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GERIATRIC CARE RESOURCES IN AN AGING SOCIETY OF RURAL AND URBAN AREAS IN POLAND – MAPPING OF CURRENT SITUATION

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Abstract. GUS demographic forecasts show that by 2035 subpopulation of people with 65 years or more in Poland will grow by 62% compared to 2010. While the subpopulation of people with 80 years or more will increase as much as 96% over the same period. The aim of this article is a diagnosis of selected geriatric care resources in a situation of aging population of rural and urban areas in Poland. To achieve this aim, the study includes demographic forecasting for Poland until 2035 with differentiation on voivodeships and rural and urban areas. Additionally, an analysis of selected geriatric care resources (geriatric beds and specialists in geriatrics) in the context of an aging population was considered. The obtained results conclude that in Poland there is lack of geriatric care resources such as geriatric beds and specialists in geriatrics. Although the projected percentage of people aged 65+ in rural areas will be lower in 2035 than in the urban areas, the access to these resources in rural areas is more limited, due to the concentration of geriatric care resources mainly in big cities.

Keywords: aging population, geriatric care resources

INTRODUCTION

Changes in the demographic structure of the Polish society, and the forecasted demographic processes, are coming under discussion increasingly often. Another matter of special importance are the insufficient geriatric care resources and the differentiation of access thereto compared across rural and urban areas and specific regions of the country.

The ageing society is one of the social processes focusing the attention of researchers from multiple fields: economists, medicine and public health professionals, social politicians and sociologists. In Poland, the ageing of the population is not an unexpected process. It is determined by multiple causes, primarily including the increasing lifespan. Another major contributing factor is that the post-war baby-boomers are now aged 65+. However, as regards the increase in the percentage of old people in the Polish society, there is a disparity between urban and rural areas, and between various regions of the country (for reasons including the migration of young people).

As mentioned earlier, according to demographic forecasts by the Central Statistical Office, by 2035 the Polish subpopulation aged 65 and over will increase by 62% compared to 2010. In the same period, the subpopulation aged 80 and over will increase by as much as 96% (Sytuacja..., 2014). In turn, the growth of the oldest population significantly affects an even faster increase of demand for care and nursing and, and a consequence, of demand for geriatric care resources.

The decreasing fertility, transformation of family, demographic solitude, increased social burden triggered by illnesses and disabilities are the factors that further reinforce that demand.

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The purpose of this paper is to diagnose selected geriatric care resources in the context of the increasingly ageing rural and urban population in Poland. Consequently, demographic forecasts for Poland to 2035 were presented by voivodeships and rural and urban areas. Also, selected geriatric care resources (geriatric hospital beds and geriatricians) were analyzed in the context of the ageing society.

METHOD

Problems tackled in this paper required the use of secondary data published by the Central Statistical Office, the Supreme Audit Office and the Ministry of Health. Additionally, the research relied on commonly used methods of descriptive and mathematical statistics. The Pearson linear correlation coefficient was used in order to determine the direction and strength of relations between the number of people aged 65+ and the number of geriatric hospital beds. The significance test was performed for two structural indicators to verify the hypothesis of significant differences between the share of people aged 65+, 75+, 80+ and 85+ in the rural and urban population.

THE AGEING POPULATION OF POLISH CITIES AND VILLAGES

Poland has been classified as a demographically old country since the 1960s. Today, as the post-war baby-boomers become old, a further acceleration of the ageing process is forecasted. Therefore, the authorities in charge of healthcare for old people are faced with important challenges.

Table 1 shows the changing percentage of people aged 65+ in the last 10 years, and the forecasted changes to 2035 in specific voivodeships.

Table 1. Share of persons aged +65 in the total population in particular voivodeships (%)
Tabela 1. Udział osób w wieku 65+ w populacji ogółem w poszczególnych województwach (%)

Voivodeship Województwo	Year – Rok				
	2005	2010	2013	2020	2035
POLAND – POLSKA	13.3	13.6	14.7	18.4	23.2
Dolnośląskie	13.5	13.4	14.8	19.5	23.8
Kujawsko-Pomorskie	12.3	12.6	14.1	18	23
Lubelskie	14.3	14.5	15.4	18.9	24.4
Lubuskie	11.7	11.8	13.4	17.9	23.1
Łódzkie	14.9	15.0	16.6	20.4	25
Małopolskie	13.4	13.7	14.5	17.2	22.1
Mazowieckie	14.5	14.5	15.4	18.5	22.1
Opolskie	13.7	14.3	15.3	19	25.2
Podkarpackie	12.9	13.2	14.0	17.1	23
Podlaskie	14.5	14.8	15.3	18.2	24.9
Pomorskie	11.9	12.2	13.5	17.3	21.6
Śląskie	13.2	14.3	15.5	19.5	24.7
Świętokrzyskie	14.9	15.0	16.1	20.2	26.2
Warmińsko-Mazurskie	11.6	11.8	12.8	16.9	22.9
Wielkopolskie	11.9	11.9	13.5	17	21.6
Zachodniopomorskie	12.1	12.4	13.9	18.5	23.2

Source: own elaboration based on data of the Central Statistical Office (GUS), www.stat.gov.pl/gus.
Źródło: opracowanie własne na podstawie danych GUS, www.stat.gov.pl/gus.

The share of old people in the total population differs from one region to another. In Łódzkie and Świętokrzyskie voivodeships, people aged 65 or over represent 16% of the total population. Warmińsko-Mazurskie is the voivodeship with the lowest share (barely 13%) of old people. These proportions have been at a similar level for nearly 25 years: the Łódzkie voivodeship continues to demonstrate the highest share of old people while the lowest share is reported in the Warmińsko-Mazurskie voivodeship. Note also that the share of old people in the total population has increased since the early 1990s in each voivodeship. The highest increase was reported in the Opole voivodeship (by almost 7%) and Śląskie voivodeship (6.4%). In these cases, the emigration of young people also played a significant role in advancing the ageing process. Ranked next are the Dolnośląskie and Zachodniopomorskie voivodeships, each with a growth rate of the share of old people at a level beyond 6%. In turn, the lowest increase (3.1%) of the share of old people was recorded in the Greater Poland voivodeship (Sytuacja..., 2014).

According to forecasts, in 20 years, the share of people aged above 65 will double compared to 2005, and the highest percentages are supposed to be recorded in the Świętokrzyskie, Opole and Podlaskie voivodeships.

As noted earlier, forecasts of the Central Statistical Office are based on the assumption of a negative population growth rate. Accordingly, the population will decrease to 33.9 million by 2050. At the same time, the group aged 65+ will increase by 3.61 million, reaching 8.5 million. In addition to a negative rate of population growth, the population age structure will be affected by other adverse developments: in 2050, people aged 65+ will represent nearly 1/3 of the entire population (Prognoza..., 2014). Due to periods of demographic decline and demographic boom, these changes will not be consistent. The fastest growth of the 65+ population will continue to 2022 (at an approximate rate of 200,000 persons per year). Afterwards, lower growth rates are expected.

When comparing the shares of people aged 65+, 75+, 80+ and 85+ by place of residence (rural or urban areas), it may be clearly concluded (at a level of significance of 5%) that the structural indexes vary significantly between age groups. Having in mind that the population of Poland is forecasted to reach around 36.5 million in 2035 (Prognoza..., 2014), twice as many people aged 65+ will live in cities than in the countryside, on average.

According to forecasts, the demographic ageing of the population will be an uneven process. Currently, elderly people represent almost 16% of the urban population. In the countryside, the corresponding share is definitely lower (slightly above 13%, Sytuacja..., 2014, Table 2). As forecasted by the Central Statistical Office, the population ageing process will continue to have a greater effect on the development of the demographic structure in urban areas. However, this does not mean the Polish countryside is not affected by the ageing issue. This will trigger a greater demand for various forms of assistance and support. The root cause for such a spatial differentiation of this process is the intensity of the

Table 2. Percentage of population aged +65 in Poland (by place of residence and sex) – the forecast for 2035 years
Tabela 2. Odsetek ludności w wieku 65+ w Polsce (według miejsca zamieszkania i płci) – prognoza na 2035 rok

Age group Grupa wiekowa	Population group Grupa ludności			Rural area – Wieś			Urban area – Miasto		
	total ogółem	men mężczyźni	women kobiety	total ogółem	men mężczyźni	women kobiety	total ogółem	men mężczyźni	women kobiety
65+	23.2	19.7	26.5	21.7	19.1	24.3	24.3	20.1	27.9
75+	12.5	9.5	15.3	10.7	8.5	12.8	13.8	10.2	16.9
80+	7.2	5	9.2	5.8	4.1	7.4	8.1	5.6	10.4
85+	3.1	1.9	4.2	2.4	1.5	3.3	3.5	2.2	4.7

Source: own elaboration based on data of the Central Statistical Office (GUS), www.stat.gov.pl/gus.
Źródło: opracowanie własne na podstawie danych GUS, www.stat.gov.pl/gus.

rural exodus in the 1950s and 1960s. The migrants, then mostly young people, currently increase the share of the old population in cities while in the countryside, the share of old and oldest people remains at a lower (but not low) level.

Rural areas with an unbalanced age structure (with a share of people aged over 65 beyond 16%, compared to an average level of 13.3% in rural areas) are mainly located in Podlasie, eastern Mazowsze, Roztocze, Polesie Lubelskie, peripheral areas of the Świętokrzyskie Mountains, Ponidzie and border areas of the Łódzkie voivodeship. Podlasie includes continuous areas of two municipalities, located south of Białystok and south-east of Augustów, where the increasing share of old people, as recorded within the last decade, coincides with the unbalanced age structure (excessive percentage of people aged 65+). These areas have been known to demonstrate demographic problems for a long time, and the unfavorable evolution of the age structure may be found to be a persistent trend. It seems that the solution should be to provide incentives to young people to remain in the countryside. The eastern part of the Opole region is another continuous area where the imbalanced age structure coincides with the rural population ageing process. An unfavorable evolution of the age structure could also be observed in sub-regions of Warmia, Mazury and Bieszczady. These areas experience excessive migration of young people to urban centers or abroad. Soon, they could be affected by other adverse developments involved in the improper demographic structure. Also, there is a consistent demographic exodus from remote areas of specific voivodeships, i.e. rural areas usually located away from larger towns, for instance at the border of Warmińsko-Mazurskie, Podlaskie and Mazowieckie voivodeships and in the municipalities of the Warmińsko-Mazurskie and Lublin voivodeships at the Polish border. Note that the highest depopulation levels are recorded in single-function municipalities with prevalent agriculture, especially in traditional farming areas (Bański, 2005). Meanwhile, the population influx is predominating in the multi-function areas (mainly near large cities). In turn, as regards rural areas with other economic functions, the population tends to fluctuate depending on the location and survey period. In summary, during the last 20 years, the demographic evolution of the countryside has followed two directions: in the vicinity of cities, there was a positive migration balance, gradually decreasing towards the peripheral areas where a negative balance was usually recorded. The pace of urban concentration decreases, contributing to increased concentration in the immediate vicinity of large cities (Kierunki..., 2010).

SELECTED GERIATRIC CARE RESOURCES IN POLAND

The specific nature of geriatric treatment, especially in the case of persons referred to as "functionally dependent" (very old people suffering from various chronic diseases), means a customized diagnostic and therapeutic approach. Geriatric patients are often incurable, especially when suffering from chronic, progressive illnesses. Therefore, consideration is to be given to the principle that the ultimate objective is the quality of life and comfort of old people (Dubiel, 2014).

Having in mind the previous deliberations on problems faced by the ageing society, it should be mentioned that the elderly healthcare system in Poland fails to adequately address the needs of that population. It offers disintegrated, dispersed and incoherent services, and fails to meet the standards underpinning the geriatric approach to addressing complex needs: the universality, quality, availability and comprehensiveness. In Poland, long-term care of the elderly is largely the responsibility of the family which is insufficiently supported with medical and non-medical services by the state care system.

The demand for elderly healthcare and, as a consequence, for geriatric care resources may be estimated based on demographic features. This paper focuses on two selected resources: geriatric hospital beds and geriatricians.

The main barriers to accessing the geriatric care resources include the insufficient number of geriatric hospital beds which accounted for only 0.3% of total hospital beds in 2013 (Zdrowie..., 2014). Also, their distribution varied from one voivodeship to another: in 2013, over 39% and over 14% of all geriatric beds were located in the Śląskie and Lublin voivodeships, respectively. The Opole and Lesser Poland voivodeships had a share of nearly 10% each. Four voivodeships (Mazowieckie, Podlaskie, Pomorskie and Warmińsko-Mazurskie) have no geriatric beds at all (Krawczyk-Sołtys, 2013). Changes in the number of geriatric beds in particular voivodeships over the 2005–2013 period are shown in Table 3. Note

that the absence of geriatric beds was also reported in voivodeships with the highest forecasted percentage of elderly people and the highest unbalance in the age structure of rural areas (e.g. in the Podlaskie and Mazowieckie voivodeships).

When analyzing the relationship between the percentage of people aged 65+ and the number of geriatric beds, a positive correlation should be noted starting from 2010. Furthermore, the correlation coefficient grew from 0.29 to 0.31 over the 2010–2013 period. This could mean that the healthcare policy makers started to take account of the growing population of people aged 65+, though to an insufficient extent.

Germany, Austria and Belgium, in accordance with recommendations agreed upon between government authorities, have been making efforts for the last decade in order to ensure 5 geriatric beds per 10,000 population. While this could also be a recommended value for Poland, it would imply increasing the number of geriatric beds to 19,000 (Grodzicki, 2007) which currently seems unfeasible. It would be good if Poland achieved the average European level, i.e. 2 beds per 10,000 population, implying the delivery of 7,600 geriatric beds as part of a partial restructuring of internal medicine, rheumatic or neurological beds. Note that at the end of 2014, there were only 807 of them (Biuletyn..., 2015), resulting in a rate of 0.2 bed per 10,000 population.

Table 3. The number of geriatric beds in particular voivodeships in the years 2005–2013
Tabela 3. Liczba łóżek geriatrycznych w poszczególnych województwach w latach 2005–2013

Voivodeship Województwo	Year – Rok		
	2013	2010	2005
Polska	696	504	324
Dolnośląskie	27	40	0
Kujawsko-Pomorskie	21	21	51
Lubelskie	100	88	33
Lubuskie	25	0	0
Łódzkie	21	10	0
Małopolskie	70	48	48
Mazowieckie	0	0	0
Opolskie	66	50	0
Podkarpackie	42	30	15
Podlaskie	0	0	0
Pomorskie	0	0	0
Śląskie	273	191	171
Świętokrzyskie	25	0	0
Warmińsko-Mazurskie	0	0	0
Wielkopolskie	20	20	0
Zachodniopomorskie	6	6	6

Source: own elaboration based on: Biuletyn…, 2006–2014.
Źródło: opracowanie własne na podstawie: Biuletyn…, 2006–2014.

The extremely low number of geriatric consultations in Poland confirms that nearly all Polish seniors have no choice but to receive medical treatment from many specialized doctors, often in parallel. This generates unnecessary costs, increases the polypharmacy risks, reduces the availability of specialized doctors etc. In view of the complexity of (and the time and effort involved in) medical advice, even the highest fees are not enough to cover the actual value of such services and are discouraging to potential service providers. This further contributes to the shortage of geriatricians. To address that problem, reforms are proposed in the geriatrics financing system, involving a guarantee of higher remuneration for doctors choosing to work in that field of medicine.

Assuming that, just as in the UK, there should be 1 geriatrician per around 4,000 persons aged over 75 and per 8,000 persons aged 65–74, the required minimum number of geriatricians was assessed to be 800 already a decade ago (Grodzicki, 2007). Meanwhile, in mid 2014, there were only 321 of them. Note also that due to lack of system and adequate financing, some geriatricians shift to another specialization. In 2013, only 160 geriatricians provided medical services under a contract with the National Health Fund (NIK..., 2015).

Figure 1 shows the number of geriatricians per 100,000 population and the number of physicians undergoing specialized geriatric training per 100,000 population. The highest number of geriatrists per 100,000 population was recorded in the Śląskie, Lesser Poland and Lublin voivodeships, while the lowest rates were reported in the Świętokrzyskie, Zachodniopomorskie, Podkarpackie and Warmińsko-Mazurskie voivodeships (also, in these voivodeships, there are no physicians undergoing specialized geriatric training).

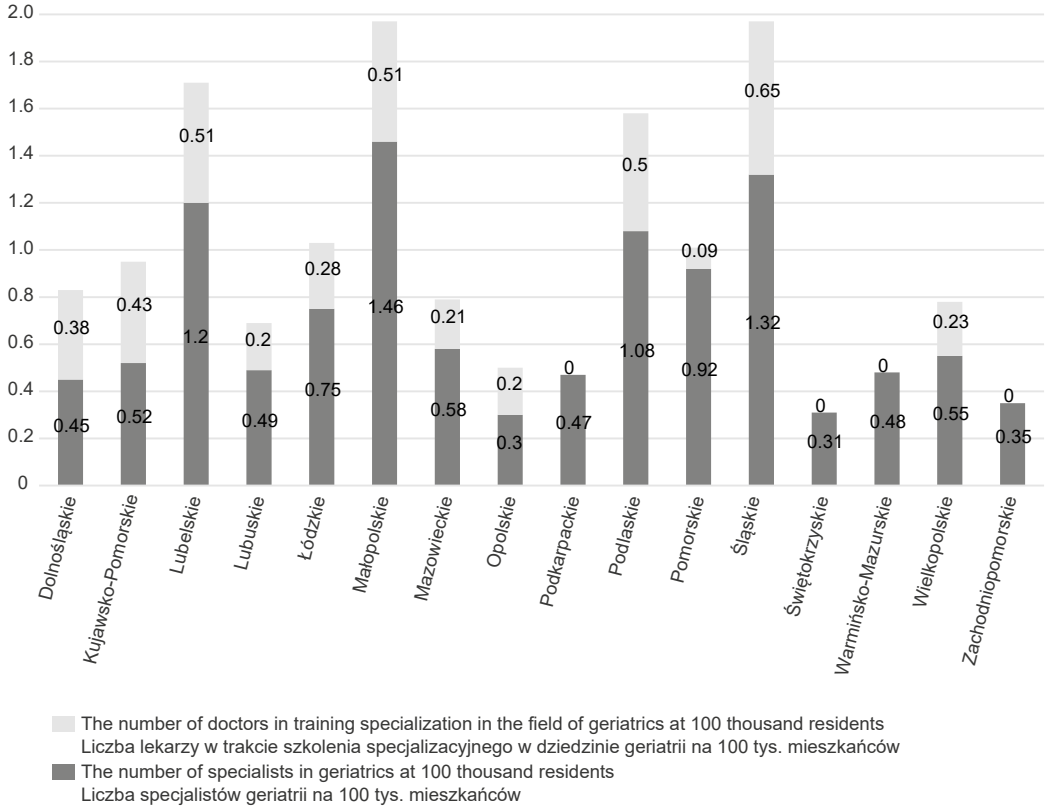

Fig. 1. The number of specialists in geriatrics at 100 thous. residents and the number of doctors in training specialization in the field of geriatrics at 100 thous. residents (quantity on July 4, 2014)
Source: own elaboration based on: Opieka…, 2014.
Rys. 1. Liczba specjalistów geriatrii na 100 tys. mieszkańców oraz liczba lekarzy w trakcie szkolenia specjalizacyjnego w dziedzinie geriatrii na 100 tys. mieszkańców (stan na 4 lipca 2014 r.)
Źródło: opracowanie własne na podstawie: Opieka…, 2014.

In view of the shortage of geriatricians and the concentration of specialized care services in large centers, it is advisable and urgent to have the general practitioners undergo a basic geriatrics training. For the purposes of outpatient geriatric healthcare, it would be useful to maintain the ability for the family physicians to specialize in geriatrics. Regardless of the above, there is a need to include geriatrics in family medicine specialization courses. This seems to be particularly important for the inhabitants of rural areas located away from large cities where the geriatric care resources, both human (doctors) and physical (geriatric beds), are concentrated.

Due to serious shortage of geriatricians and geriatric hospital beds, it is necessary to enhance the competencies of doctors specializing in other medical fields, primarily including internal medicine and family medicine specialists. Note also the growing importance of the long-term home care system and the home hospice which seem to be efficient instruments for the reduction of barriers to healthcare services for the elderly population in Poland. The reconstruction of the specialized surveillance framework, planned as provided for above (Założenia..., 2014), will help reducing the costs of healthcare for seniors while improving their health condition and quality of life.

CONCLUSIONS

Demographic processes are a quite well explored part of the reality, and allow for making reliable forward-looking statements. Longer lifespan, falling birth rates

and changing family models are the factors behind the increasing importance of formalized long-term healthcare (Błędowski and Maciejasz, 2013). Another by-no-means negligible factor will be the growing demand for geriatric services and, as a consequence, for geriatric care resources discussed in this paper.

Therefore, it is extremely important to reasonably plan the allocation of medical staff (Włodarczyk and Domagała, 1991), primarily in order to ensure an adequate number of geriatricians in the future. Also, the structure of hospital beds needs to be aligned with the needs of the ageing society. This is especially important as regards geriatric beds which, if available in adequate quantities, will address the healthcare needs of the elderly population while improving the effective use of hospital beds in other fields of medicine. However, as mentioned earlier, while there is an increasingly stronger relationship between the percentage of the 65+ population and the number of geriatric beds, these resources continue to be insufficient and well below the EU average level. Also, efforts should be made to reduce the disparities in access to geriatric healthcare resources, a matter of great importance to rural dwellers.

Thus, the population ageing process establishes new tasks for the healthcare system. Due to dual ageing processes (which means the share of the 80+ population grows faster than the general growth rate), there will be a particularly high increase in demand for procedures related to specific needs of the oldest patients. Therefore, efforts need to be made to quickly develop a comprehensive system of medical, care and nursing services (Błędowski et al., 2012) with the use of geriatric care resources. These issues are being discussed both in Poland and in other EU countries (Projekt..., 2010).

In addition to the demographic factor, demand for elderly healthcare services will result from the evolution of mentalities: rather than being perceived as a period of unavoidable disability, the old age will be regarded as a phase of life freed from these issues (Szukalski, 2008). These changes will imply the need for further reshaping of the socio-economic policy (including the system for medical and other care services).

Therefore, it becomes necessary to abolish the barriers and reduce the disparities in access to healthcare resources (Krawczyk-Sołtys, 2014), especially when it comes to geriatrics, both between specific regions of the country and between the rural and urban dwellers.

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ZASOBY OPIEKI GERIATRYCZNEJ W STARZEJĄCYM SIĘ SPOŁECZEŃSTWIE WSI I MIAST W POLSCE – DIAGNOZA STANU ISTNIEJĄCEGO

Streszczenie. Prognozy demograficzne GUS pokazują, że do 2035 r. subpopulacja ludzi mających 65 lat i więcej w Polsce wzrośnie o 62% w porównaniu do 2010 r., natomiast subpopulacja ludzi mających 80 lat i więcej wzrośnie w tym samym okresie aż o 96%. Celem artykułu jest diagnoza wybranych zasobów opieki geriatrycznej w sytuacji postępującego starzenia się społeczeństwa wsi i miast w Polsce. Aby zrealizować cel, przedstawiono prognozy demograficzne dla Polski do 2035 roku z podziałem na poszczególne województwa oraz wieś i miasto, jak również dokonano analizy wybranych zasobów opieki geriatrycznej (łóżek geriatrycznych oraz lekarzy geriatrów) w kontekście starzejącego się społeczeństwa. Uzyskane wyniki badań pozwalają stwierdzić, że w Polsce występuje niedostatek zasobów geriatrycznych, tak łóżek szpitalnych, jak i lekarzy specjalistów. Mimo że prognozowany odsetek osób w wieku 65+ na wsi będzie w 2035 r. niższy niż w miastach, to na terenach wiejskich dostęp do tych zasobów jest bardziej ograniczony ze względu na koncentrację zasobów geriatrycznych głównie w dużych miastach.

Słowa kluczowe: starzejące się społeczeństwo, zasoby opieki geriatrycznej

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