

Problems of geriatric patient – rehabilitation, psychological and social aspect

Problemy pacjenta geriatrycznego – aspekt rehabilitacyjny, psychologiczny, społeczny

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Abstract

The aging of society is a characteristic feature of contemporary societies, Poland is not isolated in that process. The aim of this article is to demonstrate that knowledge of the problems of older people, their needs and expectations in relation to physiotherapists, medical personnel or people close allows for more efficient and effective communication. Analysis of literature and existing data from researches of the Central Statistical Office (2014), the Public Affairs Institute (2011) and studies by Miśtał, Wąż (2007), Ciosek, Kędzióra-Kornatowska, Muszaliak (2008), Szatur-Jaworska (2013), Brzezińska (2011), Lejzerowicz, Radziak, Trylińska-Tekielska (2015) confirms that knowledge of the needs and expectations of older people allows to understand their problems, facilitates communication, which affects the comfort and sense of well-being in the patient. Studies indicate what are the specific needs and expectations which seniors have in relation to physiotherapists, medical staff, close persons. (Gerontol Pol 2017; 25; 123-127)

Key words: *geriatrics, rehabilitation, old age, exclusion*

Streszczenie

Starzenie się społeczeństwa to charakterystyczna cecha współczesnych społeczeństw, polskie społeczeństwo nie jest odosobnione w tym procesie. Celem artykułu jest wykazanie, że wiedza dotycząca problemów osób starszych, ich potrzeb i oczekiwań, związanych z postępowaniem fizjoterapeuty, personelu medycznego, osób bliskich, co pozwala na sprawną i skuteczną komunikację. Analiza literatury i danych zastanych pochodzących z badań GUS (2014), Instytutu Spraw Publicznych (2011) oraz Miśtał, Wąż (2007), Ciosek, Kędzióra-Kornatowska, Muszaliak (2008), Szatur-Jaworskiej (2013), Brzezińskiej (2011), Lejzerowicz, Radziak, Trylińska-Tekielska (2015) potwierdza, że świadomość potrzeb i oczekiwań osób starszych pozwala na zrozumienie problemów, ułatwia komunikację, co wpływa na zapewnienie komfortu i poczucia dobrostanu u pacjenta. Analizy wykazały, jakie są specyficzne potrzeby i oczekiwania osób starszych w stosunku do fizjoterapeutów, personelu medycznego, osób bliskich. (Gerontol Pol 2017; 25; 123-127)

Słowa kluczowe: *geriatria, rehabilitacja, starość, wykluczenie*

Introduction

In the end of 2013 the population of Poland was 38.5 million, including about 5.7 million of the people of 65 of age and older. In 1989-2013 the population of the elderly people increased to almost 1.9 million and its representation in the population in total increased by 4.7 percentage points, i.e. from 10% in 1989 to 14.7% in 2013. For comparison the percentage of children and adolescents decreased by over 10 percentage points – from almost 30% to a little over 18%. In Poland most of the elderly population are women. The older population the more women there are, that is the result of higher

mortality among men and the diversity of life expectancy parameters [1,2].

The process of aging from social perspective

Old age can be divided into periods, the most popular division is as follows:

- early old-age (old age) – between 60 and 74 years of age;
- late old-age – between 75 and 89 years of age;
- very late old-age (longevity period) – over 90 years of age [3].

Normal aging is a result of physiological processes that happen in our organisms with age – organism and organs age, condition gets weaker. Normal aging can happen without any disease. It happens very seldom but it is possible. Pathological aging is a result of years going by and diseases which make the organs age faster. Psychological aging is focused on phenomena of psychological nature specific for old age, such as death of a life partner, empty nest syndrome or fear of the future. The complex and individual process of aging proceeds in three areas: biological, psychological and community-social [4]. Elderly people are the group varied about the age, sex, level of education, health condition, marital status, economic, family and living situation. The process of aging depends on lifestyle, addictions, care about health, fitness, good eating habits, work, stress level [5]. In the society we can distinguish two types of approach towards the elderly. On one hand, it is exclusion due to being needless, being a burden to the family and the society. On the other hand inclusion due to respect to the age and life experience that young generation can learn from [6].

Stigma, exclusion and discrimination of the elderly

The age can be a kind of a stigma that assigns people to the specific category, in this case the elderly people. That group is very often perceived in a stereotypical way as poor, sick, physically repulsive, socially useless, dependent on the community, low active people who have already lived their lives and now step aside into the margins [7]. The elderly people are marginalized by so-called majority of the society, but most of all they alone put themselves on the margin. They adapt to the so-called social expectations [8]. The elderly people are excluded in many areas, economic, social, cultural, political and in awareness. According to Giddens: “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” [9].

Szatur-Jaworska assumes three sources of the exclusion of the elderly people:

- previous exclusion due to e.g. unemployment, homelessness, alcoholism, drug addiction, poverty, disease, disability, etc.,
- discrimination resulting from the age,
- health condition, worse education level, less resourcefulness, inability to join the world of the younger generations, loss of the loved ones, etc. [10].

We would like to highlight, like Szatur-Jaworska, special aspect of exclusion of the elderly people – exclusion in awareness. Exclusion in awareness is a process from full participation to “invisibility” [10]. The elderly people, just like disabled, homeless or other majorities become invisible in the social space. Exclusion in awareness is not noticing the existence of elderly people by so-called majority of the society, omitting them as recipients of services or even in politics or culture. Elderly people are absent in the public space, first of all in awareness and secondly, this presence is made more difficult by architectonic barriers, e.g. high curbs, lack of lifts, high steps to buses. These are just a few examples resulting from the lack of awareness of what that group needs. The cultural offer is also not addressed to the elderly people. Typical repertoire of the cinema is addressed for the young audience, so is typical offer in the clothes shops. The contemporary world is the world for the young and fit, the elderly people live on the margins in this world, they are “the people of a second sort”, they are “not fully” the members of a society. Due to the stereotypes in the society, the elderly people stop feeling accepted, important, just the opposite, they feel discriminated, lonely and isolated. Worse treatment is notably visible in the areas of healthcare, job market and financial services [11].

The factors causing crisis situations in the old age are loss of health, lowering of fitness and physical attractiveness level, loss of the loved ones, especially, spouse and peers, loss of social and economic status, loss of feeling useful and social prestige, approaching perspective of death [12-14].

Geriatric patient – expectations

Geriatric patients due to the diseases that affect them can feel useless, needless, lonely and abandoned. That condition may start with retirement, death of a spouse, children leaving home (empty nest syndrome) or may be caused by a disease. The research conducted for the needs of nurses showed that elderly patients expect dedication of time for conversation, explanations and clear conveying the information, feeling into their situation. It is also important to listen to them and giving intimacy when performing the procedures [15]. Of course the expectations towards the loved ones or the society are different depending on the person, but the expectations mentioned in the research are pretty universal and do not require too much from all parties. Other research shows that main expectations of the elderly people were treatment, rehabilitation and information on the treatment progress. Among the expectations towards the medical

staff people mentioned preparation to self-care, improvement of safety and organization of the home care [16]. The expectation of respect due to age or experiences of the elderly people, or respect due to their scientific or work achievements is also mentioned in the literature.

Empty nest syndrome

The term of empty nest syndrome is used to define natural reaction of parents for leaving a family home by their children. It is accompanied by the feeling of sadness, depression and pain after a loss. The syndrome itself is worsened by the fact that very often leaving the home by children is accompanied by retirement. Such person needs to adapt to new duties, find themselves some new things to do, they do not know what to do with a lot of free time. Such person may feel rejected and needless. It may also lead to a depression. Theories on aging are connected with the personality type and they assume that human personality in the process of aging changes causing worse social functioning [17].

Communication

In normal aging process, problems with communication are limited to sight and hearing impairment. It is enough that we speak a little louder to a person who has problems with hearing, or in case of the patient with problems with sight, this person will have properly chosen glasses. But when we deal with pathological aging diseases that accompany the patient must be remembered. In case of deaf patients non-verbal communication of language of gestures must be used. If we work with a patient who has problems with memory, we must be patient, we cannot rush the patient in actions performed by them, we should patiently remind of what we asked or listen to stories from their past.

It can be observed that some of old age people need assurance from a therapist that they are right. During treatment such patients can insist on increase of e.g. current dosage or prolongation of the time of procedure even though there are no medical indications. When working with such people a therapist must be patient but also unhesitating to make a patient understand that more forceful or longer treatment do not have to be more helpful. Among such patients some of them are prone to suggestions or placebo. It was noticed that in some cases it is enough to pretend that the treatment procedure was longer to make the patient satisfied. Despite not really changing anything a patient is sure that they feel the flowing current better or feel the warmth stronger.

The elderly person – care in the family and in the institution

It happens in care-treatment institutions that patients try to enforce pity from the person they want to communicate with. They may say that nobody visits them, that they are lonely or that a family abandoned them. They are not always abandoned by the family. Such behavior may result from the need of conversation with someone and it is not always that they can count on company for conversation in such establishments. The other reason for such situation may be the past of the seniors. If an elderly comes from an overbearing, chaotic or oversensitive family (family models by D. Field) it is possible that such a family does not want to stay in touch with them.

Essential problem connected with care of an elderly family member are migrations and care transfer. Family structure has changed, there are no multigenerational families, additionally people live at a distance, often a few to a few thousand kilometers away. Care about the elderly person is passed on to institutions or people coming to work in Poland from Ukraine or Russia. It is a very difficult situation for the families as Polish people represent well-rooted conviction that it is a younger generation that should take care of an elderly family member. There are daughters that have to take on this responsibility. This common belief even dominated social politics, many mayors believe that institutional forms of care are unnecessary because the place of an elderly person is with their family, at home, it is a care imperative directed to the families of seniors [18,19]. Contemporary generation of daughters who are expected to take care of the elderly parents was called the generation of sandwich. They are expected to take care of and support both, their elderly parents and growing children. Women often are not able to manage these duties, they are frustrated, they get depressed, start getting sick, they are accompanied by a syndrome of lonely caretaker [20]. Research from 2013 proved that the elderly person at home shows a strong need of feeling of safety – fear from being physically hurt, fear from being humiliated in own eyes, association need, a need of helping others, autonomy and compensation. The elderly that are in a nursing home shows strong needs of safety - fear from being physically hurt, association, fun and autonomy [21].

Rehabilitation of geriatric patients

Rehabilitation of geriatric patients requires equal involvement from a patient and from a therapist. The elderly people often struggle with diseases that influence their behavior, willingness to exercise or cooperation in gene-

ral. The knowledge of a term depression of an old age may be significant.

Depression is the most common disorder of an old age. One person in ten over 65 years of age has the symptoms of depression, such as sadness, loss of energy and sleep disorders. Apart from psychical symptoms depression also has physical ones. There are persistent fatigue, headaches or diffuse pains and muscular ailments [22]. All those symptoms have direct influence on patient's rehabilitation. To make the work with a patient easier, we can use patient's assessment scales. The most popular are Overall Geriatric Evaluation (OGE) [Polish equivalent - Całościowa Ocena Geriatryczna (COG)] and Barthel scale.

Overall geriatric evaluation (OGE) is a multidirectional diagnostic process, the purpose of which is determination of welfare disorders, treatment and rehabilitation needs. With the help of this scale we evaluate physical health level, mental functions efficiency and living conditions, including housing conditions. It helps to evaluate if the elderly patient is able to function independently in everyday life. The basis for OGE is interviewing the patient thoroughly. Their relations with a family need to be defined and the information if they can count on help from the family or neighbors. In a process of rehabilitation there is cooperation of a team of specialists, consisting of doctors (general practitioner and consultant), nurses and physiotherapists.

Maintaining an active lifestyle is very important for people in old age. Better shape they are better they feel, the risk of getting depressed is smaller and the possibility of realization of the need of integration, autonomy and life satisfaction increases [23]. If it is not possible to keep active lifestyle being mobile is important – preserving the range of motion in the joints or increasing it, increase in muscle strength, exercises for motor coordination, improvement of efficiency. There are also other forms of activity for seniors and they become more popular, they encourage integration of the elderly people. The most common are: nordic walking, aqua aerobic, yoga and other forms of relaxation exercises which help calm down and improve motor coordination.

Social rehabilitation of the elderly people

Social rehabilitation of the elderly people is their social participation, stimulation of their participation in a social life. Social rehabilitation means involvement or enabling the elderly to be involved in the social actions, multigenerational integration. Seniors very often initiate such actions themselves and sometimes they are supported by institutions, e.g. by the Universities of the Third

Age, Cultural Centers which often establish senior clubs, or non-governmental organizations that organize volunteering. Some people are able to find time for their hobby or dreams when they are old aged.

Part of seniors get involved in helping activity, e.g. they organize the actions of reading to children in Warsaw libraries, organize the clubs of flying grandmas. Other people are engaged in a voluntary work, e.g. they devote their time to the sick people in hospices or hospitals. Taking part in volunteering gives the elderly people feeling of being useful, being needed to other people [24].

Taking part in the lectures in the University of the Third Age is a very popular form of activity of the elderly people. The network of these universities is really variable, the biggest number of them is in the cities, the most often they are established at the colleges and universities. Universities of the Third Age make enhancing the intellectual, cognitive and physical activity of seniors. The participants take part in lectures, language classes, seminars, conversatoriums, workshops, discussions, sport classes. It is important to counteract the digital exclusion. Hence there is a term "e-Inclusion".

Conclusions

Recent research gives us clear picture of what specific needs and expectations seniors have from their physiotherapists, people they live with, or medical staff in general. It is also easier to communicate with them as those patients can determine their needs and they are not afraid to inform what their expectations are.

Expectations connected with age can be significantly different. There are as many expectations as there are seniors, but some needs and expectations common for the majority can be established. The elderly people have the need of integration, being with someone, being aware that they can count on that person, they also need understanding and nobody can understand them as well as the other elderly person. They need to feel a bond in the ailments they have. It is a phenomenon we can observe in the surgery waiting area, when one elderly person says that has some disease, it is like a sign to start an auction to say how many diseases everyone present has. After some time, even if the majority of the people there do not have the same ailments they are sure that they do, that they have the same medical history.

Rehabilitation part of the future of geriatric patients seems to be more and more active. Doing sports together or walking together can fulfill the psychological and physical needs – the need of integration and autonomy is met and at the same time it is a very good form of exer-

cising for an elderly person. Exercising in a group can additionally motivate patients to be encouraged to exercising, to have a regular physical activity.

Conflict of interest

None.

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