Republic social services are predominantly used by the elderly. Care for the elderly must be based on a holistic understanding of their needs. It is the elderly who more often ponder the meaning of their existence, take stock of their life and have questions they cannot answer (Křivohlavý, 2011).

The purpose of social services is to support users in their own homes and try to restore or maintain their original lifestyle. And this is also the aim of emergency care which forms part of social services. It is a field service providing a 24/7 voice and electronic communication with individuals whose health or lives are constantly at high risk in case of a sudden deterioration in their state of health or abilities (Hanušová, 2021; Hanuš & Kolářová, 2007).

Correct identification and understanding of needs of a social service user requires enough time and excellent communication (verbal as well as non-verbal) and observation skills. A frequently discussed question is who should provide such care?

All of the above led the author of the report to carry out her own qualitative research.

Methods

The author of the report carried out qualitative research among emergency care recipients using individual semi-structured interviews aimed to find out all aspects affecting due provision of emergency care within the concept of biological, mental, social and spiritual health model.

Selected interview results

So far, 150 elderly people have taken part in the research. The respondents are emergency care users who were divided by gender (Table 1), age (Table 2) and place of residence (Table 3).

Table 1 *Respondents by sex*

Sex	**Number of respondents**
Female	109 (72,7 %)
Male	41 (27,3 %)
Total	150 (100 %)

Table 2 *Respondents by age*

Age	**Number of respondents**
65–70	9 (6,0 %)
71–75	17 (11,3 %)
76–80	43 (28,6 %)
81–85	40 (26,7 %)
85–90	32 (21,3 %)

Age	Number of respondents
≥ 90	9 (6,0 %)
Total	150 (100 %)

Table 3 *Size residence*

Size residence	Number of respondents
Village	47 (31,3 %)
City to 20 000 inhabitants	14 (9,3 %)
City from 20,001 to 50,000 inhabitants	25 (16,7 %)
City from 50,001 to 10,000 inhabitants	23 (15,3 %)
City from 100,001 inhabitants	41 (27,3 %)
Total	150 (100 %)

Table 4 *Religious affiliation*

Religious affiliation	Number of respondents
Religious	42 (28,0 %)
Not religious nor atheist	40 (26,7 %)
Atheist	68 (45,3 %)
Total	150 (100 %)

Table 4 shows religious affiliation. 42 (28.0 %) respondents state they are religious. 40 elderly respondents choose the "intermediate" group, i.e. „not religious nor atheist". 68 respondents state they are atheists.

Table 5 *Nature of housing*

Nature of housing	Number of respondents
Live with their family in a flat	31 (20,7 %)
Live with their family in a house	33 (22,0 %)
Live alone in a flat	71 (47,3 %)
Live alone in a house	15 (10,0 %)
Total	150 (100 %)

64 respondents live with their family or another closely related person (31 in a flat and 33 in a house). 86 respondents live alone (71 in a flat and 15 in a house) (Table 5).

Table 6 *Reasons for requesting the emergency care service*

Reasons for requesting the emergency care service	Number of responses
Loss of social contacts	20 (9,3 %)
Deterioration in state of health	97 (45.3 %)
Reduced autonomy	64 (30,0 %)
Old age itself	33 (15,4 %)
Total	214 (100 %)

Table 6 shows the reasons for requesting the emergency care service. The respondents gave multiple answers. The most frequent reason was deterioration in their state of health (97 times), reduced autonomy (64 times) and the old age itself (33 times). Only 20 times respondents stated loss of social contacts.

Table 7 *What the user expects from the emergency care service*

Expectations from the emergency care service	Number of responses
Boost sense of safety and security	113 (43,3 %)
Counselling	19 (7,3 %)
Provide or facilitate social contact	28 (10,3 %)
Improve arranging for health and social care availability	101 (38,7 %)
Total	261 (100 %)

The elderly most often state that they expect the emergency care service to improve arranging for health and social care availability (101 times), boost their sense of safety and security (113 times) and provide or facilitate social contact (28 times). The least frequent option was counselling (19 times) (Table 7).

Table 8 *Subjective evaluation of individual aspects of health*

Rate	Biological (physical) health	Mental health	Social health	Spiritual health
1	12 (8,0 %)	8 (5,3 %)	8 (5,3 %)	8 (5,3 %)
2	18 (12,0 %)	14 (9,3 %)	10 (6,7 %)	20 (13,3 %)
3	62 (41,3 %)	91 (60,7 %)	49 (32,7 %)	100 (66,7 %)
4	11 (7,3 %)	22 (14,7 %)	68 (45,3 %)	10 (6,7 %)
5	47 (31,4 %)	15 (10,0 %)	15 (10,0 %)	12 (18,0 %)
Total	150 (100 %)	150 (100 %)	150 (100 %)	150 (100 %)
Average	3,4	3,1	3,5	3,0

The respondents were required to subjectively evaluate individual aspects of their health on a scale from 1 to 5 (1 being the best and 5 being the worst). Their self-evaluation is presented in Table 8. On average, the respondents rate their health at 3.3. The elderly rate their spiritual health (3.0 on average) the highest and their social health the lowest (3.5 on average). Younger elderly people (aged 65–75) feel subjectively worse than people over 75.

Table 9 *Presence of chronic disease*

Chronic disease	Number of respondents
Yes	98 (65,3 %)
No	52 (34,7 %)
Total	150 (100 %)

98 out of 150 respondents state they have a chronic disease (Table 9).

Table 10 *Regular use of medication*

Number of respondents	Number of respondents
Yes	101 (67,3 %)
No	49 (32,7 %)
Total	150 (100 %)

49 (32.7%) out of 150 emergency care users do not take any medication regularly (Table 10). A detailed analysis revealed that the majority (68) of users of emergency care take 4 medications per day. On average, it is 5 medications per day per respondent. Most commonly, users take medications for hypertension, heart disease and blood thinning.

The author tried to find out whether there was any correlation between age and regular use of medication. She discovered that people over 76 reported taking fewer medications per day than people aged 65-75. Actually, 29 out of the 49 respondents who did not take any medication (59.2%) were in the 76+ age group.

Table 11 *Interests and hobbies*

Interests and hobbies	**Number of responses**
Reading	69 (28,3 %)
Watching TV – travel and nature programs	22 (9,0 %)
Watching TV – soap operas	38 (15,6 %)
Watching TV – crime series	36 (14,8 %)
Watching TV – music programs	11 (4.6 %)
Crosswords, sudoku or quizes	41 (16,8 %)
Handmade	10 (4,1 %)
Travelling	17 (7,0 %)
Total	244 (100 %)

Table 11 shows the respondents' interests and hobbies. The respondents most frequently state reading (69 times), watching TV 107 times (22 times travel and nature programs, soap operas 38 times, crime series 36 times, music programmes 11 times). The elderly also like crosswords, sudoku or quizes (41 times). Traveling was surprisingly stated as a hobby 17 times and out of that 7 times by respondents aged 80 or over.

Table 12 *Using a mobile phone*

Using a mobile phone	**Number of respondents**
Yes	148 (98,7 %)
No	2 (1,3 %)
Total	150 (100 %)

Table 12 shows that 148 out of 150 respondents use a mobile phone. 101 out of 148 respondents (68.2%) use a smart phone for communication.

Table 13 *Using a PC, laptop or tablet*

Using a PC, laptop or tablet	**Number of respondents**
Yes	122 (81,3 %)
No	28 (18,7 %)
Total	150 (100 %)

122 out of 150 respondents use a PC, laptop or tablet for communication (Table 13). 94 out of the 122 respondents use a smart phone. One person who does not use a mobile phone uses a laptop.

Table 14 *Using social media for communication (social contact)*

Communication via social networks	**Number of respondents**
Yes	62 (41,3 %)
No	88 (58,7 %)
Total	150 (100 %)

Table 14 shows that 62 out of 150 respondents use social media such as Facebook, Twitter or Instagram for communication (social contact facilitation). The analysis found

out that the 62 respondents included 18 persons aged 81 or older (13 respondents in the 81-85 age group, 4 in the 86-90 age group and one in the 90+ age group).

Some elderly persons stated during individual interviews that they got acquainted with modern technologies for example within the university of the third age or the "Experimental University for Grandparents and Grandchildren" project where grandparents study with their grandchildren aged 6–11 for two semesters.

Table 15 *Identifying spiritual needs in the provision of emergency care*

Identification of spiritual needs	**Number of respondents**
Yes	97 (64,7 %)
No	32 (21,3 %)
No remember	21 (14,0 %)
Total	150 (100 %)

Table 15 shows whether the emergency care provider tried to find out about spiritual needs when doing the social survey. 21 respondents do not remember that. According to the respondents this need was not ascertained in 32 out of 150 respondents.

Table 16 *Seniors interest in spiritual care within the emergency care provision*

Interest in spiritual care	**Number of respondents**
Yes	47 (31,3 %)
No	103 (68,7 %)
Total	150 (100 %)

47 out of 150 respondents expressed interest in spiritual care within the emergency care provision (Table 16). 103 respondents stated they refused such care (as it did not seem necessary to them) because they were atheists, did not go to church regularly or were not in the terminal phase of their life. When carrying out the analysis the author did not find any correlation with age or size of the residence.

Table 17 *The most missed care within the provided emergency care*

Lack of care	**Number of respondents**
Tell your problems at any time as needed	33 (22,0 %)
Make personal contact with friends	22 (14,7 %)
Satisfied with the care provided, do not change anything	95 (63,3 %)
Total	150 (100 %)

95 emergency care users are satisfied with this social service and would not change anything. 33 respondents would welcome a possibility to be able to talk to somebody about their problems any time they need, regardless of a time of day and duration of the talk (this option was chosen by 6 respondents who believe in God, 12 atheists and 15 respondents from the "not religious nor atheist" group). 22 respondents stated that they would welcome it if it were possible to ensure personal contact with friends (Table 17). When carrying out the analysis the author did not find any correlation with age or size of dwelling.

Table 18 *The most missed care within the provided emergency care*

Rate	**Number of responses**
1	110 (77,3 %)
2	34 (22,7 %)

Rate	Number of responses
3	6 (4,0 %)
4	0 (0 %)
5	0 (0 %)
Average	1,3
Total	150 (100 %)

Table 18 shows current user satisfaction with the functioning of their communication device on a scale of 1 to 5 (1 for very satisfied and 5 for very dissatisfied). 73.3% of users are very satisfied with the current functioning of their device. 40 out of 150 users rated their current satisfaction at 2 or 3 (34 users rated their satisfaction at 2 and 6 users at 3). The most common reasons for ratings 2 or 3 were: frequent charging of the communication device, bad signal at the cottage (outside their place of residence) or reduced volume of the communication device. Thus, the current user satisfaction with the functioning of communication devices reached an average rating of 1.3. When carrying out the analysis the author did not find any correlation with age or size of dwelling. So far, no correlation has been sought between the question of satisfaction with the functioning of the communication device and the type of communication device the user uses or the use of a smart phone or tablet.

Table 19 *Current satisfaction with the individual emergency care plan settings*

Rate	Number of responses
1	129 (86,0 %)
2	21 (14,0 %)
3	0 (0 %)
4	0 (0 %)
5	0 (0 %)
Average	1,1
Total	150 (100 %)

Another selected question measured current satisfaction with the individual emergency care plan settings on a scale of 1 to 5 (1 for very satisfied and 5 for very dissatisfied). 86% (129 out of 150) of users are currently very satisfied with the settings of their individual emergency care plan. 21 out of 150 users rated their current satisfaction at 2. The most common reason for users to use rating 2 was: unnecessary regular re-evaluation of individual plan settings. The respondents' satisfaction with the settings of their individual plan reached an average rating of 1.1 (Table 19). When carrying out the analysis the author did not find any correlation with age or user's expectation of the emergency care service.

Table 20 *Current satisfaction with the provision of emergency care*

Rate	Number of responses
1	120 (80, %)
2	22 (14,7 %)
3	8 (5,3 %)
4	0 (0 %)
5	0 (0 %)
Average	1,3
Total	150 (100 %)

The research also included a question that measured current satisfaction with the provision of emergency care on a scale of 1 to 5 (1 for very satisfied and 5 for very dissatisfied). On average, this question was rated at 1.3. Table 20 shows that 80% (120 out of 150) of users are currently very satisfied with the provision of emergency care. 30 out of 150 users rated their current satisfaction at 2 or 3 (rating 2 was given by 22 respondents and rating 3 by 8 respondents). The most common reasons for rating 2 or 3 were: unnecessary contacting users' contact persons in case of minor (health or technical) difficulties, problems with the volume of the communication device or the size and weight of the communication device. When carrying out the analysis the author did not find any correlation with age, size of dwelling, satisfaction with the individual plan settings or the functioning of the communication device.

Conclusion

The aim of the study is to evaluate information obtained from clients (users) in the long term and use it for correct setting of the given social service. Therefore, in that regard it can only be concluded that there are only partial data available at the moment and that we will have to wait several years for a thorough analysis of collected data. It is clear that the "emergency care" social service is due to its focus provided mainly to people who are dependent to varying degrees on the help of others and the non-stop support provided by emergency care represents a significant benefit for their independent life. The support provided covers the entire spectrum of life necessities which means that no dimension of the users' needs can be overlooked. On the contrary, increasing dependence often reduces the range of needs and emergency care thus, together with, for example, nursing services or other social services, becomes an important tool for maintaining the richness of life in old age or in a period of increased dependence on others. Emergency care providers must be fully aware of the context of needs in a person's life. It is important to identify these needs properly as early as during entering into a contract on social services provision and creating initial individual plans. The service must be able to adequately incorporate all needs in individual plans. However, this process starts with an initial social survey when a social worker has to find out all relevant needs.

Interim results show that the most frequent reason for requesting the emergency care service is deteriorating health (45.3%) or reduced autonomy (30.0%). The elderly most often indicated that they expected the emergency care service to improve their access to health and social care (38.7%) and to increase their sense of safety and security (43.3%). The users rated their current satisfaction with the provision of emergency care at 1.3. The elderly rated their heath at 3.3, the part of their health rated the highest being their spiritual health and the lowest being their social health. 36.7% of the elderly expressed interest in spiritual care within the emergency care provision. In the presented research the elderly users (62.0%) incorrectly assumed that spiritual care provision is related to faith in God or terminal phase of life. According to the author, this narrow perception of spiritual needs is a result of a reduction of needs due to increasing dependence on external help. A person, forced by circumstances, sorts out their needs to those necessary and unnecessary and in accordance with Maslow's hierarchy of needs the needs on the higher levels of the Maslow's pyramid of needs are suppressed. One of the tasks of social services, which include emergency care, is finding such suppressed needs, rehabilitating them in the client's perception and helping to get the client to a state where these needs are appropriately met. Reflecting on the meaning of one's existence and taking stock of one's own life is common for a person at any age, and it becomes more important in old age.

And so, in conclusion, we return to the importance of a well-prepared interview a social worker conducts with a social services user. Only correctly conducted interview can help the social worker gain the client's trust and collect information on all needs, including those the client has long given up and forgotten. It is also important to accept that in order to meet the needs it is not necessary to search for "specialists" at all costs. However, as in other areas concerning social services users, there is a general rule that the users are entitled to choose their "guide" themselves.

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