

# RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO  
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

## EDITORIAL

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The aging of the European population has been the basis for several public policies in various domains. This phenomenon is easily understood when the demographic changes of the last decades are considered, although with differences between countries. The proportion of the elderly population, when compared with the adult and young, has never been higher; in addition to the low birth rates, life expectancy alone has noticeable effects on the number of older people.

This combination of demographic factors has increased the visibility of this age group and, consequently, the identification of more, and more diverse needs, particularly in social terms and more specifically in health care. Indeed, the health and social sectors, often in conjunction, have suffered great pressure from the specificities of morbidity and disease patterns and by elderly people's characteristic needs.

Although it is mandatory to consider the enormous and inevitable diversity of elderly people, dictated by their subjectivity, inclusion in social stratification and in the territory, culture and resources, the health and social needs that must be guaranteed mobilize different organizations and professionals. In its own way and in the different ageing stages, the elderly population will lack health care and support services of a specific, contextualized nature and, in many cases, in articulation or simultaneity, such as health promotion, prevention, health management, illness, rehabilitation, continuous or palliative care. Forcibly, in the benefit and demand of this care, different services and professions are involved, which enriches and, at the same time, complexes the necessary actions in these different contexts.

In recent years, and in several instances, the urge to introduce in public measures and organizations, including those whose mission is teaching and training, thoughts and practices focused on the elderly population has been expressed. It explicitly refers to the reason for the unpreparedness of professionals (as well as informal caregivers) to respond adequately to the characteristics and needs of this population<sup>(1)</sup>. We admit that such an assessment is based on several explanatory factors, including the slow adaptation of knowledge and professional skills to the changes and challenges raised by the increase in the number of elderly people, which is linked to other domains. They should refer to: greater longevity, less well-known or under-valued pathologies and disabilities, increased scientific knowledge in the medical and pharmacological domains, changes in family structure and dynamics and in vicinity relations and the negative effects of socioeconomic inequalities<sup>(2)</sup>.

The primacy of the need for interventions centered on the person/client/user has been integrated into the social discourses, principles and norms of the health professions, and is expected to be translated into the concrete actions of providing care to all people and social groups and in the various contexts. This is not, in itself, a guarantee that the consideration of the particularities and satisfaction of the needs and expectations of the elderly are fully integrated into professional practices. Indeed, there is a basis for the identification of specific skills to be developed and evidenced by those who want adequate levels of performance, in compliance with standards of practice and fundamental principles of each profession.

These competences will be developed and will be evidenced from an in-depth knowledge about “the aging process, diversity of the elderly population and their health and social needs”, of skills and attitudes that reveal understanding and acceptance of individuality and autonomy of the elderly<sup>(3:142)</sup>. In this way and activating the best cooperation and communication with professionals from your or other professions, it will be possible to establish collaborative relationships with the elderly person that promote the maintenance of the best health levels, their social participation and personal fulfillment, within the framework of their possibilities, experience, context and aspirations.

The expectations expressed by the elderly population regarding the way they want to be seen and cared for and by health and social support professionals are clear regarding the importance of these specific competences, emphasizing those related to the establishment of adequate interpersonal relationships<sup>(4)</sup>. Particularly highlighted are the skills that, in the professional context, are received as adequate and satisfactory from the psychosocial and emotional points of view, and of communication which consolidate mutual trust. If we want to observe the eyes and listen to the voices of the elderly population, we will find the way for the mission of social and health support organizations and the principles of the professions in these fields to be fulfilled, with individual and collective gains.

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