

# THE HEALTH CONDITION OF THE SENIOR CITIZENS RESIDING IN THE RETIREMENT HOME

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## **Abstract**

*One of the essential attributes of the period we live in is the absolute and percentual increase of the number of senior citizens in the ensemble of the population. The pathology of old people, dominated by chronic and degenerative diseases, creates new problematic situations for the medico-social assistance.*

*In the economic and social context of contemporary Romania, the medico-social issues linked to senior citizens shape an essential goal of the social protection of this category of persons, within our country's compliance with the European requirements and standards. Taking into account the legal and institutional framework for the implementation of social policies through the social assistance granted to senior citizens in place today, the present paper aims at identifying from reality and presenting the possibilities and limits of the distribution and use of financial, material and human resources operating at the level of a retirement home, i.e. the Home for Senior Citizens in Reșița.*

*The institutionalisation of senior citizens suffering from chronic diseases represents an extreme situation, but a necessary one, as long as the family members of this person cannot provide specialised care and moral support. The institutionalisation of old people with disabilities constitutes the medico-social frame providing specialised services. At the level of this type of institutions, the existing resources can constitute determining factors in the wellbeing of the assisted person.*

*The present institutional system should assure, besides the solving of all material and medical problems, the complex solution to the necessities of the assisted senior citizen, under the cultural and psycho-social aspect, should enable him / her to gradually adapt, without trauma, to the life in a close community, granting the senior citizen the real and fulloppportunity to continue the life style he / she has been used to.*

**Keywords: institutionalizing, integration, chronic diseases, cross topic team, socio-medical evaluation and personal recovery chart.**

The social policy of a democratic state responsible for the social protection and fostering given to the disadvantaged categories of the population has to aim at supporting the elderly person from the opportunity offered to participate in the social life and to maintain a certain standard of safety and comfort.

There are certain blockages of social and economic that prevents the local and national authorities from finding solutions to these problems. The economic nature of the

difficulties are obvious and few sponsors accept to back financially and from a material point of view a project concerning the improvement of the elderly.

The social services offered to the elderly have a preventive and intervention character alike, aiming at individuals above 65 with serious psycho- physical illnesses or socially deprived due to poverty, lack and loss due to various reasons of their home, social isolation etc.

The aims of this paper consist in explaining and understanding the mechanisms and the factors that influence the adapting and integration process of the elderly in a fostering institution, as well as the possibilities and limits in supplying services within the Hostel for Elderly Persons Reșița.

The practical part of the paper was based on the fundamental component of social casework, namely the interview, ca a means of communication in the Hostel for Elderly Persons Reșița.

I have used the interview as a means of crucial importance in order to achieve the above mentioned goal. The interview has been direct, face to face and its aim has been to inform. The necessary skills for achieving this interview refer to: “observing; listening; asking questions; focusing; guiding and concentrating; developing the climate” (Prelici, V., 2002, p.21).

The decision for long term institutionalizing has to be elaborated by a cross topic team made up of a social worker, a physician, a psychologist, with the mandatory participation of the elderly person having the health problems, being aware, as well as the family or the legal representatives. The decision for such an institutionalizing act implies a great responsibility that concerns the future of the person and has numerous repercussions on a psychic, moral and financial level (Neamțu, G., (coord), 2003, p.950-952).

The Hostel for Elderly Persons Reșița is specialized in offering social services, as follow:

- Lodging for an undetermined time frame;
- Medical assistance and carrying;
- Palliative assistance;
- Psychological counseling;
- Socializing and spending of the spare time.

The beneficiaries of the social services rendered by this hostel are the elderly persons, who are dependent, semi- dependent or independent, going through an existential crisis, when their integrity or life is at jeopardy.

The medical services offered by the institution ore supplied by doctors, nurses, social workers and orderlies, being grouped as follow:

- a) insuring hygiene and daily care for the people who need them
- b) insuring the necessary treatment and consulting:
  - emergency consulting, curative and prophylactic;
  - free medicine;
  - surveying and administering on a daily basis the individual therapeutic plan;
  - medical education for health in order to maintain a prolonged state of independence;
  - medical recovery;

Also, festivities are organized on birthdays for our guests, as well as religious celebrations and entertaining activities that are actually watching TV or handicraft activities.

Within the Hostel for Elderly in Reșița there live 223 persons, assisted (Table 1), cared for by multi-skilled staff: specialist physicians, nurses, social workers, psychologist, Kino therapist, orderlies that underwent training courses, auxiliary staff etc. The centre is fairly equipped with apparatus there is even a cabinet for dental care, one for massage, one room for kinetotherapy and a pharmacy that is stacked with medicine, (most of which has been donated).

Total adults 223	
Males	Females
103	120

Table 1: The number of institutionalized persons within the Hostel for Elderly People Reșița, According to the gender variable.

Source: the Hostel for Elderly People, Reșița

We shall present in Figure 1 the persons under placement within the Hostel for Elderly People, Reșița, divided according to age:

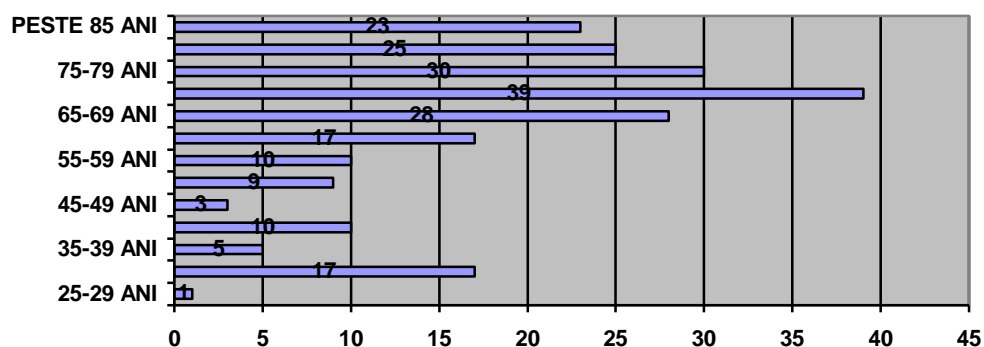


Figure 1: The number of persons under placement within the Hostel for Elderly People, Reșița, according to the gender variable.

Source: the Hostel for Elderly People, Reșița

The 223 persons present variable diagnostics, divided into categories of illnesses, as one may notice from Table 2 and by the percentage in Figure 2:

	Nr. of persons (223)	Percentage (%)
Physical	17	7,62 %
Somatic	56	25,11 %
Auditive	3	1,35 %
Visual	7	3,14 %
Mental	38	17,04 %
Neuropsychic	74	33,18 %
Associate	20	8,97%
Social	8	3,59 %

Table 2: The number of institutionalized persons within the Hostel for Elderly People,

Reșița, according to the illness variable  
 Source: The Hostel for Elderly People, Reșița

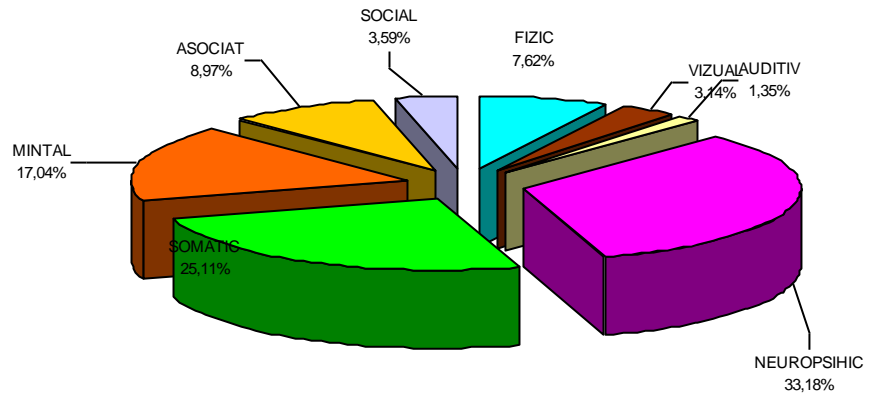


Figure 2: The number of institutionalized persons within the Hostel for Elderly People, Reșița, according to the illness variable  
 Source: The Hostel for Elderly People, Reșița

In figures below we shall notice the differences between males and females, elderly people with health problems:

- PHISICAL

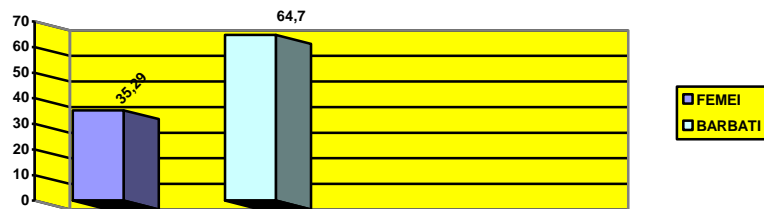


Figure 3: The number of persons under placement as a result of physical problems  
 Source: The Hostel for Elderly People, Reșița

- SOMATIC

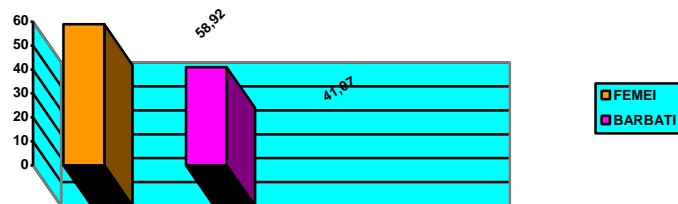


Figure 4: The number of persons under placement as a result of somatic problems.  
 Source: The Hostel for Elderly People, Reșița

- VISUAL

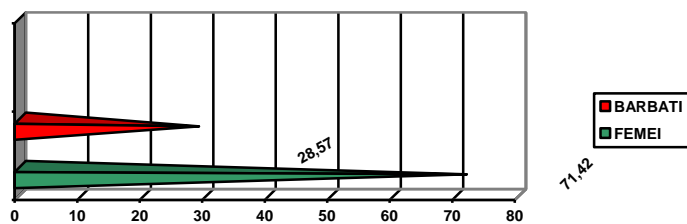


Figure 5: The number of persons under placement as a result of visual problems  
 Source: The Hostel for Elderly People, Reșița

- MENTAL

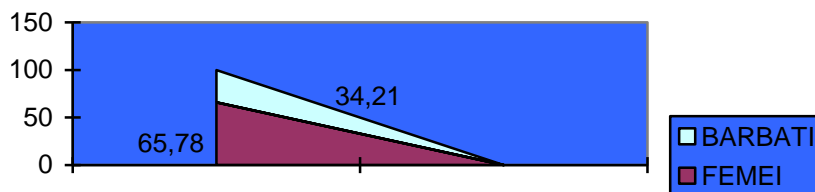


Figure 6: The number of persons under placement as a result of mental problems  
 Source: The Hostel for Elderly People, Reșița

- NEUROPSYCHIC

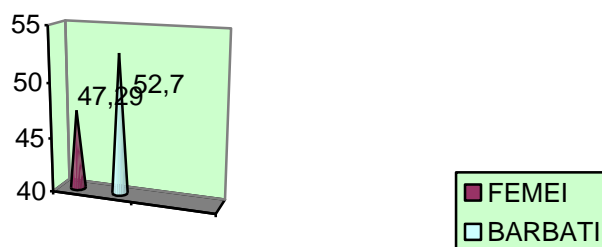


Figure 7: The number of people under placement as a result of neuropsychic problems  
 Source: The Hostel for Elderly People, Reșița

- ASSOCIATE

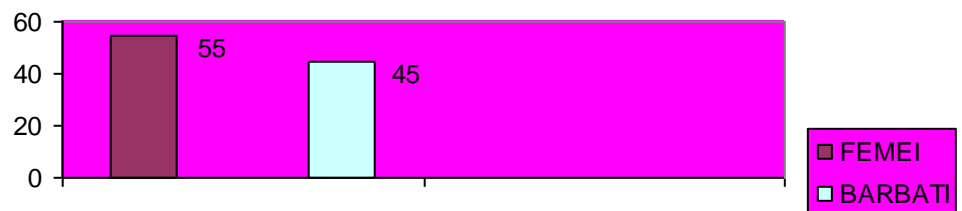


Figure 8: The number of people under placement as a result of associate problems  
Source: The Hostel for Elderly People, Reșița.

The main causes that have determined the institutionalizing of elderly persons in the Hostel for Elderly People, Reșița were:

- Lack of income;
- Various chronic illnesses;
- Loneliness and the absence of a support network;
- „Crisis” in the original family;
- Lack of mobility;
- Domestic violence or violence from the ones that were committed to fostering.

After discussion held with the persons from the Hostel for Elderly People Reșița, information has been gathered and I may mention that the specialized institution we are referring to has the following attributes:

- Insures board, food, housing and the sanitary and hygiene conditions corresponding for the beneficiaries, as well as the up keep and efficient use of the material basis and the existing goods;
- Insures specialized personnel (psychologist, physicians, social workers, nurses, orderlies, masseur, ergo therapist) for the good undertaking of the activities and for offering of good quality services;
- Insures current and specialized medical assistance, recovery, care and surveillance for the assisted persons. Each patient has a personal recovery chart holding a socio-medical evaluation that can be extended to several patients, taking into account the individualized care in order the establish the degree of dependency such as: body hygiene (intimate care), feeding (the possibility to eat on ones own), the hygiene of dejections (continence), mobility (switching from one position to another), walking, communication. Also an evaluation of the sensorial and psycho-affective stress is conducted taking into account the following: visual capacity, auditive capacity, speech deficiency, orientation, judgment, coherence, behavior and possible affective disorders. According to the results of the evaluation but also the physician’s recommendations, is it a general or specialized one, the patient is motivated to recuperate.
- Drafts projects and programs of ones own that insure the growth in the quality of the special protection activity for the assisted persons, in accord with the centers specific, according to the policies and national strategies, on a county and local level;
- Organizes cultural-educative and socializing activities inside the center as well as outside it. On legal holidays, but also on other occasions specific actions are

organized, receiving many guests from schools, kindergartens, public institutions or ONGs. Trips to the surroundings are planned, watching of shows or theatre plays.

- Organizes activities of passing the spare time; any assisted who has a passion is encouraged to manifest talent and skill in: knitting, making straw baskets, water color painting. Also there are assisted who help in the auxiliary household, in the chores from the hotels yard (cutting the vines in spring) as much as their health permits. Thus the beneficiaries are ensured of their sense of usefulness in the small community of the hostel;
- Grants support and specialized assistance in preventing situations hazardous to the safety of the assisted persons;
- Develops partnerships and cooperates with NGOs, other representatives of the civil society, in diversifying the social assistance services, according to the realities and the local specific elements;
- Insures counseling and information, for families and assisted persons alike, regarding social problems (family problems, psychological problems). The social worker and the psychologist are the persons who need to find out data about the assisted persons life, about the existing problems, the relation with the family, pleasurable activities (hobbies) and other existing problems that cannot be solved by one. The social worker represents the assisted in order to solve his or her problems. Examples in this case: the transfer of the pension from the home to the hostel, keeping the contact with the assisted family, working out the pension papers, (if the assisted has none but may benefit from one), notifying the assisted about the legal rights, drafting civil papers (if they lack), offering support and counseling, representing the assisted in front of the authorities.
- Intervenes in fighting and preventing institutionalizing as a possibility of abuse from the family;
- Intervenes in making the community sensible to the specific needs of the persons in difficulty due to some illnesses.

Many of the Centers accomplishments were possible due to the generosity of several humanitarian organizations from abroad.

The elderly were pleased by the results they benefited, showing their appreciation for the staff. Even more, the elderly are pleased by the organizing of cultural, educative and social activities, within the Hostel, as well as outside.

At the institutions level, from the conducted survey, we could notice the staffs involvement (although insufficient) in creating a climate favorable to carrying and assisting the elderly persons with disabilities as well as an interest for maintaining a positive relational flux on all three dimensions (assisted person- family- institutions staff). The social workers are preoccupied with satisfying the needs of the elderly institutionalized persons (taking into account the other categories of assisted person), acting with priority in the best interest of the assisted.

The conclusion of the analysis is that whenever institutionalizing is not carried out at the elderly request, there are negative effects on the health, the process of integration is much more difficult and the adapting, that is the adjustment to the conditions offered by the institution is hardened; the process of socializing, that is, the ease to settle relations with the other elderly and with the staff, is much diminished; the adapting to the institutions program is slowed down.

The success of the integration, the rapidity and the ease of adjusting the behavior to the new environment is strictly connected to the cause that brought about the decision to enter the institution.

Another element, equally important in the success of the integration within an institution is the measure in which the family and social relations from the time before entering the hostel are being kept.

The age at which the elderly entered the institution and the degree of integration, more precisely the balance between those, have no particular relevance. The success of the integration in an institution is not directly put in relation to the age of admittance, but is insured by other aspects presented above. The level of schooling, the attendance of religious activities, also have a relative link with the success of the integration process, that means that a corresponding integration is independent from the number of school years an elderly has gone through or from the number of religious services held within the institution.

An essential role, that of the social worker within a fostering institution is to identify some activities that are helpful to the elderly in adapting to the new conditions. Also, organizing some activities, for example forming support groups on every floor. On occasion of these meetings the elderly have the possibility to know each other better and to realize certain activities that will bring them closer together. In other words, offering some activities that will stimulate them and determine them to continue in a certain manner their activities undertaken before entering the hostel, in the conditions offered by the institution. The relations between the persons living in the same home are essential for the integration to be complete. The social worker may intervene in this case by identifying conflicts, by becoming involved in solving them and by identifying the risk situation, namely by preventing conflicts among the elderly who live in the same room. The social worker must be in permanent connection with the members of the elderly family, offering information on the integration process and involving them to actively take part in it.

The professionals that take part in the care for the elderly must be aware that knowledge alone are not sufficient, that these must be doubled by a charitable formation, a humane one associated with feelings of respect and affection.

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