SOCIAL COMPETENCE IN THE 65+ POPULATION

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Abstract

This paper examines social competence in the 65+ population based on a qualitative study involving 25 participants aged 65 and older. The research defines social competence as the ability to initiate and maintain meaningful social interactions. The study is part of a broader project Support and Development of Financial, Digital, Social, and Health Literacy among the 65+ Population (TAČR, TQ01000591). Through in-depth interviews, the study identified areas of social competence deficits. Participants described challenging situations in their social interactions, recognizing their own limitations and describing how they try to address them when dealing with people or institutions. Many expressed feelings of resignation or submission in demanding social contexts. The most common social barriers included shyness, low assertiveness, fear of rejection or criticism, and, in some cases, overly aggressive responses. These behaviours often stem from a lack of support or targeted educational opportunities. The findings suggest that older adults face specific social challenges that may impede their daily activities and overall well-being. The identified barriers offer valuable insights for developing educational programs aimed at strengthening social competence among older adults.

Keywords: Social Competence, 65+ Generation, Social Interactions, Qualitative Survey

Introduction

Population aging is one of the most significant demographic trends in contemporary society. With increasing life expectancy and a growing number of people aged 65 and older, there is a rising need to understand not only the health and economic aspects of aging but also the social and psychological components. Social competences – defined as the ability to communicate effectively, establish and maintain interpersonal relationships, cooperate, manage social situations, and demonstrate empathy – constitute a key factor in determining the quality of life in older age. These have a crucial impact on social integration, sense of belonging, and the prevention of loneliness and social isolation, which are common risks in later life.

The 65+ generation represents a group whose social competences are shaped not only by individual life experiences but also by the broader societal context. In recent years, older adults have been exposed to rapid social changes such as digitalization and changing family dynamics, which may both strengthen and challenge their social skills. The ability to adapt, communicate, and participate has therefore become a key component of social literacy, closely linked to health, financial, and digital literacy, and contributing to the overall sense of well-being.

Understanding social competences in the 65+ generation is important not only for theoretical knowledge but also for its practical implications. It can contribute to the development of support programs, educational activities, and community strategies that promote active and dignified aging. This article examines seniors' social competences in the context of their everyday lives, with an emphasis on communication, relationships, social participation, and the ability to cope with the interpersonal challenges of contemporary society.

Theoretical Background

Defining Social Competences

Social competences represent one of the key concepts in contemporary psychology, pedagogy, and social work; however, the term is characterized by considerable terminological inconsistency and a lack of uniformity in definition. The lack of uniformity in defining social competences has been highlighted by Vališová and Kasíková (2010). Therefore, in the following article, social competences will be defined on the basis of current theoretical knowledge, while considering their interdisciplinary nature.

Social competences, social capability, or social proficiency can be defined as learned, adaptive, and context-specific abilities that enable an individual to function effectively within a social environment and achieve personal goals through constructive interaction with others.

The Encyclopedia of Sociology published by the Institute of Sociology of the Czech Academy of Sciences defines social competences as an individual's ability to control the course of a social situation in accordance with personal goals, referring to the mastery of certain social techniques based on social perception (Nešpor, 2018). Paulík (2017) examines social competences in the context of human resilience and emphasizes their importance for coping with the demands of everyday life. His approach links social competences with the individual's adaptive processes in managing various life challenges. According to Paulík (2017, p. 44), social competences include "a set of abilities and skills that enable successful adaptation within a given social environment and positive interaction with others, such as naturalness, empathy, communication, cooperation, and willingness to help."

Barták (2025), in the latest publication Social Competences, presents social competences as a key domain of social psychology and personality psychology that significantly influences the formation of positive interpersonal relationships. According to Rose-Krasnor (1997), it represents an interaction that is evaluated positively by both participants and involves consideration of one's own perspective and the other person.

Structurally, social competences include both intrapersonal dimensions (self-awareness, emotional regulation) and interpersonal dimensions (communication, empathy, cooperation). Their development is a lifelong process of social learning that plays a crucial role in personal growth as well as societal development.

For the topic addressed in our project Support and Development of Financial, Digital, Social, and Health Literacy among the 65+ Population (TAČR, TQ01000591), it is essential to understand that social competences can not only be measured but, more importantly, developed through targeted intervention aimed at enhancing the quality of life of individuals and society as a whole.

A significant contribution to the theoretical understanding of social competences is represented by Michael Argyle's model (1967), which conceptualizes social skills in a manner analogous to motor skills. According to this model, social competences are characterized as organized, coordinated actions directed toward an object or situation, with the course of these actions continuously monitored and adjusted through sensory feedback.

Argyle (1967) identified the fundamental components of social competences, which include perceptual sensitivity, warmth and the capacity to form close relationships, a repertoire of social techniques, flexibility in responding to others' cues, energy and initiative, and patterns of calm responsiveness.

Scholarly literature presents several ways of categorizing social competences. Gillernová and Krejčová (2012) distinguish social skills according to whether they relate to oneself (intrapersonal) or to interpersonal relationships (interpersonal). Among the intrapersonal social skills, they include self-awareness, emotional understanding and regulation of emotional expression, and authenticity. On the other hand, interpersonal social skills include acceptance of others, empathy and compassion, conflict management, and open expression of opinions.

Riggio (1986) developed a structural model of social skills based on three fundamental communicative dimensions: receiving information (the ability to decode and interpret social signals), sending information (the ability to clearly communicate and express oneself effectively), and monitoring or regulation (the ability to control and manage social interactions). These dimensions are further divided into verbal and nonverbal components, forming a comprehensive six-factor model of social competences.

The practical definition of social competences includes the following specific areas: communication skills (verbal and nonverbal communication); assertiveness (healthy self-assertion and the ability to resist social pressure); empathy (the ability to understand and relate to others); problem-solving in social situations; building and maintaining a healthy network of social relationships; adaptation to new environments; social perception (self-reflection and understanding of others); coping with stressful situations (coping strategies); self-regulatory and self-organizational skills.

Riggio (1986) further introduced a tool for measuring a wide range of social and emotional competences – the Social Skills Inventory (SSI). This test captures both emotional and social aspects of interpersonal communication, i.e., the ability to express, perceive, control, and adapt one's behaviour in social situations. The development of the inventory was based on the assumption that social skills can be divided into six basic dimensions (later supplemented by a seventh – social manipulation). These dimensions correspond to two main domains:
• Emotional skills – expression, perception, and control of emotions;
• Social skills – communication, understanding, and management of social behaviour.

Emotional skills include emotional expressivity (the ability to express emotions nonverbally), emotional sensitivity (the ability to perceive and understand others' nonverbal expressions), and emotional control (the ability to manage and regulate one's own emotional expressions). The **social dimension** comprises social expressivity (verbal communication ability and ease of establishing contact), social sensitivity (understanding verbal communication and knowledge of social norms), and social control (the ability of self-presentation and social adaptability).

In our project, a psychometrically validated method for measuring social competences was used – the Inventory of Social Competences (ISK), which is the Czech adaptation of Uwe Peter Kanning's Inventar sozialer Kompetenzen (Hoskovcová and Vašek, 2017). This method exists in both a long and a short version. The long version (ISK) comprises 108 items, while the short version (ISK-K) consists of 33 items. Both ISK and ISK-K are based on the principle of self-assessment. The ISK items load onto 17 primary scales, which can be grouped into four secondary scales. The short version (ISK-K) measures only the four secondary scales. Primary scales of the ISK include: Prosociality, Perspective Taking, Plurality of Values, Willingness to Compromise, Listening, Assertiveness, Willingness to Engage in Conflict, Extraversion, Decisiveness, Self-Control, Emotional Stability, Behavioural Flexibility, Internality, Self-Presentation, Direct Self-Attention, Indirect Self-Attention, and Person Perception. Secondary scales include: Social Orientation, Offensiveness, Self-Control, and Reflexivity.

However, this paper presents partial results of the research study, focusing on the qualitative component – specifically, the findings obtained from interviews, which are discussed in the following section.

The Importance of Social Contacts for the Quality of Life of Older Adults

Social relationships and contacts represent a key factor influencing the quality of life in older age. Research shows that the quality of these relationships is generally more important than their quantity. Social contacts in later life can be defined (Shen *et al.*, 2022) as a network of interpersonal relationships that provides emotional support, practical assistance, information, and a sense of belonging. These contacts can be divided into several categories according to their nature and intensity. We distinguish between formal social support, provided by professional services and institutions; informal social support, originating from family, friends, and the community; instrumental support, referring to practical help with everyday activities; and emotional support, which involves comfort, psychological reassurance, and empathy. The following section focuses on a comprehensive analysis of the significance of social contacts for the quality of life of the older population, based on current research findings and practical experience.

The quality of life of older adults is a multidimensional construct encompassing physical, psychological, social, and environmental domains. Within this complex framework, social contacts are a key pillar that significantly influences all other dimensions. Research (Mojžíšová and Břízová, 2021; Šoukalová *et al.*, 2016) demonstrates that social support serves as a crucial protective factor against social exclusion in old age and has a significant impact on the health and psychological well-being of seniors. Likewise, other international studies confirm a statistically significant relationship between social support and the quality of life of older adults (Park and Kang, 2023; Ünalan *et al.*, 2023).

The restriction of social contacts – and, in extreme cases, social isolation – represents a significant risk factor for older adults, with negative consequences for physical, mental, as well as cognitive health. The impact of loneliness is comparable to that of smoking or obesity, with loneliness increasing the likelihood of premature death by up to 29 %. Chronic isolation weakens the immune system, raises the risk of cardiovascular diseases, slows down regenerative processes, and accelerates muscle loss due to reduced physical activity (Cacioppo and Cacioppo, 2018; Holt-Lunstad *et al.*, 2015). Conversely, strong social bonds significantly improve health and can extend life expectancy by as much as 50 % (Holt-Lunstad *et al.*, 2010). From the perspective of mental health, social contacts help reduce the incidence of depression. A long-term study showed that social isolation is one of the most significant predictors of depressive symptoms among individuals over the age of 70 (Stek *et al.*, 2005). At the same time, regular social interactions may support cognitive functions by providing mental stimulation and contributing to a reduced risk of dementia and cognitive decline (Fratiglioni *et al.*, 2004; Kuiper *et al.*, 2015).

Changes in Social Competences during the Ageing Process

Ageing is a complex and multifaceted process that affects the biological, psychological, and social domains of human life. Throughout this process, social competences undergo a range of multidimensional changes that include both positive adaptive mechanisms and certain functional declines. The ageing process brings about various transformations in social competences, manifested particularly in areas such as empathy, theory of mind, communication skills, and socioemotional selectivity. These changes should not be viewed merely as a decline in abilities but rather as an adaptive restructuring of social functioning, reflecting individual experience, emotional maturity, and the transformation of life priorities. Current research confirms that the development of social competences in older age does not follow a uniform process of decline but rather a selective transformation of individual components, which vary significantly among individuals depending on their life experience, health, and social context (Baltes and Baltes, 1990; Freund and Baltes, 2000).

When focusing on cognitive empathy – the ability to understand the mental states of others – it tends to decline with age. Research shows that older adults, particularly those over the age of 65, achieve lower scores in tests of cognitive empathy, such as the Reading the Mind in the Eyes Test (RMET) (Kynast *et al.*, 2020). In contrast, emotional empathy – the ability to feel and share the emotions of others – remains stable or may even increase with age. Older adults often show greater sensitivity to the emotional experiences of others compared

to younger individuals (Richter and Kunzmann, 2011). However, changes in empathy can have a significant impact on the quality of social relationships. A decline in empathy is often associated with an increased risk of loneliness, depressive symptoms, and lower subjective well-being (Cacioppo and Cacioppo, 2018).

The Theory of Mind – that is, the ability to understand the thoughts, feelings, and intentions of others – also undergoes significant changes with ageing. Meta-analytical studies show that older adults perform poorly in both components of the Theory of Mind – cognitive and affective – and experience greater difficulty in recognizing complex mental states from nonverbal cues (Henry *et al.*, 2013). There is also a decline in emotion perception, particularly in recognizing anger, sadness, and fear, whereas the ability to identify positive emotions tends to remain intact (Ruffman *et al.*, 2008).

Changes also manifest in the area of communication skills. A typical feature is the slowing of cognitive processes and longer reaction times, which do not reflect reduced ability but rather slower information processing and a greater emphasis on thoughtful responses (Salthouse, 2010). With increasing age, individuals actively adapt their communication strategies, use nonverbal cues, simplify messages, or find alternative ways to maintain effective social contact despite sensory or cognitive limitations (Ryan *et al.*, 1995).

Overall, it can be said that changes in social competences in older age are selective and adaptive rather than uniform. These changes are reflected in the ability of older adults to maintain key social skills, compensate for the decline in other areas, and adapt their social strategies to stay connected with their surroundings while preserving their psychological and emotional well-being.

Methodology

The following section presents partial results from the project Support and Development of Financial, Digital, Social, and Health Literacy among the 65+ Population (TAČR, TQ01000591), which aims to enhance financial, digital, social, and health literacy among individuals aged 65 and older through the development of the educational software application NESTOR+, audiovisual materials, and direct educational activities. The presented findings are based on semi-structured interviews conducted with residents of the South Bohemian Region aged 65 and older who agreed to participate in the study. Participants were selected using the snowball sampling method, in which each contacted informant recommended another suitable respondent. Sampling was concluded upon reaching theoretical saturation, when new interviews no longer yielded additional insights (Corbin and Strauss, 2015).

Inclusion criteria for the research sample were: age 65+, orientation in place, time, and person, and willingness to cooperate. The final sample consisted of 25 individuals (16 women and 9 men) aged 65–91 years. All were retired or widowed pensioners, with two participants still economically active. Data collection took place from June 2024 to June 2025. The interviews were conducted mainly in the informants' homes, lasted 30–60 minutes, and were carried out with respect for the respondents' comfort and trust. All participants signed informed consent forms. Given the sensitive nature of the topic and the need for a careful approach, responses were recorded as continuous written notes on a data collection sheet.

The questions focused on social competences in the context of health, social, financial, and occasionally digital domains. The interviews revealed that social competences are closely associated with age, life experience, personality traits, and individual communication skills. The collected data were subsequently analysed through open coding, which led to the creation of thematic categories corresponding to the interview questions. Data interpretation followed the "card display" method (Šeďová, 2007), which allows for a clear and comprehensible presentation of research findings.

Results

In communication with others, every individual must overcome various barriers that may stem from the behaviour of others as well as from one's own experiences, personality traits, or upbringing. Within the research interviews on the social skills of older adults, several areas were identified that effectively captured these barriers and the corresponding coping strategies. The thematic categories include, in particular, problematic behaviour of the communication partner, personal traits hindering effective communication, reactions to aggression and manipulation, barriers to asserting one's own rights, strategies for managing misunderstandings, and attitudes toward further education in the field of communication.

The interviews revealed that the most frequently perceived negative factor in communication is arrogance and condescension on the part of the communication partner, which participants described as fundamentally disrupting trust and openness ("When they treat me like an idiot. When they act like they're God."). Negative experiences were also associated with incompetence, unwillingness to help, and a formal attitude, where employees of public institutions responded curtly or unpleasantly ("It bothers me when they answer curtly or are rude."). Such communication styles make seniors feel like a burden rather than equal partners in the interaction. Conversely, positive experiences were linked to professionalism and human kindness, characterized by respectful and accommodating communication ("Whenever I needed

something, they were always willing to help."). Seniors clearly preferred an approach that combines competence with empathy and genuine personal interest.

Another important area identified was the seniors' own personality barriers in asserting their rights and needs. The responses were dominated by timidity, lack of assertiveness, insecurity, and fear of rejection. These factors were often accompanied by a sense of subordination to professionals or officials. Some participants openly admitted being afraid to speak up for fear of being disliked or treated unkindly ("Probably lack of knowledge, and then fear that they would be mean to me and wouldn't help."). Communication also reflected a moral dimension – some respondents hesitated to assert their rights if they felt it might harm others ("I'm afraid I might take something from someone who needs it more than I do."). This self-control and kindness were often perceived as virtues but simultaneously served as barriers to self-assertion. The testimonies indicated that participants would welcome greater support in education about their rights, as this would enable them to act with more confidence and assurance.

A specific topic addressed was reactions to aggressive or hostile behaviour from others. The responses revealed several typical strategies. Some seniors reacted assertively – they stood up for themselves, expressed dissatisfaction, and clearly set boundaries ("I stand up for myself and tell him to calm down – he should just do his job."). Others preferred a de-escalating approach, remaining calm, ignoring the situation, or trying to understand the reasons behind the other person's aggression ("I feel sorry for them; I let them vent, and I just endure it."). A third group chose conflict avoidance, opting to deal with the situation by turning to another employee or finding an alternative solution. These strategies demonstrate a high degree of self-control and experience in finding adaptive ways to manage communication.

Similarly, responses to manipulation and pressure were diverse. Most participants stated that they "do not allow themselves to be manipulated" and are able to refuse unwanted demands ("I don't let anyone manipulate me. I just say no, and that's it."). Some employed preventive strategies, rejecting contact at the outset ("I cut it off before they even start talking."). However, part of the data suggests that such assertiveness may sometimes be more of an idealized attitude than a real-life behaviour. In uncertain situations, seniors often turn to family members for advice and evaluation of the situation ("Then I tell my children, and they advise me on what to do."). Thus, the role of the family emerges as a key support system in decision-making and protection against potentially harmful interactions.

Further findings relate to strategies for handling misunderstandings. Some respondents reported ending or limiting contact in case of conflict ("I stop communicating. That's it."), while others preferred maintaining only formal or minimal interaction ("I talk only about what's necessary."). Only a minority of participants tried to clarify misunderstandings, mostly when the conflict involved close relationships, where higher tolerance and respect came into play ("If it's someone close to me, I try to stay polite."). Emotional state and the nature of the relationship with the other person also influenced the conflict-resolution approach ("I feel sorry for her, so I listen, but we're not really close.").

The final part of the interviews focused on the possibility of learning social and communication skills. Most respondents believed these skills can be learned to some extent, but that personal motivation is essential ("If a person wants to, they can learn anything."). They also emphasized the importance of upbringing and early socialization ("Long-term family upbringing plays a major role."). Some, however, pointed out that learning becomes more difficult with age and requires greater effort ("At my age, it's hard, but I try, there's no other choice."). Contrary to expectations, most seniors were not interested in further education in communication skills, but rather in technical skills (e.g., using smartphones, computers, or online communication with public offices). They considered these skills essential for everyday activities and for maintaining contact with the outside world.

The results indicate that seniors value communication with institutions that is competent, patient, and respectful, while also expressing a need for support in the form of clear information, legal awareness, and training in communication strategies. Their testimonies suggest that effective communication is a key factor for satisfaction and a sense of dignity in old age. A combination of professionalism, empathy, and clarity on the part of professionals can significantly help overcome the barriers seniors perceive in their interactions with social institutions.

Discussion and Conclusion

The research findings confirm that the social competences of older adults aged 65 and over represent a key factor in their daily activities, personal satisfaction, and ability to maintain high-quality interpersonal relationships. In line with theoretical concepts (Argyle, 1967; Gillernová, 2012; Riggio, 1986), social competences are not a fixed set of skills but a dynamic system that evolves throughout life depending on the cognitive, emotional, and social aspects of personality. Among older adults, there is a shift from the quantity to the quality of social relationships, as reflected in our findings: participants emphasized the importance of empathetic, patient, and humane communication, while perceiving arrogance, coldness, or formality in others' behavior negatively.

Observed manifestations of low assertiveness, fear of rejection, or difficulty in self-advocacy point to certain deficits in social confidence and adaptability, which may be intensified in situations where seniors perceive a power imbalance (e.g., in interactions with healthcare or social service workers). These findings are consistent with previous studies showing that with age, cognitive empathy and the ability to decode nonverbal cues decline, whereas emotional empathy often remains stable or may even increase (Richter and Kunzmann, 2011). Thus, older adults tend to be more emotionally sensitive in interpersonal interactions but less capable of responding effectively in demanding communicative situations.

Empirical data indicate that educational and support programs aimed at developing social competences can significantly enhance self-confidence, communication skills, and the ability to handle conflict or stressful situations. Practical outcomes should include the creation of targeted interventions (e.g., assertiveness training, emotional regulation exercises, communication strategy workshops) and the development of intergenerational and community platforms that enable seniors to engage in active social participation.

The social competences of the 65+ generation represent a dynamic and multifaceted phenomenon closely related to quality of life, psychological well-being, and the degree of social integration. The research confirmed that seniors possess considerable experience and empathy but often face barriers in self-assertion, institutional communication, and conflict management. Importantly, the quality of social contacts has a decisive impact on their mental and physical health, while positive interactions contribute to a greater sense of purpose and overall satisfaction. From both theoretical and practical perspectives, it is therefore essential to strengthen the social literacy of older adults through comprehensive educational and support measures. These should focus on developing communication skills, assertiveness, and self-confidence, as well as creating opportunities for intergenerational and community engagement. In accordance with the goals of the TAČR project Support and Development of Financial, Digital, Social, and Health Literacy among the 65+ Population (TQ01000591), the promotion of social competences can be regarded as a key element of active and dignified ageing, encompassing not only a preventive but also an integrative and therapeutic dimension.

Data availability

The source data are available at: https://dspace.jcu.cz/handle/20.500.14390/47547, DOI 20.500.14390/47547

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