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Psychological, Social and Rehabilitation Problems of Elderly People at Home and in Care and Treatment Institution

Problemy psychologiczne, społeczne i rehabilitacyjne u osób starszych w domu i w zakładzie opiekuńczo-leczniczym

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Key words: geriatrics, Care Institution, elderly person, rehabilitation

Summary

Abstract
Psychological problems are commonly understood as patient's problems of psychological nature, resulting from their age and its consequences. Social problems are considered as limitations in social functioning of the elderly and problems connected with exclusion and discrimination. Rehabilitation problems are somatic of nature, connected with senility and old-age diseases.

Materials and Methods
Case study is a qualitative examination of holistic approach of the elderly person. This dissertation is focused on old-age problems of the people who are staying at home and of the people who are in a Care Institution for the reasons beyond their control. It was assumed that there will be differences in behavior between the person who is at home comparing to the person living in a Care Institution. The following variables were taken into consideration: the elderly person's mood, understood as constant emotional state, psychological needs, traumatic experiences, mental state and their expectations from assisting persons.

Results
On the basis of obtained results it can be said that there are differences of tested variables between the elderly people at home and those who live in a Care and Treatment Institution.

Conclusions
Both, the elderly at home and those in a nursing home are dependent on other people, they are not able to fully meet their needs and expectations due to their diseases, which has depressing influence on them. Knowledge of their expectations, attitudes and needs will allow more support and enhancement effectiveness of actions taken.

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Streszczenie

Wstęp

Przez problemy psychologiczne rozumiemy problemy pacjenta natury psychologicznej, wynikające z wieku i konsekwencji z tym związanych. Przez problemy społeczne rozumiemy ograniczenia w społecznym funkcjonowaniu osób starszych oraz problemy związane z wykluczeniem i dyskryminacją. Przez problemy rehabilitacyjne rozumiemy problemy natury somatycznej, związane ze zniedołężnieniem, chorobami wieku starszego.

Materiał metody

Analiza przypadku to jakościowe rozpatrywanie holistycznego ujęcia osoby starszej. W pracy skoncentrowano się na problemach wieku starszego osób, które przebywają w domu, jak również osób, które z przyczyn niezależnych przebywają w zakładzie opiekuńczym. Zakładano, że będą występować różnice w zachowaniach u osoby, która przebywa w warunkach domowych, w porównaniu z osobą przebywająca w domu opieki społecznej. Pod uwagę brane były następujące zmienne: nastrój osoby starszej, pojmowany jako stały stan emocjonalny, potrzeby psychiczne, przeżycia traumatyczne, stan psychiczny oraz oczekiwania w stosunku do osób wspomagających.

Czy osoby starsze przebywające w zakładzie opieki społecznej różnią się od osób starszych przebywających w domu?

Wyniki

Na podstawie wyników badań można stwierdzić, że istnieją różnice pomiędzy potrzebami i zachowaniami osób starszych przebywających w domach a osobami starszymi w instytucjach opiekuńczych .

Wnioski

Zarówno osoby starsze przebywające w domu, jak i te przebywające w domach opieki są osobami zależnymi od innych, nie są w stanie zaspokoić swoich potrzeb ze względu na choroby towarzyszące, co wpływa na obniżenie nastroju. Wiedza dotycząca potrzeb i oczekiwań pozwala na efektywniejsze wsparcie podejmowanych działań.

Introduction

To view geriatrics from a wider perspective, it must be analyzed in the context of basic geriatric terms and theories. Gerontology is a branch of science focused on a description and research of the aging process. It includes a department of medicine – geriatrics. It is focused on a treatment and prevention and on recognition of diseases of elderly people [1].

The average life expectancy is the age that half of the study population live up to. For the world in total it is a little over 66 years of age, but the age limit is constantly changing as with the development of medicine and the growth of the standard of living the average age is longer. The maximum lifespan is constant, about 120 years of age.

In Poland the feminization of old age can be noticed. Men die younger than women. Last data coming from 2013 show that most of the old population are women (over 61%), there are 160 women for 100 men (the feminization index for population of Poland in total is 107). Growing with age proportion of women in the population is the consequence of over-mortality of men and different factors of life expectancy – women that have reached the age of 65 have almost 5 more years of life ahead than men do. The outnumbering of women increases with the coming to the consecutive age group, e.g. in the age group of 65-69 women represent 56% of the collectivity and the feminization factor is 126, when in the age group of at least 80 – 70% are women and there are 228 women for 100 men[2].

Nowadays women live up to average 81 years of age, when men 73 years. A decrease in death rate and a prolongation of lifespan has been noticed for last twenty years. Men live 6.9 years longer than they did in 1990, when women 5.9 years, respectively 3.4 and 3.1 years comparing to 2000[3].

The functional efficiency

To achieve optimal functional efficiency is the target of geriatric physiotherapy. This term describes self-reliance and independence of the elderly – less need for help from the family and caregivers in performing the activities of daily living. Disability in old age is due to aging and progressing diseases.

The disturbances in the efficiency of the elderly people can be reflected in psychic problems, such as depression, fear of the lack of acceptance and low self-esteem. This leads to mobility limitations and health deterioration [1].

Types of aging

Old age can be divided into two stages: early and late.

Early old age starts when a person turns 65 years of age and lasts for 10 years. The process of aging proceeds. This is the term set arbitrarily and does not apply to the biological age – it is the age when elderly people retire which is connected with the loss of social role of some sort and with lower income. The ailments associated with old age are not severe yet [1].

Late old age starts conventionally after 75 years of age. The elderly people feel the financial shortages connected with professional inactivity. It may lead to worse standard of living, including a poorer diet, which may be the cause of somatic diseases [1].

Some sources also consider the stage of very old age. It can be confirmed when the person turns 90 years of age and it is called the period of longevity [4].

The process of aging is the result of the former lifestyle. Its course depends on many factors, such as physical activity, eating habits, stress. The old age may proceed in a physiological (natural) way or pathological (morbid) one.

Process of normal aging is the consequence of physiological aging of an organism, not the result of diseases, the changes result from the aging of organs. The aging rate of the organs is various, individual for each person. Aging with no diseases is rare but possible. There are fit and healthy, long-lived seniors at the age of 100, including so called supercentenarians. The way of such aging process is called successful aging [1].

A pathological aging stands in opposition to normal, physiological aging process. It results not only from the flow of time, but also diseases which cause the organs to worn out more quickly. Aging progresses continuously and irreversibly, it can only be slowed down by healthy lifestyle or in case of diseases – by rehabilitation [1].

Biology, society and psychology are three important factors that decide about people's aging and they are dependent on one another. According to the cognitive concept well-educated and intelligent people age much slower than the people of lower intellectual level, especially if they are older. Elderly people may have more problems with new situations and cognitive functions and it reflects in the level of intellectual activities [5].

The Schaie's theory assumes that every person has some aims distinctive for the current stage of their life. In childhood acquisition and achievements are essential. In the midlife stage responsibility and self-reliance are important. In the stage of old age – renewal.

This theory applies particularly to the stage of aging and refers to the cognitive functions and the psychological as well. It also emphasizes that this last stage is at least equal to the previous stages as it may additionally make them happen again [5].

This theory shows that worsening of life in society depends on how the person changes with age. The elderly people are definitely more cautious. Personal characteristics such as neuroticism, extroversion,

openness to experiences, agreeing with others and thoroughness (scrupulousness) have large influence on the aging rate [5]. Those qualities serve us well.

From the social clock's point of view, the hardest for the elderly are the surprising situations. For instance, the death of a child is much more painful than the death of a husband or a wife. It is the same in case of young widows who experience separation harder than women widowed after long marriage. These types of situations lead to social isolation and usually somatic diseases are the compensation of such situations [5].

Social aging

The process of aging taken from social perspective is connected with the change of the family, social and professional roles. The elderly people already have adult children who are independent and have the families of their own. In majority the elderly people have grandchildren, they usually are "grandmothers" and "grandfathers". The number of social roles they take part in is decreased because of their less involvement or due to objective limitations connected with less social contacts. This lack of contacts is due to a death of some of the people they know and some of their friends are not very sociable because of their diseases. This aspect is influenced by discontinuation of fulfilling the professional role because of retirement. Leaving the professional role is important for the financial level of elderly people's households, the income is reduced. Not many elderly people can afford active participation in e.g. cultural life, such as cinema, concerts or theatre.

There are two main types of social attitudes towards the elderly. The first one manifests itself by removal of elderly people from the social space, by pushing them out of the boundaries of society as they are considered useless, needless, disabled and they are a burden to others. The other type is showing respect to the elderly due to their age and experience [6].

Social exclusion. Goffman's stigma concept

Old age is some kind of stigma. The stigma of age determines perception of the elderly and attributing them the specific characteristics. Elderly people are perceived as a group of low social status, useless, poor, people with limited needs, less attractive consumers with short consumption horizon. It is worth noting the fact of self-marginalization due to the stigma of old age. The elderly are ascribed typical social roles, defined social identities connected with the age. Due to this social perception the elderly take on the role, the vision of them dedicated by others. When they do take on that defined, ascribed to them identity, the interaction works with no interferences [7].

The stereotypical features that are ascribed to the elderly lead very often to the exclusion, which is defined by Giddens as follows: "social exclusion refers to the situation when individuals are deprived of full participation in the society. This is the situation when groups and individuals lose the chances that are given to the majority of people" [8]. What elderly people lack the most is the social acceptance, in exchange they are offered life in the margins. Szatur-Jaworska draws attention to yet another aspect of elderly people's exclusion, namely to exclusion in awareness, which is the process from full participation in the society to "invisibility" [9]. Elderly people are basically invisible in the public space. The exclusion in awareness affects the elderly in a similar way as it affects the disabled. It manifests itself in skipping or occasional noticing of the elderly people in the mass media. If they appear in the mass media it is always in the situation that confirms their negative and simplified image.

Elderly people and a family

Because of the changes in the family structure, i.e. decrease in the number of multigenerational, big families and a domination of small ones, elderly people often make single-person households. They can rarely count on care and help from their children who often have their own lives at a distance. They are not able to take care of the elderly parent, especially that there are not adequate forms of institutional support in care and nursing of the elderly and disabled in Poland. Although Polish people have the deep-rooted belief that it is a family that should look after their seniors but they do not always have such opportunity. Poles believe that the family plays the most important role in the life of every man. Family gives them a chance to meet their most essential needs, i.e. the feelings of being needed, safe, feeling of belonging, identity, the intergenerational relations and biography continuity is maintained [6].

Rehabilitation in geriatrics

Rehabilitation should be set individually for each person and apart from rehabilitation exercises, also individual environmental and family issues and the social status should be taken into account. It includes kinesitherapy, physiotherapy, pharmacology, therapeutic massage, occupational therapy. Suitable orthopedic supplies and auxiliary equipment is often needed. Basic rules care for the elderly are similar to the characteristics of Polish rehabilitation model elaborated by Dega, Weiss, Hulk. There are the following:

- universality;
- early start of rehabilitation;
- complexity and individualization of rehabilitation;
- continuity – we do not end treatment with discharge (there is a need of regular health check up);
- availability [10].

Goals and stages of overall geriatric evaluation (OGE)
[Polish equivalent – Całościowa ocena geriatryczna (COG)]

"Overall geriatric evaluation – multidirectional, integrated diagnostic process, the purpose of which is determination of welfare disorders (according to WHO), treatment-rehabilitation priorities, needs and possibilities of providing further treatment, rehabilitation, care in the home or institutional environment" [11].

The caring process for the elderly has been divided into four stages, where each of the stage has an assigned goal it is responsible for. Summary of all stages and specialists taking part in caring for the elderly has been shown in scheme 1.

Materials and Methods

Case study – old age time spent at home vs. in Care -Treatment Institution

Population description (case), theoretical assumption and criteria – used research methods. This dissertation is focused on a case study. Some changeable moods, psychic needs, traumatic experiences, mental condition and expectations towards the medical staff have been taken into consideration.

Theoretical assumptions

These are assumptions concerning elderly people being in nursing homes and the people being at homes. It has been assumed that people at home, despite their diseases would feel safer, calmer, more taken care about by the family in the familiar place.

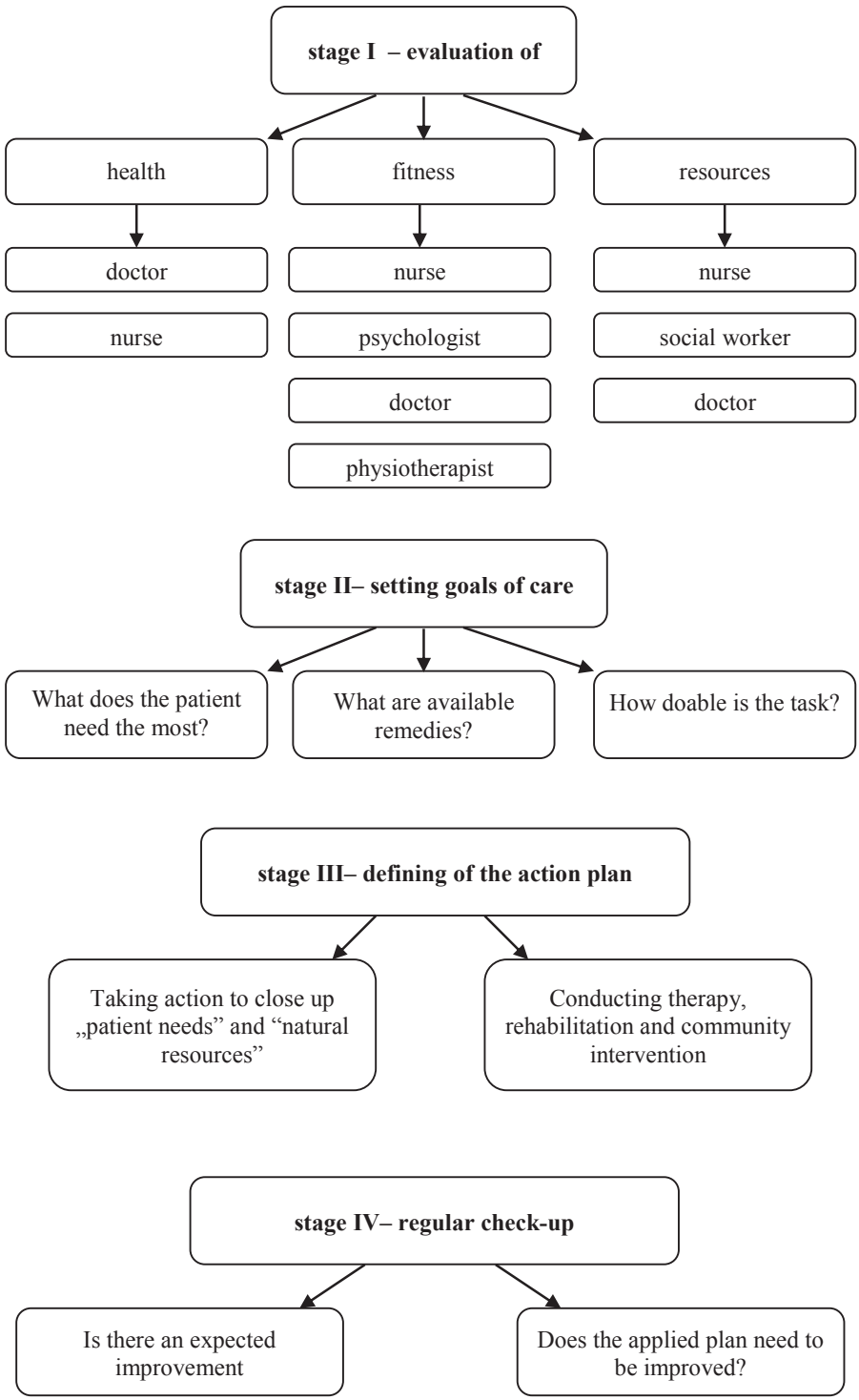
People in the nursing homes – abandoned by their loved ones, being out of their own environment, react to the changes in a different ways. They must have time to adapt, to getting used to new conditions. They generally have two needs: the need of being taken care of and supported and the need of being understood, accepted. They also have a strong need of being safe.

Hypotheses

Hypotheses were given:

- H1 An elderly person in a nursing home is different than an elderly person staying at home in the range of mood and psychical needs.
- H2 An elderly person in a nursing home is different than an elderly person staying at home in the range of expectations towards the medical staff (physiotherapists).

Scheme1. Stages of overall geriatric care



Source: own compilation based on: Galus K., Geriatria. Wybrane zagadnienia,Elsevier Urban & Partner, Wrocław 2010, p. 34.

Used methods

In the research the questionnaires were used:

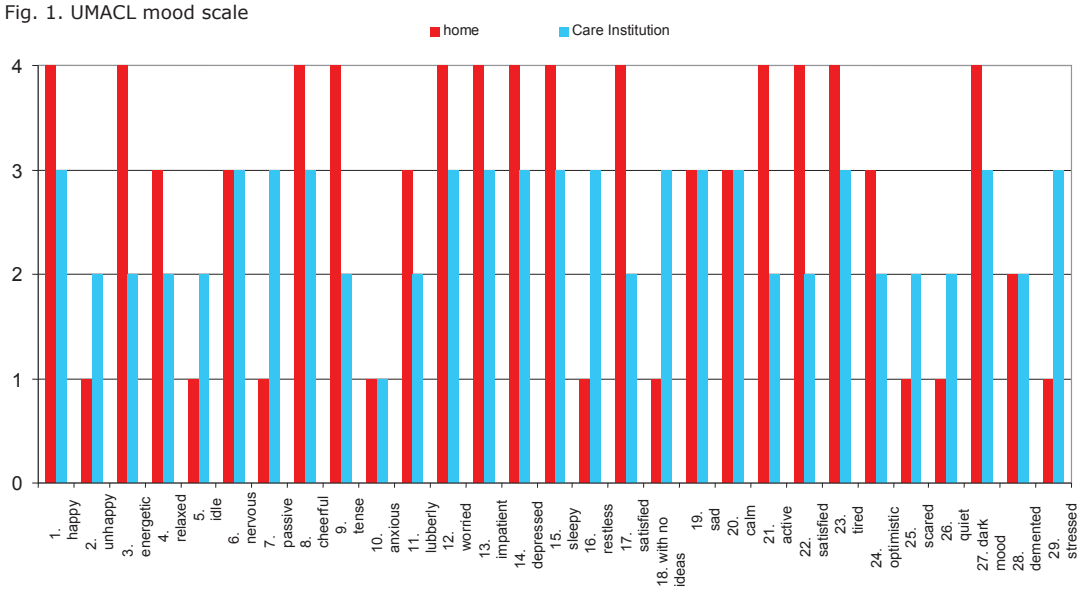
- to study mood –UMACL questionnaire
- "Autoportret Steina" (Stein's self-portrait) questionnaire – tests psychical needs
- PTSD-KI questionnaire – tests the occurrence of post-traumatic experiences and the level of their saturation
- questionnaire of general mental condition GHQ-12 – tests mental condition
- questionnaire "The reasons to visit a doctor" – the expectations of the researcher towards the supporting people

Results

UMACL mood scale

On the basis of obtained results in the mood scale

Fig. 1. UMACL mood scale



It can be said that the elderly person staying at home shows a big decisiveness (definitely yes). They define themselves as happy, energetic, cheerful, active and satisfied. They also definitely declare that they sometimes feel impatience, depression, fatigue and sometimes bad mood. These suggest the existence of ambivalent moods.

The elderly person staying in the nursing home does not show clear decisiveness. They refrain themselves. They prefer to deny certain mood than clearly say if they feel that way. They deny (rather not) feeling of discomforting states (dissatisfied, tense, lubberly). These suggest uncertainty in both, declaration of moods and felt situations. When comparing declared moods, there are the biggest differences in declarativeness, decisiveness. The person at home has bigger confidence than the person from a nursing home. They show more vigor, cheerfulness, satisfaction, activity, contentment, and they also declare more impatience, depression and worry.

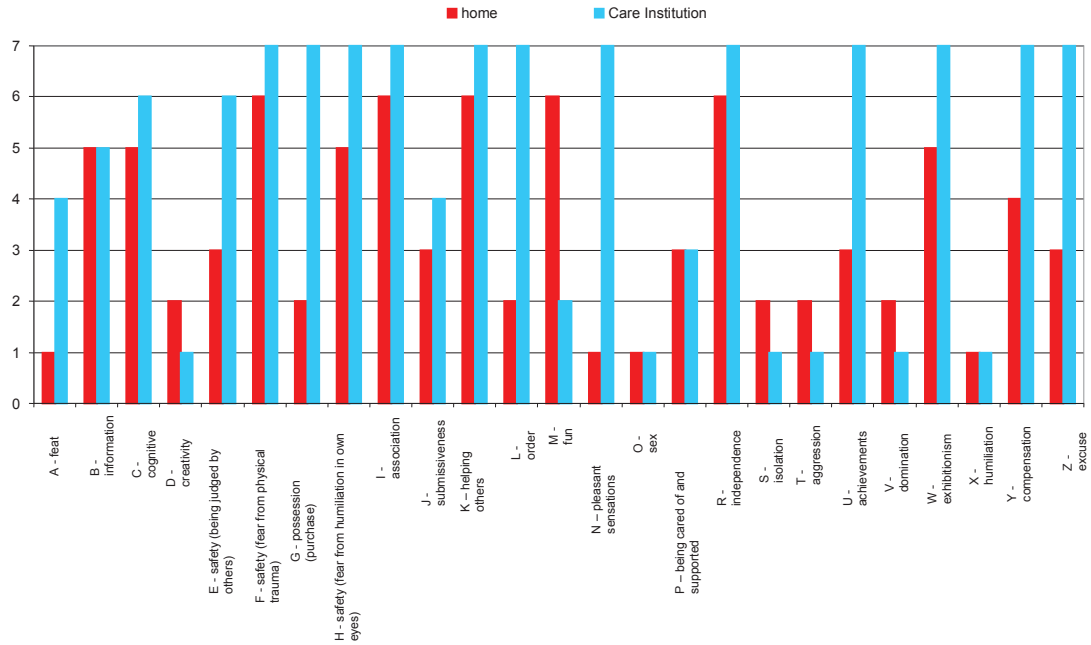
The person from a nursing home shows more stress, scare, "meekness".

On the basis of obtained results it can be said that the hypothesis H1 has been confirmed – The elderly person in a nursing home is different than the elderly at home in the range of moods and psychical needs.

Psychical needs – Autoportret Steina (Stein's self-portrait)

On the basis of obtained results.

Fig. 2 Psychical needs – Autoportret Steina (Stein's self-portrait)



It can be said that the elderly person at home shows a strong need of feeling of safety – fear from being physically hurt (F), feeling of safety – fear from being humiliated in own eyes (H), association (I), helping others (K), autonomy (R), compensation (Y). This suggests there is a strong anxiety attitude (disturbed feeling of safety). Such person also shows a desire to be with people and a sense of independence.

The elderly that is in a nursing home shows strong needs of: fear from being physically hurt (F), association (I), fun (U), autonomy (R). That is the base for an assumption that a desire to be with people is as intense as the need of being independent, which can lead to discomforting situations in a nursing home. The biggest difference in declaring the needs is in the need of feeling of safety. An elderly person at home feels this need in a very strong and disturbed way, especially fear from being humiliated by others (E). There is a huge difference in the need of acquisition, order in the person at home. The level of intensity of the needs is more determined.

People from a nursing home do not show the need of acquisition, order as they are assured of their accommodation, everything is delivered to them on time. They also do not need to worry about order. It is distinctive that they show a need of fun (M). It is not only the desire to be with other people but also the need of tension relaxation.

The hypothesis H1 has been confirmed – The elderly person in a nursing home is different from the one at home in the range of mood and psychical needs.

PTSD-K1 questionnaire

The results of a PTSD questionnaire suggest that a person at home does not declare the occurrence of post-traumatic symptoms and also does not report the experiences like that. It can testify to the fact that such person did not experience those or there were not strong enough experiences that could threaten their life or, which is also possible, their level of tolerance for difficulties is big enough that the individual does not declare many issues in the category of life threatening.

The elderly person from a nursing home clearly declares that they have had such experiences which were threatening and very strong (105/160 points). They still have somatic symptoms when they recollect those facts ("I feel like crying"), they feel fear, headaches. They have conviction that their life will never be normal again, they have nightmares, they feel seriously ill. They experience that all over again in their dreams.

Questionnaire of general mental condition GHQ-12
The results obtained in the questionnaire (13/36 points) suggest that a person defines their mental condition as stable, they do not experience psychical discomfort. They do not declare mental disorders that could destabilize their behavior.

The results of an elderly person from a nursing home (18/36 points) suggest the existence of mental dysfunction, generally bad mental health. There are many factors that have depressing effect on the psyche.

The elderly person in a nursing home feels stronger stress and bigger discomfort than the elderly person at home.

Questionnaire "The reasons to visit a doctor"
On the basis of obtained results it can be said that the elderly person staying at home expects emotional support the most.

Empathy, understanding, sensing of issues, cooperation with the supporting person, being with them and trust – are the most important for the elderly person who is at home.

The elderly person in a nursing home values full information on the disease and prevention (guidelines in further treatment) more (than the person at home). That information is more important for them than the emotional states. The hypothesis H2 has been confirmed – The elderly person in a nursing home is different than an elderly person at home in the range of expectations towards the medical staff (physiotherapists).

Discussion

People who are at home express their moods and needs in a more resolute, radical way with a strong lack of feeling of safety in the same time. The conclusion can be drawn (requiring further study) that it is a kind of cry for help. The elderly people at home, even if they are surrounded by a family and the loved ones, do not feel the comfort of mental peace. There are independent factors that determine discomfort. There can be forms of care and requirements that are understood differently (by the elderly person and by their family). The need of being taken care of and supported, the feeling of safety are essential psychic needs of the elderly, senile or disabled people. The need of being understood, of peace, acceptance are the next important expectations that the elderly person has.

People in a nursing home distance themselves from many things. There are many needs they do not reveal or reduce because the people around them fulfill those when taking care of a patient (these are the needs of order, provision of basic material things – this causes less need of acquisition). The people around that the elderly person needs to get used to are not always accepted by that person. The process of adaptation sometimes takes a long time. Depending on their psychic and somatic state the elderly person expresses or not their approval or disapproval.

Sometimes a distance needs to be found which results in a clear decision process. Being in a nursing home gives the elderly people bigger certainty about a prediction of somatic functioning. Medical help (a doctor, a nurse, a physiotherapist) is available in any moment.

The person at home that is a life threatening situation cannot count on immediate help. They need to wait for a called doctor, therapist. On the other hand, the elderly people at home know the place they

are used to, know the people important for them , but often feel they are a burden for their family (from interviews).

Conclusions

On the basis of obtained results it can be said that there are differences of tested variables between the elderly people at home and those who live in a Care and Treatment Institution.

Both, the elderly at home and those in a nursing home are dependent on other people, they are not able to fully meet their needs and expectations due to their diseases, which has depressing influence on them. Knowledge of their expectations, attitudes and needs will allow more support and enhancement effectiveness of actions taken.

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