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**THE QUALITY OF ELDERLY CARE IN THE CONTEXT OF THE  
ACCREDITATION OF SOCIAL SERVICES.**

**Applied research on the nursing homes for elderly.**

**Summary of the Ph.D. thesis**

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*Key words:* elderly, care, quality, accreditation, licensing, social work, social legislation, social services, nursing homes for the elderly, social services provider, social work unit, beneficiary

## SUMMARY OF THE WORK

Why this topic? For over twenty years, we have been carrying out activities that can be included in the field of social services. The last 12 years, in our daily professional activity, as employee of the Ministry of Labor, we were in charge of the accreditation of social services. Accreditation and / or licensing consist of the evaluation of the social services provided by social services providers by reporting them to the standards provided by the legislation. The standards contain the quality indicators that need to be met by suppliers to be accredited.

During these years of daily involvement in the accreditation process, we faced various issues regarding the content of accreditation. The problems encountered provoked us and forced us to seek and find solutions. This is how we came to think theoretically about questions that arise in our practical work. We have been looking for answers, solutions in the specialized literature. The deepening of our research led us to reflection on the concepts of elderly, care, quality.

From the aforementioned, it is clear that our concerns and interests on this topic are prior to the need for writing this paper and these are generated by our professional activity.

The topic we propose for research and discussion needs some preexisting delimitations. For the beginning, the formulation “*quality care for the elderly*” contains three words/concepts that can always be (and often were) more or less autonomous research topics. An exhaustive analysis or study on these not only makes it impossible, but it is not the purpose of the present study. Surely, we find the explanation and analysis within the generic context of the respective concepts, but we approach, outline and specify each time according to the specific domain we are dealing with. Thus, the course of this research is concerned with the quality of care, not other types of quality, and with elderly care, not other types of care.

As a follow-up to the above, we should also say that a generic study on the *quality of elderly care* exceeds the dimensions of a reduced research, so we restricted our study only to *the nursing homes for the elderly*. Also, the research is included in the context of *accreditation / licensing of social services*, within which we began the research.

We mention that the confinement and delimitation of the research did not prevent us from proposing some points of theoretical reflection on the studied concepts. Throughout the years, we realized the crucial importance of the theoretical setting and especially the fundamental

importance of our own awareness of these theoretical situations. These settings are responsible for our prejudices and practices.

One of the main purposes of this paper is clarification. During our activity in the field of social services accreditation, we were surprised that most of the problems faced by people are due to confusion. The discovery that marked us to the greatest extent is that of the immense, fundamental importance of clarifying the concepts and the meanings of the words we operate with.

That is the reason that justifies the structure of the paper and the reason we insisted on clarification. The redundancy that may be noticed in some places by specialists is intentional. Many clarifications and mentions have the purpose of making the work readable and intelligible also for the least specialized. This is because we want, among other things, that the work should be a work tool, a help for those who work in the field of social services and who, inevitably, have different types of vocational training. However, they all come across both the accreditation process and the generic concept of *quality of elderly care*. We hope that our professional and theoretical experience expressed in this paper shall also be useful to others.

As far as we were able to provide clarifications on the research concepts, we consider that we achieved one of the main goals. We point out that we make these theoretical clarifications from the perspective of the practitioner who came across these problems in his/her daily activity. The present and explicit theorizations are not just for the theoretical level of reflection; on the contrary, our intention is to provide practical useful elements.

Many wrote about the quality of the elderly care, mostly pertinent. We do not know *whether the quality of elderly care has been studied from the perspective of accreditation*, from within the accreditation process, related to the accreditation issues, on correlations between accreditation and quality of elderly care, or problems on the legislation implementation.

Therefore, the first purpose of this paper is to explore, describe, explain and understand the significance of the concepts discussed and the correlations among these, in the context of accreditation practice. This is the purpose with which we started the research. New questions and goals emerged during the research. The entire evolution, the steps we have taken, the questions that were born, the answers we looked for, all these may be found in the work.

As mentioned above, we had the concern for this area and this research topic before the need to draft this paper. Throughout this research, the main motivation that sustained our path

was to find answers, solutions, concrete settlements to the problems of the elderly. This explains our searches, which sometimes can be considered less common, and especially our theoretical options, which use to a small extent the trailed paths.

Thus, we have come to classify the research on the quality of elderly care at the intersection of three types of variables - conceptual variables, existential variables and social - human variables. However, we emphasize that the option for this less trailed path does not come from the desire for originality, but as we mentioned earlier, from the desire to find answers, solutions and practical settlements to the problems of the elderly. These theoretical choices provided us to a great extent what we were looking for. Obviously, other approaches are always possible.

What relevance does this research have and for whom? Firstly, because the study is started from within the engagement of the undersigned author in the process of social services accreditation, from the wish to increase the relevance of the evaluation for those involved in the accreditation process. This is all the more necessary, as we sought to find practical solutions to the problems related to elderly care. To the same effect, we want to emphasize the importance of informal application of social services accreditation, so the need for a conscious and reflexive practice.

Secondly, as far as we were able to make some clarifications on the topic, the concepts, and the issues addressed, we hope that the research and the work will also be relevant from the perspective of theoretization the research interdisciplinary field represented by elderly care through social services.

The research contribution consists in identifying and operationalizing the concepts involved in the quality of elderly care in nursing homes for elderly, integrating the issues of satisfaction with care, integrating the well-being of people assisted with the standards of social services evaluation.

Thirdly, we hope that the actual research carried out on the *nursing homes for the elderly* will provide some benchmarks / aspects that will help to increase the *quality of elderly care*. We refer here to the concrete interrelations that are established between the staff of the nursing homes for the elderly and the elderly.

In the first chapter, **Social services for the elderly**, we discuss the determining elements of the concept of social service for the elderly, as these appear in European and national contexts, from a legislative point of view and from the point of view of the studies aiming social services. In the wider context expressed before, we also included our researched on the quality of care services provided to the elderly in nursing homes for the elderly. Since the research is initiated and carried out within the practice of the services accreditation provided in the nursing homes for the elderly, also in this chapter, we offer broad space to explain the legislative context of this accreditation activity. In order to integrate our research, we carried out a statistical inventory, at national level, of residential social services for the elderly using the Electronic Register of Social Services<sup>1</sup>, on 30.04.2017<sup>2</sup>. The data collected showed that at national level the number of nursing homes providing licensed social services is 383, with a total capacity of 13,819 places, the distribution among counties not being uniform. For example, there are counties with 1-2 nursing homes for the elderly or even with no such unit. The complete situation is presented in Appendix 1 of the paper. Our research, and here we refer to the classification of social services, about which we will talk in the synthesis of the fifth chapter, showed that the statistically recorded situation at the level of Cluj County does not correspond to the data identified on the field. The information gathered in the field work was shown in the statistics on the capacity / number of places of the residential centers for the elderly, where we may notice an increase from 878 places (in 2015) to 1.413 places (first semester of 2017), situation generated by the identification / classification thereof through the research underlying the present study. Most of nursing homes for the elderly were also functioning in 2015, but these were not statistically recorded, which allowed their operation outside the legal framework in terms of social services accreditation and licensing.

Thus, in this chapter, we place the central concept (the quality of elderly care) in the context in which we started the research, namely *the accreditation of social services*. The context of social services accreditation occurs and takes place in the broader context of social services and, implicitly, in social work. As there is already a rather rich literature in the general field of social work, we did not resume in this study what we think it can be found in other papers. We

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<sup>1</sup> The electronic register of social services, a legally regulated document, can be found on the website of the Ministry of Labor and Social Justice and is constantly updated according to the changes that take place.

<sup>2</sup> The data were collected on 30 April 2017 as the sociological report based on a questionnaire was conducted in April 2017.



selected only what we think that it may be useful to understand the research, so to the present work.

Therefore, after covering some aspects of social work needed to understand the ideas contained in this paper, we described and explained the accreditation of social services, from the concept level to the implementation of the legislation in this field. The specificity of the research determines us to give greater importance and greater space to long-term care and nursing homes for the elderly.

After this minimal setting in the broad context of social work, we proposed approaching the real problem, namely, how we approach the study of social work for the elderly. As mentioned above, our option for the quality of elderly care in nursing homes for the elderly is primarily a practical reason.

In a research on the *quality of elderly care*, such as this one, we must focus on the *degree of satisfaction of the needs / necessities*. This is because the quality level / degree of care is expressed by the degree of satisfaction of the needs / necessities. So, we have to go through some clarifying points on the concept of need or necessity. “*The failure to meet an individual necessity generates a human problem. When the impossibility of satisfying the need becomes chronic and affects a large population, we are dealing with a social problem.*“ (Bocancea, C., Neamțu, G., 1999, p. 38)

Various studies on human needs or necessities have pursued several purposes: to produce an inventory of human needs / necessities; to seek and identify an order, a priority of these needs / necessities; to identify and structure the types of needs / necessities according to age, gender, geographical location, specific historical background, social-economic situation, cultural setting, etc. A famous result of these researches is the *famous pyramid* of needs proposed by Abraham Maslow (1943, 1970, 1971).

A different type of approach to needs, which we also consider to be very useful to our research (from the point of view of adequacy to the elderly care) is that of Bradshaw (2013, pp. 11-11), which is why, we chose to relate our research to the taxonomy of Bradshaw’s proposed needs. It identifies four categories of human needs / necessities, namely: normative need, perceived need, expressed need, comparative need. The reference to this type of needs taxonomy gives us the awareness that the needs of the elderly are not exhausted by the normative need. Therefore, we must bring to our attention - the real elderly - with their felt and expressed needs.

The discovery of the difference between the normative / abstract elderly and the real one led us to seek practical solutions to the various problems faced by the elderly. The research course showed that even those who support the elderly in social care, i.e. those who provide help to the elderly, face various difficulties. Thus, the intention of this research, as well as the structuring of this paper, is to seek optimal practical solutions both for those involved in the direct aid offered to the elderly and for those who can provide indirect help to the elderly. First of all, we are interested in the actual intervention methods to improve care quality for the elderly. *“For the social worker, the main requirement consists of the effective action in intervention.”* (Neamțu G. in Neamțu G., 2003, p. 26.)

The care services provided in the nursing homes for the elderly can present various problems. We have to focus on these problematic issues of these institutions that we have to signal, so that we can identify solutions. What are these problematic issues?

Some authors place nursing homes for the elderly in a classification that includes different categories of institutions. This class is called the *“total institution”*. Here, we are not interested in the other categories of institutions (psychiatric hospitals, prisons, military barracks, abbeys, nursing homes for the blind, nursing homes for the elderly, homes for the poor, boarding schools, monasteries, etc.). We are interested only in the identified characteristics of this type of institution, called *“total institution”* representing *“closed universes”*. These problematic characteristics were indeed reported in the nursing homes for the elderly. *“Total institutions disturb or contaminate exactly those actions which, in civil society, have the role of confirming to the author and to those in his presence that he has some control over his own world, that he is a person with self-determination, autonomy and freedom “adult” action. The inability to maintain this type of adult executive competence or at least its symbols can cause the institutionalized person the horror of feeling radically degraded in the hierarchy of ages.”* (Goffman, E., 2004, p. 48).

The issues highlighted in the above quote are possible problems, meaning that they may be present or not. However, maintaining these potential problems in the field of attention is a necessary prerequisite for identifying and subsequently solving them. The legal framework for the functioning of the nursing homes for the elderly in Romania aims at preventing the existence of such closed institutions. The nursing homes for the elderly (CPV) have the legal obligation, therefore it is imperative, to offer the elderly, their relatives and the entire community the

possibility of interrelation and communication so that the problem of closing the institution should be solved by opening it.

In the second chapter, **Quality of elderly care**, we approach the three concepts contained in the central concept of this research / work. If we want to study the *quality of elderly care*, we must first clarify what we mean by the words / concepts involved. We present and discuss each one (elderly, care, quality) by referring to some of the theories and paradigms through which they were thought.

The types of approach to these concepts, which we have encountered in the literature, we consider insufficiently operationalized from a practical point of view. Of course, each theory has its utility, but we are looking for what can be helpful to the elderly care. That is why we sought conceptual and theoretical supports to satisfy the requirement to find practical solutions to the elderly care issues. Therefore, this explains our theoretical options (which are explained in detail in the course of the paper), and which can be considered somewhat, or at least novel, in relation to current approaches in this field of activity. The source of motivation for our choices is the practical necessity.

*“The presence of the theoretical in the empirical researches in the social-human disciplines is often implicit in the form of non-transparent assumptions. It is of utmost importance that these presuppositions be made aware and explicit before practical labor.”* (Iluț, P., 1997, p. 34.)

To become aware of and explain the conceptual theoretical presuppositions, we proposed the exploration, description, explanation of the theme, subjects, concepts and theories that are assumed in the practical situations of social services. We hope that these will be of real help not only for those who go through this work for theoretical purposes but also for all the factors / agents that aim at *the quality of care in the nursing homes for the elderly*. Obviously, the approach of concepts, theories and paradigms is adapted to the purposes and dimensions of this work.

Therefore, in this second chapter, we propose a conceptual theoretical analysis of the concept of *quality of elderly care*. It is made of three basic concepts: *elderly, care, quality*. What do we mean by each of these?

From a logical point of view, the elderly is a conceptual entity. Therefore, we make the first approach and research from a conceptual perspective, as detailed in the sub-chapter on quality. The type of conceptual analysis we are proposing can be considered as an unusual one, from lesser practiced perspectives. This, however, does not come from any desire for originality. The proposal to explore some less-researched methods and techniques for the approach of the elderly was born out of our quests for the most practical solutions.

From an existential point of view, the elderly is also a human entity. A very widespread formulation considers man to be a bio-psychosocial being. The three aspects or components form a unit, a bio-psychosocial integrated system. This wording attempts a global approach to the human being and is well suited to bringing and maintaining in the field of attention aspects, views, and perspectives as comprehensive as possible on the human being.

Therefore, we will also approach and analyze the elderly as an entity that lives concurrently in the three levels (biological, psychological, sociological). These levels are different, both from an ontological / existential point of view and from the point of view of potentially measurable indicators, which can be pursued by a research whose purpose is to also have empirically measurable results. We will add the spiritual level to the three levels.

*“The professional interests [of the social worker] towards the client must include all the components of his / her expression: biological, psychological, social, spiritual. Treating the person as a whole involves the approach of several factors at the same time: the immediate problem and the effects of long-term action, the interest and well-being of the client, and the effects on those in his social orbit, self-development and self-determination of the social worker”.* (Neamțu, G., in Neamțu, G., 2003, p. 32)

The conceptual clarifications in this chapter also aim to obtain some definitions, specifications and operationalizations of measurable indicators, i.e. we aim to move from the theoretical to the practical level from the concepts: elderly, care, quality, to their indicators that may be monitored. This means that we are attempting an approach that gives us both an overview and a detailed picture of the elderly, i.e. a transition from a conceptual level to the empirical one and vice versa.

In the third chapter, **Theoretical perspectives**, we are going through some epistemological perspectives in order to obtain the necessary references and clarifications and

from which to find out the most appropriate research method for the specificity of the present topic. We believe that we cannot start on a road without first understanding where we are, how we recognize the road we decide to take, our purpose for taking it and what we assume or what we expect to find at the end of this road.

The social research activity is carried out according to some methodological benchmarks discussed and debated in the literature. But how do we deal with the methodological diversity and the paradigms present in the literature in this field? Under which criteria do we operate the selection of existing paradigms, theories and methods? Throughout this chapter we express and argue the theoretical and methodological searches and choices and for which we opted.

We present a quote from a book by an author involved in the research activity, quote which we propose to be considered a benchmark, which will allow both the clarification of our options and the structure of the work. *“The book reflects my personal research experience, but it was also born after almost 25 years of teaching philosophy of science and social sciences, methodology of social research and qualitative and quantitative methods both at university level , as well as postgraduate students, coming from many disciplines. We quickly came to the conclusion that it was important for students to understand ontological and epistemological assumptions as well as logical and methodological issues to avoid the repetition of sometimes sophisticated empiricism, but lacking in reflexivity that is often mistaken for social research”* (Blaikie, N., 2010, p.ix).

We also emphasize the importance of the awareness of the ontological (existential), theoretical, paradigmatic and conceptual situations - the importance we have discovered in our practical work.

The fourth chapter, **Research methodology and the phases**, is the one in which we describe and explain how we considered this research and the steps we took. This chapter is essential for understanding this work.

The *“subject of this research”* is the *quality of elderly care*, and the *place of research* is represented by the *nursing homes for the elderly*. Since the quality of elderly care can also be researched only conceptually-theoretically, we have to mention that *the objectivity* of the quality of elderly care that we are primarily dealing with is the one given by the standards / indicators

stipulated by the law. The legal provisions are formulated in a language with generically and empirically detectable intelligible meanings. Our study is not limited to these standards / indicators, but we will start from these. The legislative standards name and circumscribe the regulatory needs (called and described as such by Bradshaw, 2013) and which we proposed for discussion in Chapter 1.

**Our research question** is the following:

**How is the quality of elderly care achieved in the nursing homes for the elderly?** or otherwise formulated **What are the criteria by which we assess the quality of elderly care in the nursing homes for the elderly?**

The accreditation activity is based on the implicit assumption that accreditation is a prerequisite for the quality of elderly care in the nursing homes for the elderly. In the above terms, this means that the agent / factor that determines or produces the quality of elderly care in the nursing homes for the elderly is accreditation. Within this activity, things are clear and already “established”. But is accreditation the only factor / agent involved in achieving quality for the elderly?

Here’s how we came to the question of our above-mentioned research, which can be explained in detail: how is it achieved, under what conditions, what agents / factors participate in the elderly care in the nursing homes for the elderly?

To answer our question, we must formulate a hypothesis. We start our research from a hypothesis. When formulating a hypothesis, we are inevitably located not only physically-geographically but also linguistically and culturally. This also implies a conceptual, theoretical and paradigmatic situation, more or less conscious. *“Hypothesis - a specific expectation that can be tested, on the empirical reality resulting from a more general sentence. Generally, it is a quest for the nature of things derived from theory. It is a statement of what must be noticed in the real world if the theory is correct.”* (Babbie, E., 2010, p. 82)

Apart from the setting noted above, we also mention the social and professional setting that outlines our everyday practice. All these settings draw our attention to our subjectivity. So, starting a scientific study must also involve a process of self-reflection, awareness of our subjective setting. This is because, as we have seen before, we never go from scratch, from a knowing purity. *“To begin with, all our experiences are inevitably subjective. We can only see*

*through our eyes, and any particularity we perceive will influence what we see.* “ (Babbie, E., 2010, p. 78)

So the way we started the research and the place where we started from shows all of the settings outlined above. In this respect, just to give an example, the professional setting in the field of accreditation of social services was decisive for the emergence of this study and this paper. Therefore, the type of approach to this research topic reflects our social situation. *“The perspectives are the result of paradigms in which we were socialized.”* (Babbie, E., 2010, p. 66)

The above-mentioned, i.e. awareness of existential situations, forced us to make an investigation, description and explanation of the actual steps that we have taken throughout this research. After these few clarifications, let's return to the hypothesis. What is our hypothesis? What are we researching? Quality of elderly care? Accreditation / licensing of social services? Nursing homes for the elderly? Each of these three questions can be found in laborious research topics. What we are interested in at first is *the relationship between accreditation and the quality of elderly care in elderly nursing homes*. The intent of these questions here is to outline the research area we are dealing with and to provide some benchmarks for the hypothesis. *“The hypothesis is the bridge linking the elaboration of the research project to the verification of its results and is presented as an anticipated response by the researcher. The hypothesis is presented in the form of a declarative statement indicating an anticipated plausible relationship between phenomena explored in direct relation to the subject of inquiry.”* (Ionescu, I. in Neamțu, G., (coord.), 2003, p.222)

The plausible relationship we anticipate is between *accreditation and the quality of elderly care in elderly nursing homes*, and the topic of our research is *the quality of elderly care (in the nursing homes for the elderly)*.

Thus, our hypothesis is the following:

***“Accreditation / licensing is a prerequisite for the quality of elderly care in the nursing homes for the elderly.”***

We rely on the fact that accreditation involves hiring professionals, monitoring care and complying with the quality criteria set by regulatory standards.

Our hypothesis is included in the previous research question and starts from our practical and theoretical setting within the accreditation process of the providers of the services for the elderly.

Of the above, it results that in the case there is accreditation / licensing of services, there are also conditions on the quality of elderly care. At least at the time of accreditation / licensing. The legal purpose of accreditation / licensing is the quality of elderly care in residential centers. According to the above, we might consider that there is a causal relationship between the two variables. This type of relationship is part of the type of assessment to which we report in this study, i.e. the impact assessment. “... *the impact assessment is, by its nature, focused on the issue of causality, because it is intended to measure the final results (effects) of program interventions (causes).*” (Cojocaru, s. 2010, p. 59) As far as we are concerned, we consider the causes of elderly care services in the nursing homes for the elderly, and the effects thereof. “*In the causal explanation, the assumed cause is the independent variable and the variable affected - the dependent variable.*” (Babbie, E., 2010, p. 61)

The situation appears to be obvious. But is the assumed cause (i.e. accreditation) also the true cause, the real cause? If so, then what kind of the cause? But what does real or true cause mean in this case? In social sciences the causal relationship is problematic, which is why the authors in the field propose to investigate rather the factors / agents that produce / determine, in our case, the quality of elderly care in the nursing homes for the elderly. Van den Berg (2005, pp. 30-31) considers that “*especially in the social environment, we cannot precisely identify and isolate the causes, but rather we must take into account the factors that intervene in the manifestation of the effects.*” As a result, in the process of verifying the hypothesis, we also took into account the fact that we may identify other “causes” / factors that contribute to the quality of elderly care in the nursing homes for the elderly.

The hypothesis was formulated in the context in which we chose for an evaluation of the implementation and impact of the quality of elderly care in the nursing homes for the elderly. “*The impact assessment shall focus on the final results of the program and shall seek to analyze the effects of the program on the situation of the beneficiaries at the end of the program or when they leave the program and on the environment in which the program takes place.*” (Cojocaru, Ș., 2010, p. 58) To investigate the effects of care services on the beneficiaries (elderly) we considered appropriate to study the *environment in which the elderly care is evaluated* and the



achievement of the elderly care in the nursing homes for the elderly. We understand here, by this *environment*, the macro-social and micro-social factors / agents that participate in the quality of elderly care in the nursing homes for the elderly.

Of course, we already have a verifiable objective (empirical) definition of the quality of the elderly care in the nursing homes for the elderly, which is done by law. By applying the law, accreditation / licensing ensures the presence of quality. At least this is what it aims, by reference to the normative needs. But is this concept / variable exhausted / consumed by the law? Is it fully covered by the law? Is the presence / absence of legislative requirements really decisive? If so, what kind of determination? Is the application of the law a prerequisite for the *quality of elderly care in the nursing homes for the elderly*? Does the study on the quality of elderly care be included only within the legislation in force? In the first chapter, we saw that the *normative needs* do not completely include the needs of the elderly. There is a rest of what Bradshaw (2013) called *the felt and expressed needs*.

Starting from accreditation, this study was originally based on legislation (that is, on defining the quality of care included by the law), which we considered to be a fundamental benchmark. Our research is related to legislation as a benchmark, but is this the only one? If so, then the accreditation / licensing based on the law can confirm the truth of the hypothesis we formulated and within which we considered accreditation, as premise.

The course of research revealed, however, that the accreditation process involves four different entities, namely: 1. the legislator, 2. the accreditor, 3. the social service provider / the nursing home for the elderly and 4. the beneficiary / elderly. Each of the four entities is interested in / and involved in the quality of care in the nursing homes for the elderly. Therefore, everyone participates in giving a definition of the quality of care in the nursing homes for the elderly.

The presence of these different entities shows that there are also four different views on the *quality of elderly care*, so on what we called the *central concept* in this paper. Therefore, everyone participates in giving a definition of the quality of care in the nursing homes for the elderly.

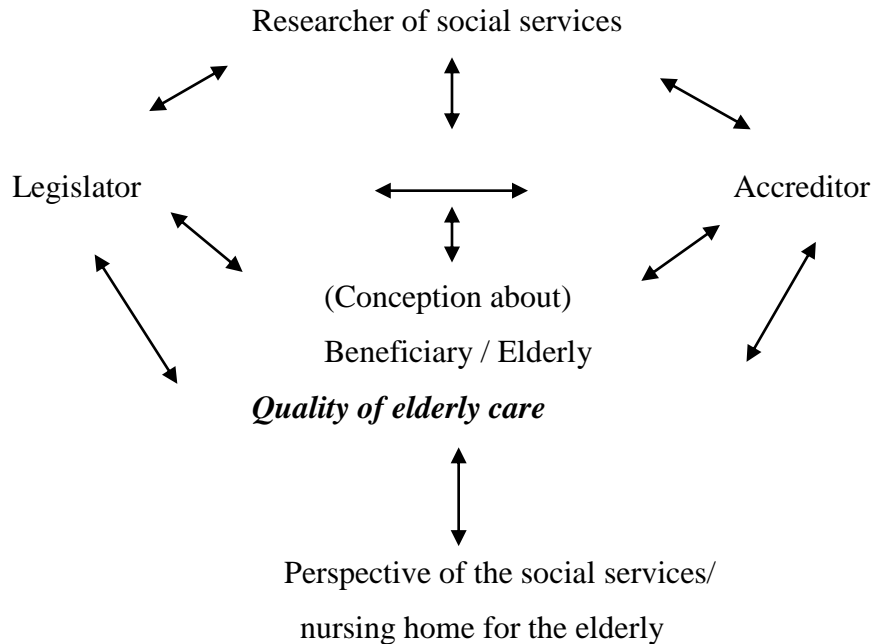
The study of the four points of view also revealed the fifth perspective. This perspective cannot be identified with any of the four mentioned above, although it has common points with these, and it also has elements that are not in the others. We called this perspective the

researcher's perspective. So our central concept will be studied from the five perspectives, which, we have concluded from this research that are the main ones (i.e. their influence on the quality of elderly care is significant). These five perspectives include five social - human perspectives that are involved in defining the concept of quality of elderly care in the nursing homes for the elderly.

Another type of perspective that greatly influences the quality of elderly care is the economic or financial one. Therefore, in these five perspectives, we still need to add one more, which we explicitly assume; we shall approach it only in an introductory, summary perspective. We say this because we consider that the relationship between the economic factor and the quality of elderly care is sufficiently broad and complex enough to require a separate research dedicated to this relationship, and not just to the limited space that this research allows to offer. However, given the considerable importance of this factor, we cannot ignore it. Thus, in a sub-chapter we briefly discuss some aspects of this perspective that we called the economic and financial perspective.

We also need to locate the variable we call the central concept of this study, namely: *quality of elderly care*. This is the central variable set as purpose by the other perspectives discussed. We study this variable in the paper, both conceptually and theoretically as well as empirically.

A synthetic schematic layout helps us to find out more easily the possible correlations between these perspectives. We propose a possible synthetic schematic representation of the correlations between *all five social human perspectives* and the variable *quality of elderly care in the nursing homes for the elderly*.



Graph 1. *Inter-correlations between the social human factors and the quality of elderly care in the nursing homes for the elderly.*

In this schematic representation, we also situated centrally the perspective of the elderly care along with the beneficiary / elderly perspective. This is because the purpose of the activities of all the other entities, i.e. of the other agents / factors, is the quality of elderly care in the nursing home for the elderly. And the quality of elderly care has its source / origin in the elderly needs / necessities / requirements. Without the needs / requirements / goals of the elderly, all other perspectives, all other factors do not exist.

It is also noted that we also put into brackets the *concept about*. We refer here to the concept of the elderly, care and quality. Through this setting, we intended to draw the attention to the importance and the place that theories and paradigms have, that is, implicitly the prejudices, on the way we evaluate and achieve the quality of elderly care.

The study we conducted at the micro-social level firstly identifies *a specific way of analysis*, of direct relationships, in our case, those between the caregivers and the elderly, the elderly and their families, between the families and the caregivers.

Thus, in order to assess the quality of elderly care, we also need a definition made at the level of direct interaction with the elderly. Of course, the definitions made by the entities situated at macro-social level also start at micro-social level, but we emphasize the necessity of this

distinction, since each individual is unique, and we must not forget this. The regulatory needs never cover all the potentially perceived needs of the human individuality, hence the elderly.

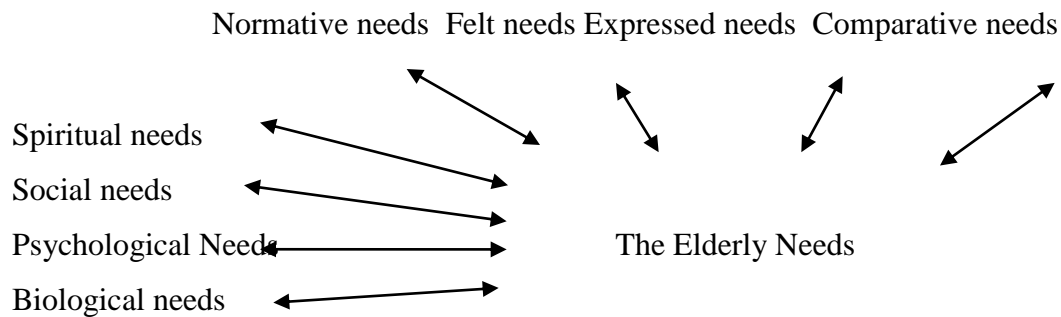
Because the concrete type of social service that our study focuses on is the care in the nursing homes for the elderly (C.P.V.), our research at the micro-social level aims at the adapted/ appropriate / adequate care given / provided to the elderly in the nursing homes for the elderly. Thus, our study aims to identify specific methods of elderly care, i.e. *well-delimited procedures* of the nursing homes for the elderly. This is done by constantly calling on the conceptual-theoretical analysis of the concrete practices concerned.

So, the micro-social study includes:

1. reporting on the realities and phenomena inside the nursing homes for the elderly to the quality standards provided by the legislation;
2. the analysis of the actual care given to the elderly in the nursing homes for the elderly.

We do this through observations, questionnaires, discussions, interviews, focus groups. To those listed we add what we called conceptual research with a practical purpose in our study. Only in this way we can hope to answer the question of our research, namely: how is the quality of elderly care achieved in the nursing homes for the elderly?

At micro-social level, we meet with the actual elderly and with their concrete needs. Therefore, we need to take into account the four types of needs: the normative need, the need felt, the expressed need, the comparative need; we propose to add the four types of needs given by the four existential plans described, namely: the biological (or biomedical) needs, psychological needs, social (or sociological) needs, spiritual (or religious) needs. A schematic representation of the matters previously discussed would help us to bring to the field of attention these eight types of needs. To this end, we propose a schematic representation of how the elderly need concentrates and produces these eight types of needs:



Graph 2. *Representing the integration of needs in the elderly*

We represented the doubled arrows because the needs of each individual start from the common biological - psychosocial space and the spiritual and common space and these are integrated and assimilated in a unique way by each human subject. Depending on these, the normative needs also arise and further, also the nursing homes for the elderly that propose to offer services to meet these needs, services that are carried out according to the law (the accreditor makes sure of this).

The fifth chapter, **Results, analyses and interpretations**, includes the analyses and interpretations that we make about the results of this research. We mention that the research results surprised us. This is because we started the initial research from the perspective of the accreditor for whom things seemed "obvious". The initial "evidence", based on data and information interpreted within inadequate or not at all aware concepts, theories and paradigms, did not resist thorough research. The evolution of interpretations as well as the new data and information obtained during this study are discussed throughout the paper.

For this research, we chose to combine quantitative approaches (sociological survey based on questionnaire) with qualitative ones (focus group, discussion, observation, study of documents).

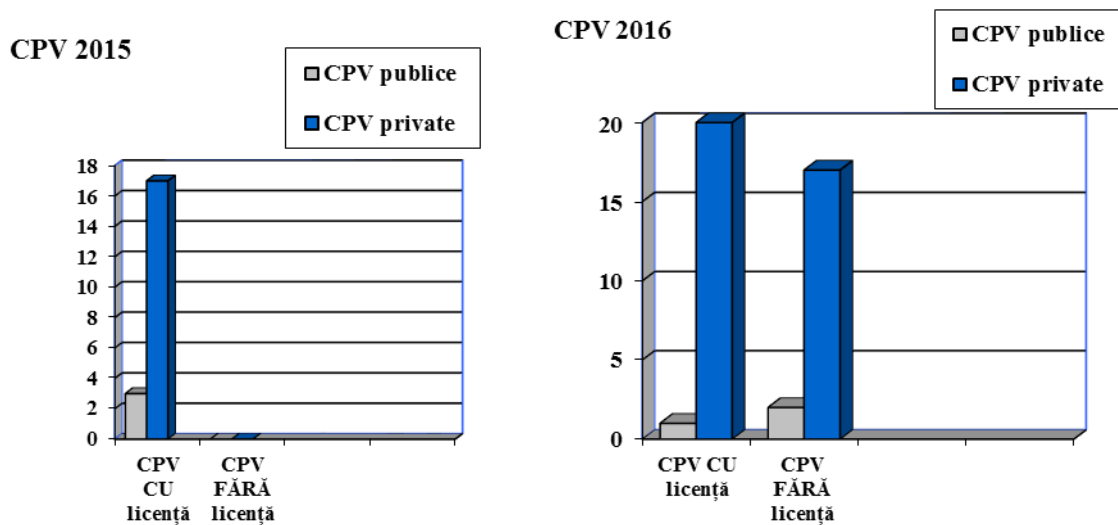
Initially, we conducted the **Classification of the nursing homes for the elderly that function in Cluj County**.

Concerned about the quality of care of the elderly, the conditions in which this care is taken, the knowledge and identification of those who undertook this task, we proposed to identify all providers in Cluj County who set up and manage nursing homes for the elderly, also

being motivated by the lack of a complete situation in this regard. Starting from the existing data, we considered an approach for the identification of the nursing homes for the elderly, which were not recorded in the existing databases. It is superfluous to say that this situation is equivalent to the operation outside the legal framework, i.e. without holding the accreditation certificate and the operation license. The field work led to the identification of 20 nursing homes for the elderly / residential services for the elderly which provided / provide social services without operation license. Of the social service providers managing these nursing homes, only three of them had accreditation certificates.

The identification of these social care facilities led to the achievement of the necessary activities and then to the getting of the accreditation certificate for 18 of the providers providing residential social services to the elderly. This is not the case in terms of social services licensing, only 6 of the 20 nursing homes for the elderly / residential services for the elderly obtained the (provisional) operation license.

Thus, corroborating the existing information (2015) with those collected in the field activity (2016), the number of nursing homes for the elderly at the level of Cluj County, on 31 December 2016, was 40 residential units, of which 3 public residential units, as represented in the following graph.



Graph 3: *The situation of the nursing homes for the elderly at the level of Cluj County in 2015 and 2016*

The classification activity was necessary; this would allow for the monitoring of the activities of the nursing homes for the elderly and aimed at increasing the quality of care of the

elderly. Annex 4 of the paper contains the list of all nursing homes for the elderly / residential centers for the elderly that operate in Cluj County.

After the classification phase, we conducted the **identification of the nursing homes for the elderly for the application of the questionnaires.**

For the application of the questionnaires, we made a theoretical sampling of the nursing homes for the elderly, starting from the our own data base created in July - August 2016. Thus, we considered to choose the nursing homes for the elderly taking into consideration and trying to cover as many criteria / situations as possible where these are found: licensed / unlicensed social services; public / private social services; social services in urban / rural areas; social services receiving subsidy / not receiving subsidy; social services operating in their own location (no rent is paid) / rented location (rent is paid); social services that receive religious financial support / do not receive religious financial support; social services with a high / medium and small capacity.

The total number of nursing homes for the elderly where questionnaires were applied to the beneficiaries was 20, three of which (in fact, this is the total number) were public social care facilities. Their distribution according to the established criteria is represented in the paper.

### **Sociological survey based on questionnaire**

For the achievement of the **quantitative analysis** we used the **sociological survey**, using the questionnaire as a tool for data collection. (The questionnaire used in the quantitative research is presented in Appendix 2 of the paper).

For the application of the questionnaires, we made a theoretical sampling of the nursing homes for the elderly, of which, we chose 20. The questionnaire was applied in the nursing homes for the elderly which are also licensed to operate and in the nursing homes for the elderly that do not have operation license, aiming to identify whether there are significant differences in the quality of care for the resident elderly. The questionnaire was constructed based on the minimum quality standards regulated by law, where we chose some dimensions relevant to what the elderly care means and which are congruent with the theoretical basis of the study. We took into account the indicators provided in the quality standards as mandatory and their correlation with the satisfaction of the beneficiaries / their degree of satisfaction. The questionnaire has 12

questions / items, each with a variable number of sub-questions / sub-items. In the questionnaire, there are 10 dimensions (shown in the following graph) of elderly care in the nursing homes for the elderly which are also analysis elements in the evaluation for the granting of the operation license.

Dimension 1. Accommodation conditions

Dimension 2. Food

Dimension 3. Daily care

Dimension 4. Medical care

Dimension 5. Functional recovery services

Dimension 6. Psychological support services

Dimension 7. Socialization and leisure

Dimension 8. Spiritual care

Dimension 9. Attitude and behavior of the staff

Dimension 10. Relationships with the outside of the nursing home

Graph 4. *Dimensions of the questionnaire*

273 questionnaires were applied to beneficiaries aged between 65 and 95 years. With regard to the selection of the beneficiaries, we established a sample of convenience, given their age (65 years and over, based on the definition of the elderly which we may find in the law on social work, Law no. 292/2011, art.6 letter bb) and the mental capacity to provide valid answers.

The data processing and analysis was done through the SPSS Statistics Program, linking the various variables / different items of the questionnaire and the status of the social service (licensed / unlicensed) through bivariate descriptive analysis. Considering the many dichotomic / multiple choice questions, we used the processing using the coefficient of association phi ( $\phi$ ), derived from the square chi coefficient ( $\chi^2$ ), which is calculated for two dichotomic variables, each recording the presence or absence of a feature. (Opariuc, 2011)

The results of the research conducted by the sociological survey based on the questionnaire revealed that the status of the social service (licensed / unlicensed) is not the only factor involved in achieving the quality of elderly care, but it is a necessary condition in terms of legislation. We came across nursing homes for the elderly without license where there is quality of care for the elderly (compared to the minimum standards provided by the law), while we



identified nursing homes for the elderly with operation license where the quality of elderly care was lower. The comparison between the licensed nursing homes for the elderly and the unlicensed nursing homes for the elderly shows that, overall, as regards the existing *objective conditions* in the nursing homes, there is a statistically significant difference in the favor of the licensed ones. This result confirms our assumption that accreditation is a sufficient premise when it is seriously and rigorously applied, but not the only one, for the quality of elderly care in the nursing homes for the elderly. The results obtained are however nuanced, depending on the items present in the questionnaire.

**For example**, with regard to *accommodation conditions*, there is no significant difference related to the accreditation / licensing status of the social service. We notice significant statistical differences, positively viewed if we refer to the licensed services, regarding the storage space of the personal belongings. The beneficiaries have adequate space for storing personal belongings in the nursing homes for the elderly that have operation license.

To complete the aspects on the quality of care, in the period when we applied the questionnaires, we had **semi-structured discussions / interviews with the families** visiting the elderly. We had talks with 16 people; by the questions addressed to them, we aimed to identify the problems / dissatisfaction of the elderly, which are the aspects that need to be improved. The semi-structured conversations / interviews with the elderly marked out that there are no significant differences between social services that have an operation license and those that do not have an operation license. The opinions and remarks of the family of the elderly are congruent with those of the elderly.

**The group interview (focus group)** was conducted with social workers working in residential institutions for the elderly. The discussions were structured in four thematic units that aimed to discover the perspective of the social worker from the nursing homes for the elderly about the factors that participate in the quality of elderly care. These are the following: quality aspects in social services (factors, principles, criteria); aspects on accreditation of suppliers and licensing of social services (difficulties, utility, proposals, influence on quality of elderly care); aspects of elderly care in residential system (problems of the involved personnel, necessary

skills, activities carried out, approach of the elderly in need of social work and care); aspects on the activities of social workers and aspects on work satisfaction.

The aspects presented by the participants indicate or prefigure the competitiveness of the services provided by the nursing homes for the elderly, as stipulated by the legislator; the methodology for the classification in quality classes shall also be regulated. The discussions with social workers certified the benefits of the social service accreditation / licensing process as being necessary and beneficial for the provider, but which ultimately affects positively the recipient. The accreditation process brought about the valorization of the social worker's work, although there still are some confusion situations about the role, the social worker being perceived as a person who can be approached for any situation. Finally, the conclusions converge towards the approach of the elderly from the four perspectives of intervention (biological, psychological, sociological, spiritual), to the continuous improvement of the staff, the valorization of the social worker's work, the importance of the licensing of social services with all the necessary preconditions in terms of legislation, which will return positively to the beneficiary.

We also carried out **an analysis of the documents concerning the personnel providing services in the nursing home for the elderly**, in relation to the legal requirements specific to the residential services. This revealed that the staff is under-dimensioned. The analysis we made concerns the degree of compliance with the specific legislative provisions regarding the weight of specialized personnel (minimum 60%) of the total number of the staff employed and the type of specialized personnel employed in the nursing homes for the elderly where this research was made. We found that there are situations in which the hired personnel is completed with the services of specialists (physician, psychologist, physical therapist), but neither this way the ratio employee / beneficiary regulated by the law is complied with. This situation, in addition to overloading of the staff, leads to a decrease in the quality of the services provided.

These aspects were also identified by the beneficiaries when they filled in the questionnaires and also by their families in the discussions with them.

The last chapter, **General conclusions and recommendations**, contains in a brief formulation the ideas presented and discovered during the research, the limits of research and possible directions for future research.

The research conclusions are structured taking into account the two levels of research analysis: macro-social and micro-social. These are completed by the conclusions drawn from the empirical component of the research.

Thus, the research at macro-social level resulted in the identification of the prospects involved in / or that participate in the achievement of the quality of elderly care in the nursing homes for the elderly. Referring to ensuring the quality of elderly care in the nursing homes for the elderly, accreditation is a complex perspective built by the participation of several factors / agents (legislator, nursing home for the elderly, beneficiary / elderly, economic-financial, researcher).

At the micro-social level, the conclusions converge towards the importance of the elderly approach, and therefore their care taking into account the four existential plans within which each human being lives (biological plan, psychological plan, sociological plan, spiritual / religious plan).

The empirical research comprised several components discussed extensively in the chapter on results, analyzes and interpretations.

By clarifying some notions / concepts, by identifying the correlations between factors and variables located at the macro-social and micro-social level, we consider that the paper provides a more comprehensive picture of the ways in which the quality of elderly care in the nursing homes for the elderly is achieved. **For example**, the identification / classification of all residential centers for the elderly operating at the county level is of significant importance. The results were centralized and presented in Appendix 4 of the paper and may be consulted by the elderly and their families when they decide to access this type of service.

In our research, the economic and financial aspects are very little addressed. These are of significant importance that would require a distinct work on the types of relationships that can be detected between the economic and financial perspective and the quality of elderly care in the nursing homes for the elderly.

Secondly, the biomedical aspects of elderly care are treated to a small extent, and not because we consider them less important.

Thirdly, we assume that the present research contains few references to other researches about the elderly. We preferred to refer to our own experience in the field of accreditation of social services, our own readings and our own reflections on this area.

Regarding the organization, the operation and then the accreditation of the provider and the licensing of the social services following the results of our research, we made several **proposals**, among which we mention the following:

- Granting the right to operate nursing homes for elderly depending on the justification of their existence, taking into account the identification of the need at the community level
- The need to own premises by those who want to set up a nursing home for the elderly, which further shall allow them, if necessary, to carry out modernization, renovation works and arrangement of the premises
- The obligation of the nursing home for the elderly to have their own cafeteria, which should ensure a balanced and adequate diet for the elderly and the provision of hot meals throughout the day, not just the main meal
- Depending on the type of social service, and the case of the elderly is one such case, mixed (social-medical) teams should be set up to evaluate and then monitor the licensed services

The professional quality of those involved in the service licensing activity - social inspectors - must be at a high level; this involves knowledge in the social field, which should allow the achievement of an authentically qualitative assessment, not just a formal one.

For **future studies and research**, we believe that the following can be considered:

- The study of the influence of the economic factor on the quality of elderly care in residential centers
- Cost-benefit analysis in residential services for the elderly
- The psychological-social situation of the elderly resident in the nursing homes for the elderly depending on the type and frequency of visits they receive
- Assessment of the nursing homes for the elderly and care and social work centers in terms of adequacy of the type of beneficiaries

Through its results, we consider that this work contributes to a field of interest and reality, that of accreditation in the social field, with implications on the quality of care of the elderly.

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### **LEGISLAȚIE**

- Legea nr. 292 din 20 decembrie 2011*, Legea asistenței sociale, publicată în Monitorul Oficial al României, Partea I, nr. 905 din 20 decembrie 2011, cu modificările și completările ulterioare
- Legea nr. 197 din 1 noiembrie 2012*, privind asigurarea calității în domeniul serviciilor sociale, publicată în Monitorul Oficial al României, Partea I, nr. 754 din 9 noiembrie 2012, cu modificările și completările ulterioare
- Hotărârea Guvernului nr. 118 din 19 februarie 2014*, pentru aprobarea Normelor metodologice de aplicare a prevederilor Legii nr. 197/2012 privind asigurarea calității în domeniul serviciilor sociale, publicată în Monitorul Oficial al României, Partea I, nr. 172 din 14 martie 2014, cu modificările și completările ulterioare
- Ordinul Ministerului Muncii, Familiei, Protecției Sociale și Persoanelor Vârstnice nr. 424/2014* privind aprobarea criteriilor specifice care stau la baza acreditării furnizorilor de servicii sociale, publicat în [Monitorul Oficial](#) al României, Partea I, nr. 217 din 26.03.2014
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