

Original Article

Profile and Needs of Older People in Contemporary Society: A Multi-Centre Focus Group Discussions Study in 6 EU Countries

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Abstract

Background. The increased comorbidities among older people are related to the longer life expectancy and the way a condition is defined. People who live longer and remain healthy express different needs from older people of previous decades.

Objective. This study aims to present the profile of the older person in contemporary society and the careworkers' humanistic training needs.

Methodology. The focus group methodology was selected. Twelve focus groups consisted of 69 participants over 60 years old in total and six focus groups of 41 careworkers in total, from Italy, Portugal, Finland, Romania, UK, and Cyprus, were conducted. A content analysis was used.

Results. A profile of the older person living in the above stated countries was revealed with the "New Old" being financially independent, active with a healthy lifestyle, more informed and educated in relation to the past, liking social interactions, open-minded to new relationships, volunteering for non-for-profit associations, using technology, or wanting to learn how to use. However, older people in these countries were still experiencing ageism (discrimination, ignorance, and social exclusion) and lack of respect. Care workers also expressed their views in relation to the training needs that meets this new profile of older people including basic nursing skills, daily living activities, humanistic, person-centered care, social skills, and ICT competence.

Conclusions. This multicenter focus group discussions study promoted the concept of the older person in contemporary society and the importance of humanistic care. A new definition of the older person and an adaptation of the training curricula for careworkers Job certification including the person-centered approach is required.

Keywords: caregiving, social networks, supports for older people, inclusion, qualitative research

Introduction

Across Europe, long-term care needs are being increased due to the steady increase in age of the population (Global Burden of Disease Study 2013 Collaborators, 2015). In EU-28, 101.1 million were over 65 years old at the start of 2018 and half of them were women (EUROSTAT, 2019). Even so, there are still significant differences in the expressed needs of older people between and within countries considering that older people are not a homogenous group, expressing different needs within the same age group (Eurostat, 2015).

Aging in the twenty-first century has been characterised as a challenge (Kaučič & Filej, 2016). Age is part of our social identity for bureaucratic reasons, for example the question “how old are you?” is a frequently asked question and strongly related to who we are (Bytheway, 2005). Age discrimination and negative attitudes towards older people are still part of our modern societies (Kydd & Fleming, 2015). Ageism is encountered not only in health care settings but also in everyday life by older people’s neighbors, relatives, and acquaintances (World Health Organisation, 2021). The term entails negativism and prejudice for people of different ages and is a type of racism and sexism, initially introduced in 1969 by Butler (Butler, 1969; Kydd & Fleming, 2015). Ageism was defined ‘as the complex, often negative construction of old age, which takes place at the individual and the societal levels’ (Ayalon & Tesch-Romer, 2018).

Negative stereotypes are common concerning older people, for example, that older people have homogenous characteristics, e.g., feel lonely, have memory problems and are dependent on other people (Ayalon & Tesch-Romer, 2018). The views on ageing are influenced by many factors, the person expressing the views, the target group, the perspective of time (the views are focused on

a particular point of time), and specific characteristic of ageing including the status or process of ageing, state or trait characteristics, and ways of ageing manifestation (cognitive, emotional, mental, physical health or behaviour) (Klusmann, Notthoff, Beyer, Blawert, & Gabrian, 2020).

In a systematic review of nurses’ attitudes towards older people, even if most of the research reported positive attitudes, in comparison to the year 2000, the positive attitudes of registered nurses compared to nursing students had decreased (Liu, Norman, & While, 2013). In the case of people with dementia, attitudes were encountered by health professionals or care workers at home towards the physical needs (like medication, personal hygiene, and nutrition), as being most important, leaving psychosocial needs to be met by the patients’ relatives and usually these needs were not considered as part of the care worker’s job (Hansen, Hauge, & Bergland, 2017). A later study showed that companion and psychological stress management were two of the most important unmet needs for people with dementia and their carers (Mazurek, Szcześniak, Urbańska, Dröes, & Rymaszewska, 2019). Careworkers usually report that they lack awareness, competencies, and time, to fulfil psychosocial health needs of older people (Hansen et al., 2017). The person-centered approach in the care of older people has focused attention in assisting care professionals and improving the quality of life in older people with chronic diseases (Fazio, Pace, Flinner, & Kallmyer, 2018; Martínez, Suárez-Álvarez, Yanguas, & Muñiz, 2016). The six most frequently attributed principles to person-centered care are: holistic care, respect and value, choice, dignity, self-determination, and purposeful living (social role stability) (Kogan, Wilber, & Mosqueda, 2016).

This study aimed to advance the current knowledge regarding the profile of older

people and the care workers' humanistic training needs. This study explored the perspectives of careworkers and people over 60 years old regarding the "older" persons' profile, characteristics and needs in contemporary society, and identified the careworkers' humanistic competencies required when caring for older people.

Methodology

The focus group methodology was selected. Consolidated criteria for reporting qualitative research (COREQ) were followed (Tong, Sainsbury, & Craig, 2007).

Participants recruitment: Purposive samples of retired people and care workers were selected from each partner country. The number of focus groups per country and among countries was determined based on the data saturation that emerged from the collection and analysis (Guest, Namey, & Mckenna, 2017). During a four-month period, three focus groups were organised in the six participating countries and specifically at the facilities of the involved organisations, with 6-10 participants in each group (two groups with participants over 60 years and a third one with care workers). The twelve focus groups consisted of participants over 60 years of age (69 participants in total) and six focus groups of careworkers (41 careworkers in total) from Italy, Portugal, Finland, Romania, UK and Cyprus. The duration of the focus groups discussions lasted approximately one hour.

Procedures: The research teams in each country conducted the participants either by phone, face to face or emails. The focus groups were moderated by two researchers, experts in focus group coordination per country. The focus groups were organised either at the organisations' premises or at collaborating healthcare facilities. The moderators were mostly female research assistants, young researchers, or clinicians. Six of the authors acted as moderators. They were trained for the purpose of the study and had no previous relationship with the participants. The moderators, during the discussions, set boundaries reminding the participants that they needed to express their personal views on ageing today and on their personal experiences. All discussions were held in the native languages. Assistant

researchers kept field notes, observed non-verbal interactions.

Inclusion criteria for the groups over 60 years old were to belong to different educational levels and lifestyles. Inclusion criteria for the careworkers were being employed as careworkers of older people (non-health care professional background e.g., nurse) and working either at home or at a residential unit.

Interview guide: The interview guide was developed in two phases:

- 1) the literature review and
- 2) the consensus meetings with all participating research teams from the six countries.

Three topics were discussed:

- 1) The profile of the older person (who is the older person and characteristics);
 - 2) The needs of the older person;
 - 3) Competencies of health care workers.
- The facilitators started with a general introduction and used the interview guide to facilitate the discussions with open-ended questions (Table 1). Standard guidelines were provided by the lead research team to all other teams during regular research meetings. Socio-demographic data were also reported before the start of the focus groups.

Data analysis: Discussions were audio-taped and transcribed by the research team in each country. The data were further analysed centrally by the research team of the leading University using the mapping and interpretations translated into English by all participating countries. The leading research team proceeded with content analysis of the English transcripts. Initially reading and re-reading of the interviews was carried out separately by three researchers, followed by formulating codes, subcategories, categories, and at the end thematics (Table 2). The analysis was discussed among the research teams of each country and confirmed.

Ethical consideration: The study was approved by ethics committees or review boards, according to the requirements of each country. Informed written consent for participation in the study was obtained by all participants. Participants had the right to withdraw at any time. All data were kept safely with access only to the research team, and only for the purposes of the study. The study was conducted according to the Declaration of Helsinki (64th WMA General Assembly, Fortaleza, Brazil, October 2013)

Table 1. Open ended Questions Used to facilitate focus groups discussions

Open ended	How would you define the term “older person”?
Question 1	<ul style="list-style-type: none">• questions to further facilitate discussion:<ul style="list-style-type: none">○ How would you describe the “modern” older person?○ What are the “modern older person characteristics?○ What does society expect from the older person?
Open ended	In your opinion, what are the needs of the older person?
Question 2	<ul style="list-style-type: none">• questions to further facilitate discussion:<ul style="list-style-type: none">○ What are the needs of the older person?○ What resources are available to cover the older person’s needs,○ do the available resources cover the older person’s needs?○ What needs are left unmet?
Open ended	In your opinion, what competences should the care workers of older people have?
Question 3	<ul style="list-style-type: none">• questions to further facilitate discussion:<ul style="list-style-type: none">○ What competences should care workers have?○ What are the barriers the health care workers may face to provide sufficient care?○ What are the facilitators (factors that promote the competences of health care workers) to provide sufficient care?○ What are the benefits (if any) of having competent health care workers?

Table 2. Coding Matrix

Theme	Categories	Subcategories	Meaning Units
The profile of the older person	the older person characteristics in the contemporary society	Social inclusion and independence	<p><i>'She does daily activities by herself, takes care of her bank/money issues, books travels and tickets, uses computer'</i> (Careworker) FIN</p> <p><i>'I enrolled in sports, painting, photography'</i> (participants 65+ 4) ROM 2</p> <p><i>We will meet with friends (old classmates) to talk, to tell stories'</i> (participants 65+) CY</p>
		Information, knowledge and wisdom (Mental growth)	<p><i>'The older person today seeks to know more...watches TV to know how things are going, is much smarter and wishes for more'</i> (participants 65+) POR2 '</p> <p><i>"There's a big risk that older people drop out from society because everything moves forward so fast"</i> (Careworker 6) FIN3</p> <p><i>'I lived to see the internet, I have been using a computer for years, I communicate with authorities online, I have Facebook, WhatsApp and Instagram / it is a joy that at my age I am able to do all this'</i> (participants 65+3) ROM</p>
		Psychological loss and physical change	<p><i>'More loneliness, More abandonment'</i> [(participants 65+1) POR3, (participants 65+ 5) CY1, (participants 65+4) UK3]</p>
		Volunteering	<p><i>'There is an expectation for retired persons to dedicate to volunteering activities but in fact I don't have many acquaintances who do that'</i> (participants 65+10) IT2</p>
		Not being a burden to the system	<p><i>'Society wants older people stay in good condition and live at home without any help from the city'</i> (CAREWORKER 1) FIN3. <i>'To have a quiet old age'</i> (CAREWORKER 3) ROM 3</p>
		Being an example	<p><i>'To be a good example for our children'</i> (participants 65+3) ROM 1</p>

		Undertake responsibilities of the family	<i>'To take care of themselves, their grandchildren and great – grandchildren' (CAREWORKER1) ROM 3</i>
The needs of the older person	Needs concerning environmental factors	social and humanistic needs (communicate/social interaction, emotional support, love and respect/recognition)	<i>'To be treated as an intelligent person...' (participants 65+2) FIN 'Security. Support in daily activities such as feeding, hygiene and health. They prefer someone to talk to, to chat' (CAREWORKER2) POR 3</i>
		Health care needs	<i>'They wanted a nurse to take care of them, they needed their injection ... these are their needs...accompany them to the hospital' (Careworker 1) CY</i>
		Needs in relation to the information and communication technologies	<i>'Also, there is a need to be supported in the use of ICT because now many things are accessible only digitally' (participant 60+ 10) IT 'We must be up to speed with all that is happening today, to be able to read an article by email, to find information to find a TV programme'' (participant 60+ 2) ROM</i>
		Availability of resources	<i>The two most important resources the older persons are using are family and earned income from the state</i>
	Needs concerning activities limitations and participation restriction	the activities of daily living needs	<i>"They need care, help, washing, ironing" (Careworker 1) ROM</i>
Competencies of health care workers	Competencies should the care workers have	Basic nursing skills	<i>'Trained in basic care. Needs to be kind, respectful, patient, understanding of their beneficiary's needs and specific pathology' (Careworker 1) ROM</i>
		Social /humanistic competence	<i>'I believe, that beyond professional training, that needs to come first, they need also to have some human qualities, communication abilities, a good general training' (participant 60+ 1) ROM1</i>

	ICT skills	<i>'Also, they should have ICT skills themselves, to be able to help the older person' (participant 60+ 10) IT2</i>
barriers the health care workers may face to provide sufficient care	Language barriers	<i>Language is very important; the old person needs to be able to understand you (participant 5) CY2</i>
	Low salaries	<i>It may depend on the way they are paid / a salary that is to their satisfaction - adequate payment (participants 60+ 4) ROM1</i>
	Being under-staffed	<i>Limited personnel especially during vacation season A great volume of work (careworkers 3) ROM</i>
	Unprepared (lack of information for the person, the family etc)	<i>Feeling unprepared and not able to manage complex pathologies and don't know relating symptoms (careworkers 1) IT</i>
facilitators (factors that promote) of the	Training	<i>The care worker needs to be trained to do this job, to help the old person (participant 60+ 5) CY2</i>
Competencies of health care workers	Personal attitudes of the careworker	<i>First of all their interest to improve their knowledge, to attend courses (participant 60+ 6) ROM1</i>

Results

Characteristics of the participants

The youngest group of participants over 60 years old was in Cyprus (mean age 65 years old, age range 60-69) and the oldest in both Finland (mean age 87.75, age-range 83-94)

and in Portugal (mean age 86, age-range 75-90). The mean age of all groups over 60 years old was 73.48 years old. Almost two in three of the participants over 60 years old (67%) were women. Demographics are presented in Table 3.

Table 3. Demographics of the focus group participants

COUNTRY	GROUPS	GENDER	MEAN AGE	AGE RANGE
CYPRUS	GROUP1	3 female		67-74
		2 men	70.6	
	GROUP2	5 female		60-69
		2 men	65	
	CAREWORKERS	4 female	66.5	65-70

ITALY	GROUP1	2 female		67-72
		4 male	68.83	
	GROUP2	2 female	68.5	66-74
		2 male		
	CAREWORKERS	10 female		38-67
2 male		43.5		
ROMANIA	GROUP1	2 female		65-75
		5 male	68.85	
	GROUP2	6 female		65-74
			67.5	
	CAREWORKERS	7 female	46.85	42-61
PORTUGAL	GROUP1	3 female		60-92
		3 male	77.5	
	GROUP2	3 female		75-90
		3 male	86	
	CAREWORKERS	5 female	51.4	40-64
UNITED KINGDOM	GROUP1	8 female	70.75	66-82
	GROUP2	8 female	71.75	66-72
	CAREWORKERS	5 female	55.2	34-69
FINLAND		3 female	78.75	73-92
	GROUP1	1 male		
		3 female	87.75	83-94
	GROUP2	1 male		
		6 female	40.63	22-62
CAREWORKERS	2 male			
TOTAL		48 female	73.48	60-94
	GROUPS OF PEOPLE OVER 60	23 male		
	CAREWORKERS	37 female	46.63	22-70
		4 male		

The profile of the older person

The characteristics of the older person in contemporary society

The groups over 60 years old supported the view that older people were more active than previously believed, they had plenty of leisure time, were engaged in social activities, were care-providers and used technology, but they

also faced ageism, were not well-respected and their opinions were not taken seriously at a personal or public level.

The groups of careworkers had common views regarding the description of older people. Older people were considered as being more active than in past decades, more educated, living longer, but considering

themselves isolated. In Finland, Italy, Romania and Cyprus, the characteristic of the older person as a family carer was recognized by both the groups of people over 60 years old and the careworkers. In Italy and Romania, older people were considered as being lonely.

In Finland, the use of technology was reported by the careworkers as a new characteristic describing the retiree of today in contrast with the feedback received from participants over 60 years, who believed that older people need a lot of help with technology.

Participants over 60 years old and careworkers reported that there are several types of older people: the ones that are fully independent and those who need continual help and care. They are not a homogenous group. In Cyprus and Italy, the focus group of participants over 60 years old rejected the idea that people in the age group 60-70 years old were perceived as older people and they agreed that this terminology depends on how they felt and if they were healthy (Table 4). Based on both groups' views, three subcategories emerged:

a. Social inclusion and independence: the older person has plenty of leisure time, is interested in finding work or continues to work (in the case of Cyprus and Romania), is a care-provider, takes decisions regarding themselves and has plenty of activities such as housekeeping, relaxing, sports (hunting, gymnastics, dance, aerobics), shopping and walking with friends. The older person likes interactions, is open-minded to new relationships, goes on excursions, travels, meets friends and volunteers for non-for-profit associations.

'She (the care-receiver) does daily activities by herself, takes care of her financial affairs, books trips and tickets, uses the computer'
(Careworker) FIN

b. Information, knowledge, and wisdom (Mental growth): the older person is more informed than in the past, knows more, is more educated and uses technology or is interested in learning how to use it (e.g., social media such as Facebook, WhatsApp and Instagram). The group of people over 60 years old and the careworkers in Finland admitted that they needed much help and had difficulty

using technology compared to the other countries.

'I lived to see the internet, I have been using a computer for years, I have an electronic signature, I communicate with authorities online, not to speak of the telephone, I have Facebook, WhatsApp and Instagram / it is a joy that at my age I am able to do all this'
(participant 60+ 3) ROM

c. Psychological loss and physical change: the older person experiences change in psychological, emotional and physical health, has feelings of loneliness and abandonment, experiences ageism (discrimination, ignorance and social exclusion), lack of respect, and fears of being marginalised.

'The modern older person is very active but often lonely' (participant 60+ 1) IT

Age Stereotypes: What society expects from older people

In all responses, careworkers stated that society expected older people to be socially and financially active, to be involved in voluntary work and to provide support and services within the family.

'Society wants older people to remain in good health and live at home without any help from the authorities'
(Careworker 1) FIN.

Participants over 60 years old discussed the expectations society required from them, for example being more independent, not being a burden to the state or their family and being able to make their own decisions and living at home with minimal help.

'Society expects older people not to be a problem, pay their taxes, manage their pension, take care of themselves (exercise, good mental health)' (participant 60+2) FIN,

'Older people are greatly exploited by younger family members: there is an expectation that you must help them. They expect you to help financially, morally, with the grandchildren' (participant 60+ 8) IT

The Needs of the older people

Needs concerning environmental factors :

a. Social and humanistic needs. Both groups, reported the social and humanistic needs of older people such as social interactions, strong relationships and active involvement of the family and friends, communication with other people, maintaining one's own identity, security and understanding.

On a personal level, the feeling "to be heard" or sharing their opinions publicly about awareness of their rights were topics discussed.

'Sometimes they only need a kiss and a hug, no need for words. They need someone to whom they can talk to' (Careworker 1) POR

b. Health care needs. Health care needs were reported by both groups (careworkers and the participants over 60 years old) in the United Kingdom, Romania, and Cyprus. In Portugal and Finland, these needs were expressed only in the case of the groups over 60 years old. The health care needs included information about older people's potential risk factors, health prevention and education, and first aid, affordable facilities, accessibility issues (waiting time and procedures) and medical needs.

'They wanted a nurse to take care of them, they needed their injection ... these are their needs...accompany them to the hospital' (Careworker 1) CY

c. Needs concerning to the information and communication technologies. Information and communication technologies needs were mainly discussed by the groups over 60 years old (Table 2).

'Also, there is a need to be supported in the use of ICT because most information and services are only accessible digitally' (participant 60+ 10) IT

d. Availability of resources. There were differences among the countries in the availability of resources for older people. In Romania, Italy and Cyprus, participants reported the role of family, friends, the Church, and the State to cover the older person's needs. In the United Kingdom, the

role of the community was mentioned and in Portugal and Finland, the role of residential care. On the other hand, participants over 60 years old provided information with regard to the available resources for older people, including in almost all cases the role of the family and services such as the community clubs and the role of NHS (in the United Kingdom), the state support (in the United Kingdom and Finland), the role of the Church and coffee shops (in Cyprus), the availability of nursing homes and careworkers from Philippines and Sri Lanka (in Cyprus), the ICT courses (in Italy), city offers (in Finland) and free transportation (in Romania). During the discussion, participants over 60 years old commented on the importance of the care workers' role in assisting them.

Needs concerning activities limitations and participation restriction: *a. The activities of daily living.* The activities of daily living were reported by almost all countries in both groups except for careworkers from the United Kingdom and participants over 60 years old in Italy.

Participants reported that they needed to be active in their everyday life by accomplishing instrumental activities such as personal hygiene, eating activities (feeding, cooking, preparation, grocery shopping), managing their finances, dealing with bureaucracy and safe and convenient transportation.

'to help her write a letter to her children, to take her to the cemetery, to the hairdresser, to have a manicure' (Careworker 5) CY

'Transportation, access to shops, facilities such as going to the doctor or dentist' (participant 60+ 2) UK

Careworkers' competencies

Essential competencies for the careworkers working with older people

Both groups of careworkers and over 60 years old agreed that the humanistic and social skills were considered essential components for careworkers working with older people. The key competencies expressed by both groups were categorised as:

a. Basic nursing skills. The practical competency aims to cover the basic care needs / nursing needs (measure blood

pressure and blood sugar, personal hygiene of the client, first aids), being able to use equipment that improve care recipients' life and to encourage the person, to have knowledge of the medication required.

b. Social and humanistic competency.

These skills include patience, respect, empathy, active listening, dignity and autonomy, understanding of the older person's rights and benefits, caring attitude and building relationships with the patients, being tolerant, kind, supportive, respectful, friendly, and well-tempered, safeguarding the security of the other person, trustful and honest with intergenerational intelligence, giving time to the older person to express themselves, supporting the social life of the older person and being emotionally available.

c. ICT skills. Careworkers should understand and use new technology and be able to support the older person in the use of technology.

Groups over 60 years old could not comment easily about the *barriers and facilitators* that promote these competencies. Language barriers, low salaries, stages of the disease, lack of adequate information and understaffed facilities were the most reported barriers. Personal characteristics (commitment, professionalism, love for work, mood, motivation to learn and improve and attitudes towards older people), being able to speak the same language and adequate training were considered as facilitators.

Discussion

A profile of the retiree in the six EU countries was introduced with this study including a person usually independent, active, and open-minded to new relationships, wanting respect from the community and asking for social inclusion, with free time for oneself, involved in social life, being a volunteer, using or wanting to learn to use ICT and specifically social media.

However, an alarming finding was that the retiree remains emotionally vulnerable and experiences discrimination and ageism and therefore feelings of loneliness and abandonment. Although, the relationship between age and the perception of aging is unclear, ageism jeopardies the well-being of older adults as it can give a rise to dehumanising perceptions (Doncel-García et al., 2022). Negative stereotypes of aging among institutionalised older men were positively related to a younger age, living longer in a nursing home, higher level of dependency, earlier retirement and depression, fewer activities, lower pension category, and lower level of education (Doncel-García et al., 2022).

Activities of daily living, physical care needs, unmet psychosocial needs, spiritual and person-centered approaches were reported needs of the older person (Kalankova, Stolt, Scott, Papastavrou, & Suhonen, 2020; Mcgilton et al., 2018). Taking into consideration the WHO International Classification of Functioning, Disability and Health (ICF) framework (World Health Organisation, 2002), participants did not report needs focusing on physical functions, but however focused on the needs in relation to the environmental factors, relationships, activities and social exclusion (Abdi, Spann, Borilovic, de Witte, & Hawley, 2019).

In our study, all countries focused on the importance of the humanistic and social needs for the older people, stressing the importance of careworkers to obtain these skills such as patience, respect, empathy, active listening, dignity, and autonomy, tolerance, kindness, support, safeguarding the security of the other person, intergenerational intelligence, communication skills, support the social life of the older person and being emotionally available.

Table 4. Understanding the Older people (profile and characteristics) - older people’s and careworkers summary of views

CY	IT	POR	UK	FIN	ROM
The Older people point of view					
Modern retiree	Modern retiree	Educated	Educated	Educated	Needy, sick
Active -Interested in working	Active	Active	Active	Active -Independent	Active -Independent
Plenty of free time - Interested in working	Plenty of free time - Living longer	Living longer	Plenty of free time	Plenty of free time	Interested in working - Financially Insecure
Caring about family	Lonely	Lonely		Caring about family	Caring about family
Engaged in social activities	Decreases quality of life (health status, financial situations, support network)		Engaged in social activities	Engaged in social activities	Engaged in social activities - volunteer
Use of technology/Social Media		Use of technology	Use of technology	Need a lot of help or live in nursing homes	Use of technology
Emotionally vulnerable	Emotionally vulnerable	Aging racism/ Not respected			Emotionally vulnerable
Aging racism/ Not respected		Discrimination & bad treated			Aging racism/ Not respected
The Care Workers point of view					
Modern retiree – Independent	Live longer	Live longer	Live longer	Independent	Autonomous , independent
Active - enjoy life and hobbies	Active	Active	Active	Active	Active - enjoy life and hobbies
	Lonely - Isolated	Lonely - Abandonment	Lonely	Health decreased	Fragile, needy
	More Knowledge- more informed	Fragile, needy		Lovely - friendly	Interest for social interactions
Support the family	Support the family	Support the family			Support the family Social withdrawal, depression
		Use technology		Difficulties to use technology	Difficulties to use technology

Discussion continue...

All participating countries supported the importance of the use of technology for the careworkers and the older person. The use of technology enhances opportunities for the older people by providing them with access to products, services, lifelong training, and business opportunities and by promoting well-being (International Telecommunication Union, 2021).

The involvement of different countries could be considered as a strength of the study for the interpretation of the results on one hand. On the other hand, taking into consideration the different languages, culture, health policies and the differences in the careworkers' context, results should be treated with reluctance. The criteria provided to all partners aimed to keep homogeneity as much as possible (age, retirement status e.tc), but still, participants lived in different cultural and language settings and were users of different healthcare services, influencing their views on ageing. Another important issue concerned the definition of today and previous decades. Participants were asked to provide their opinion and compare today's older people lifestyle with previous decades without strictly defining contemporary society. In the focus groups of older people, there were only a few participants in the age group over 85+ in the case of Portugal and the UK, restricting the researchers from drawing conclusions regarding this specific age group. In the group of Cypriot careworkers, the participants were retired and over 65 years old, which may have influenced their view on ageing.

Conclusions: This multicenter focus group discussions study facilitated understanding of how older people living in the six EU countries perceived themselves to be and what competencies they were expecting their careworkers to possess. The importance of person-centered training and ICT skills for the careworkers should be taken into consideration when VET organisations develop training programmes. In future studies, researchers could focus on the integration of the humanistic approach in care plans developed for older people, providing tools to assess this approach in care of older people.

List of abbreviations

EU: European Union
 ICT: Information and Communication Technologies
 NGOs: Non-Governmental Organisations
 ROM: Romania
 FIN: Finland
 IT: Italy
 CY: Cyprus
 UK: The United Kingdom
 NHS: National Health System
 ADL: Activities of daily living
 VET: Vocational and Educational Training

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