

# Medical, social and psychological needs analysis of the elderly in the conditions of military actions and their consequences

Vera V. Chaykovska, Nataliya M. Velichko, Tetyana I. Vialykh, Svitlana V. Moskaliuk, Vadim A. Tolstikh

D. F. Chebotarev Institute of Gerontology, National Academy of Medical Sciences of Ukraine, Kyiv, Ukraine

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Correspondence: tvial@ukr.net

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**Abstract.** The analysis of a structured survey (questionnaire) of the elderly from the de-occupied territory shows a high level of need for long-term medical and social assistance, psychological, financial, and legal support and an insufficient degree of satisfaction or the complete absence of such assistance due to the war.

A survey of the elderly from the de-occupied territory and a further analysis of the medical and social care provision state proved a high level of need for medical care, in all types of social services and insufficient availability or their complete availability.

To overcome the existing problems, it is necessary to create organizational models of the complex long-term medical and social assistance state system for the elderly in the conditions of military actions and their consequences.

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**Keywords:** elderly; hostilities conditions and their consequences; structured survey; comprehensive medical; social and psychological assistance

The war in Ukraine since February 24, 2022, has led to a humanitarian disaster, and a financial and economic crisis that has contributed to social inequality, declining incomes and rising costs of living. Approximately 17.7 million Ukrainians need humanitarian aid, 9.3 million need food aid. A third of the population was forced to leave their homes. About 7.89 million people, most of whom are women and children, left the country, and 6.5 million Ukrainians became internally displaced persons [1].

Such phenomena hurt the health of the population. The creation of a health and social care system that would meet the needs and be accessible to all citizens is an important factor in supporting the population of Ukraine during the war. The organization of the long-term medical and social assistance state system for the elderly is based on the creation of a model of such a system and the development of a sustainable multi-level system of education and professional development for personnel, taking into account the presence or absence of basic medical education. The implementation of the long-term care state system organizational models and the formation of a program for the training of long-term care specialists, volunteers and family members will make it possible to increase the availability of complex high-quality medical and social services for the elderly and will create the possibility of additional jobs.

According to the Law of Ukraine On Social Services (Amended by Laws No. 1875-IX dated 16.11.2021, No. 2193-IX dated 14.04.2022), social services are provided for the prevention, overcoming and minimizing the negative consequences of difficult life circumstances. The legislation provides for the provision of both simple and complex social services. Complex social services also include social services that involve the coordinated actions of specialists to provide permanent or systematic comprehensive assistance [2]. Therefore, the creation and implementation of a long-term medical and social assistance state system model for the elderly in the conditions of military actions and their consequences is extremely necessary and timely.

The medical and social care development for the elderly is based on the strengthening of the geriatric component at the primary level of care, the creation of a network of medical and social structures, specialized training of personnel, the strengthening of the role of middle and junior medical personnel and the family in the treatment and rehabilitation process, home orientation service forms [3].

The development and organization of the long-term complex provision assistance for the elderly in the conditions of military operations and their consequences requires the creation of a methodological basis for the system of training personnel for the provision of long-term assistance and an online platform for information service and psychological support of the elderly from the de-occupied territories in crisis circumstances. To assess the need of this part of the population for various types of medical, social and psychological assistance and the state of providing such assistance, it is advisable to use a structured survey of a selection of older people from the de-occupied territories of Ukraine.

### **Aim of the Study**

The **aim of the study** is the analyse the needs of the elderly for medical, social and psychological assistance in the conditions of military operations and their consequences and the degree of their satisfaction, based on obtaining reliable information through a structured survey (questionnaire) for the organization of the long-term care complex provision.

### **Materials and Methods.**

200 people from the de-occupied territories, and internally displaced citizens took part in the survey.

Among the respondents, women predominated, their share was 78%, and the share of men was 22%, this ratio of women and men-respondents reflects the fact of the overwhelming number of women in rural areas.

The respondents were conditionally divided into 3 groups: 59 years and under, 60-74 years and 75 years and older, by age.

Among the interviewed persons, 18% were younger than 59 years old, 70% were 60-74 years old, and 12.0% were older than 75 years. The study of people's marital status indicated that 70% were married, 7% were divorced, and 23% were widowed.

The share of respondents with secondary education was 51%, the share of persons with secondary special education was 25%, and the share of persons with higher education was 24%.

The share of the elderly who have a permanent income is 64%, 16.0% do not have a permanent income, and 20.0% did not answer the question. The psychological state of the elderly, who directly felt the military occupation, is characterized by incredulity, which explains their refusal to answer questions about income.

According to the indicator of labour activity, the respondents were divided into those who work, the share of such elderly persons is 46%, pensioners, their share is 50%, and 4% who are not working. The last indicator (4% of non-working respondents) indicates the absence or problems with work for people younger than retirement age in the de-occupied territories.

The survey of the elderly who were in the conditions of military operations in the temporarily occupied territory of Ukraine to assess their needs for various types of medical, social and psychological assistance was conducted directly (interviews) during communication between the researcher and the respondent by recording the respondents' answers to the formulated questions. This method of structured survey was used to obtain reliable information [4 - 6]. This sociological research has a

theoretical-applied nature, it is selective in terms of the ensuring representativeness method, according to the system of selecting research units.

The analysis of the problems of people of older age groups was carried out according to the following indicators: the degree of satisfaction with the availability and quality of medical services; the degree of satisfaction with the availability and quality of social services; the degree of satisfaction with the level of material assistance; the psychological state of these persons.

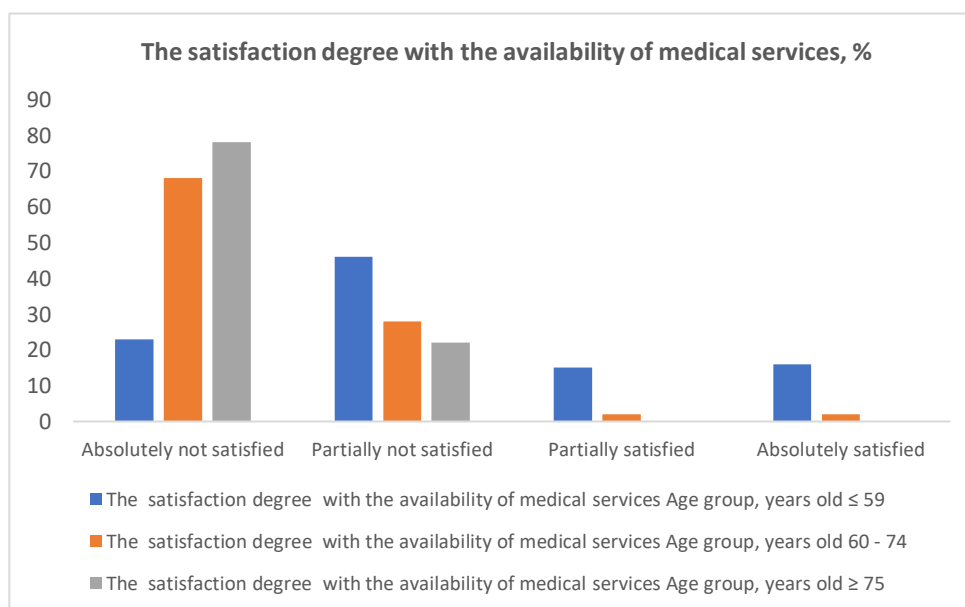
## Results of Study

The study analyzed the degree of satisfaction with the needs of the elderly from the de-occupied territories of Ukraine in long-term medical and social assistance, and material and financial assistance, and assessed the psychological state of the respondents based on the analysis of questionnaires.

The analysis of questionnaires proved that 90-96% of respondents of the elderly groups from the de-occupied territories answered the questions characterizing their satisfaction with the availability and quality of the provided medical care, social and legal support, material and financial assistance.

In 3 age groups, there is a clear increase in the share of those who are completely dissatisfied with the availability of medical care, from 23% at the age of 59 and younger to 78% at the age of 75 and older. 46% of people aged 59 years and younger are partially dissatisfied, 28.0% are aged 60-74, and 22% are elderly people older than 75. 15% of people younger than 59 and 2% of people in the 60-74 age group are partially satisfied. Only 2% of people in the 60-74 age group are completely satisfied with the availability of medical care.

The increase in the share of those completely dissatisfied with the availability of medical care from 23% at the age of 59 and younger to 78% at the age of 75 and older is demonstrated in the diagram (Fig. 1).

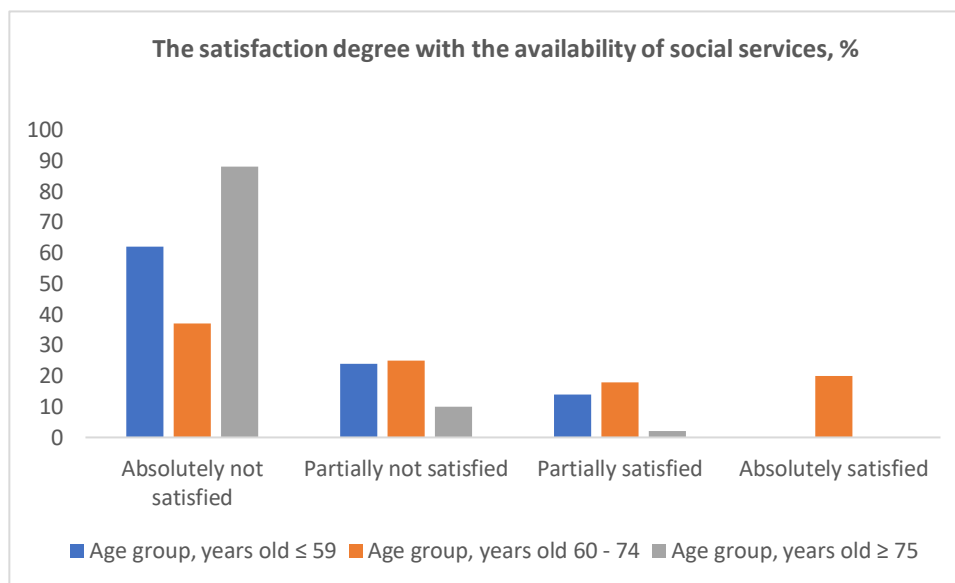


**Figure 1.** The satisfaction degree with the availability of medical services

The analysis of the degree of the quality of medical services satisfaction in the age groups of the elderly from the de-occupied territories showed a significant increase in the share of people completely dissatisfied with the quality of medical care from 23% and 12% in the groups of 59 years and under and 60-74 years to 78% at the age of 75 and older. The share of people who are partially satisfied with the quality of medical care in ages older than 75 is zero, which indicates the low level of medical care quality in this age group of the population. The share of people completely satisfied with the medical care quality is low and varies in absolute numbers from 1 to 5 people in different age groups.

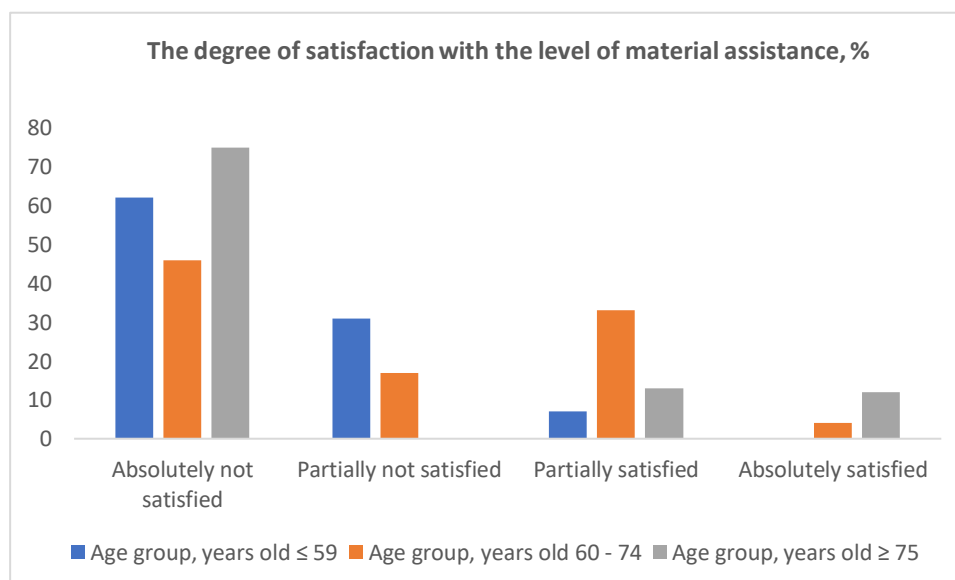
The results of the study of the degree of satisfaction with the social services availability in age groups and in general among respondents indicate a high level of completely dissatisfied persons, aged

59 and under, was 62%; aged 60-74 was 37%; at the age of 75 and older was 88%; which made up 47% of the total number of respondents. Nevertheless, 20% of people in the 60-74 age group are completely satisfied with the availability of social services. The results are demonstrated in the diagram (Fig. 2).



**Figure 2.** The satisfaction degree with the availability of social services

The share of surveyed the elderly who are completely dissatisfied with the quality of financial assistance was 62% at the age of 59 and younger; 46% in the group of people aged 60-74; 75% in the group of 75 years and older; in total was 52%. Partially dissatisfied 31% aged 59 and younger; 17% in the group of people aged 60-74; 0% in the group of 75 years and older; in total 17%. 33% of respondents in the 60-74 age group are partially satisfied, 13% of people older than 75 years; in total 24%. The results are demonstrated in the diagram (Fig. 3).



**Figure 3.** The degree of satisfaction with the level of material assistance

According to statistics, elderly people in 90% of cases are unable to fully financially support their treatment, and 30% for this reason simply do not seek help, remaining alone with their problems. On the other hand, only 20% of those who seek help receive modern, adequate treatment [ 7, 8].

The psychological state of the respondents, without dividing them into age groups, allows us to assess the state of the examinees as a whole as sufficiently adapted individuals, who have average levels of 1) anxiety (42%), which is the optimal moderate expression of anxiety, which performs a mobilization function in a state of increased danger; 2) emotional tension (45%); 3) insomnia (46%); 4) mood (57%); 5) physical activity (49%); 6) self-assessment of health, i.e. adequate degree (50%); at the same time, the examinees had a low level of tearfulness (46%).

Unfortunately, the current level of providing medical and social assistance to the elderly in Ukraine does not meet their real needs and has a high socio-demographic cost - an increase in morbidity and mortality. Geriatric palliative care is completely absent.

### **Conclusion**

A survey of the elderly from the de-occupied territory and further analysis of the needs and state of the medical and social care proved a high level of need for medical care, all types of social services and insufficient availability or their complete absence.

One of the reasons for the low level of medical and social assistance provision to this segment of the population is significant problems with the staffing of long-term care institutions and their professional training. That is why the development of an educational curriculum for the training of care specialists, volunteers and family members for the creation of a sustainable multi-level system of education and professional development is highly relevant.

In addition, the conducted survey indicates an urgent need to create a communicative model of interaction on an online platform for information services and psychological support for the elderly in crisis.

**Author Contributions:** All authors participated equally in writing this Article.

**Conflicts of Interest:** The authors declare no conflict of interest.

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