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## Activation of the elderly – an individual level activity sheet and nursing home resident mobilization strategy

### Abstract

Being active enables compensation for disabilities, triggers repressed reinvigoration, modifies the one misdirected and stimulates activity, which is not awakened. Throughout the stay in the nursing home, the necessity of continuous implementation of various forms of reinvigoration is extremely important. Older people like any age group, need motivation to take on various forms of activity. Thus, improvement predictions as far as well-being, health and safety appear to be the most stimulating and motivating. However, sometimes you must choose detailed motifs according to individual nursing home resident.

The paper presents the development methodology – an individual level activity sheet and nursing home resident mobilization strategy, which may be useful in the implementation of the nursing home plan activation.

Every man's dream is to be self-sufficient and independent. This applies particularly to elderly people. Due to the multitude problems of the elderly, it becomes necessary to take into account all deficits in their life, while planning any activities connected with care and rehabilitation. Nevertheless, no action can be isolated, detached from the context of the life activities. Additionally, they have to deal with current topics of everyday life of elderly, base on them, and stress the potential for further development of the nursing home resident at that age.

**Keywords:** elderly people, activation, nursing home, individual activity level, physical activity of the elderly, quality of life.

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### INTRODUCTION

Old age is a difficult period, for which a person must be properly prepared. For that reason, various factors, both the individual, including genetic and social, influence the way of passing this period. Development of geriatrics and gerontology contribute to progress in efforts to improve the quality of life in old age. Therefore, widespread preparation for old age is a new challenge for modern societies. A good motivation to be active physically and intellectually is crucial in the process of education for old age preparedness. As the years proceed, human needs are transforming and the perspective changes as well.

On the one hand, trivial matters of everyday life, with which elderly people struggle with increasingly more difficulty due to progressive weaknesses of their bodies, gain in importance a lot. On the other hand, ambitions and motivations that drove the behavior and aspirations in earlier years are moved gradually to secondary place. There is a reflection on the past. Even more, increasingly overwhelming thoughts about the future and the end of life are taking main place in their mentality. Sadness and fear are materialized. The biggest social problem of the elderly is loneliness. Often, an older person is found in the disadvantaged situation

in his or her own family. Moreover, a family model undergoes the course of numerous and rapid changes and transformations. As far as the family is concerned, living in two- and three- generation-family, where elderly members could rely upon care and attention of other relatives has been stopped. The family, which was filling the emotional side of life, has become independent, and often the partner has already died. Polish seniors often live in families with their children. Families make use of the presence and help of grandma and grandpa until they are able to provide assistance. However, the problem emerges when an elderly person's disabilities are putting strain upon their relatives. Paradoxically, even when they want to, not always they are able to provide the expected aid [1].

### Reinvigoration of elderly people

Nursing Homes by virtue of their specificity can restrict the activity of their inhabitants. Immobilization at any age, especially elderly, contributes to the disturbances in the functioning of each of its systems, reduces efficiency, independence and impairs quality of life [2]. However, even in well-organized residence homes with guaranteed high standard of nursing home care, especially right after the arrival, there begins a difficult period in seniors' lives. Even more, especially when any of them stays there involuntarily,

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some of them see it as gaining a new kind of security for the price of significantly reduced sovereignty, however, another percentage of residents conclude that for them primarily waiting for the death has started. Being active enables compensation for disabilities, triggers repressed reinvigoration, modifies the one misdirected and stimulates activity which is not awakened. Throughout the stay in the seniors' homes, the necessity of continuous implementation of various forms of reinvigoration is extremely important. Older people like any age group, need motivation to take on various forms of activity. Thus, predictions of improvement as far as well-being, health and safety, appear to be the most stimulating and motivating. However, sometimes one must choose detailed motifs according to individual residents. The reason is that every person's dream is to be self-sufficient and independent. This applies particularly to elderly people. Due to the multitude of problems in the elderly, it becomes necessary to take into account all deficits in their life, while planning any activities connected with care and rehabilitation. Nevertheless, no action can be isolated from the context of their life activities. Additionally, they have to deal with current topics of everyday elderly life, base on them, and stress the potential for further development of the resident in that age. Even more, already at the time of arrival of a new resident to the nursing home and during the first few days, it is necessary to gather information that will be used to set an activating plan. As far as possible, one should strive to establish a conversation, which will provide information about the senior's biography, history and experiences of life he/she regards as most important. Furthermore, observing and declaring the state of his/her health, expressed wishes, hopes and fears will provide information about the current situation in terms of a mental physical, social and spiritual condition. As far as the past and present of the resident as a whole are fully understood, the greater foundation will be built to give him/her effective assistance in this new stage of life. This initial support should be implemented through conversations concerning individual issues, providing them with general information on the functioning of nursing home and order of the day, help in the distribution of information regarding building orientation and purpose of each area.

A further step may include support exhibited through the presence of a carer – attempts of integration in the new environment, a wide range of classes and various activities offered to all residents, encouragement to take advantage of these offers [3].

The basic form of stimulation is to use the resident's daily activities. For that reason, an important action is to assess the degree of independence in the resident's performance during daily activities, such as body care and personal hygiene, dressing and undressing, taking food, the ability to move, spatial orientation, the ability to establish contacts and communication.

However, it is necessary to anticipate the fact that a greater part of this assessment can be made only in consultation with the resident, who must agree to remain for some time with a careful eye of a carer, because some elements regarding verification of the degree of autonomy will apply to the sphere of intimacy (grooming, using the toilet). Conversely, the consent can be obtained as long as the person is informed clearly, that there is no intention to inflict any harm, or to

expose him/her to unnecessary danger on the one hand – or to limit his/her independence and forcefully make the resident happy on the other hand, by stepping into areas where it is dispensable. Additionally, essential element is to share the thoughts of the resident with nursing care and therapeutic staff and to suggest measures best suited to a senior in general overview, for their reinvigoration for independent and responsible life within the framework created by the Nursing Home. Beforehand, observation of the new resident should be conducted based on a previously prepared exemplary and organizational list that facilitates data collection, prevents omission of some important aspect of it and to prevent unnecessary duplication of tasks [4]. Standard forms will also facilitate the development of the proper approach to the resident by the entire staff, which will be able to use it at any time. The assessment of the general psychophysical condition of the elderly person is only the first stage of our proceedings. The gathered observations should lead to carrying out practical conclusions, especially in terms of the provision of auxiliary equipment and responding to orthopedic deficits. Nevertheless, before making the final decision, there should be a trial period to verify whether the equipment actually meets the hopes vested in it and if the resident will actually use it. Infrequently, a clarification to these matters will be completed after the adoption of deliberate practice and preparing the senior for the correct and optimal use of the proposed aid. However, if a resident still exhibits doubts whether he/she should benefit from such assistance, advantages should be presented during calm conversation to convince that this is the kind of extra security and comfort, which will help to sustain the practical freedom of every day existence, as it will allow not to constantly rely on the staff support. However, the inquiry concerns not only the resident, but also the environment in which he/she will spend most of the time, meaning the living quarters. Additional help as installing additional handrails in the toilet or bedside holder, supporting the self-sufficiency, can also be considered. At times, moving the furniture may facilitate physical efficiency, if the resident prefers, for example, to get up on the left side of the bed etc. However, self-reliance should be understood much more broadly than just as far as motor skills are concerned. Therefore, as far as it is possible and taking into account the necessary organizational framework, which outlines the functioning of the institution of the Nursing Home – elderly people should be motivated to co-deciding, planning and thinking. For that reason, we can protect more their intellectual ability of "retiring", the greater the chances of co-operation with staff of the house, the easier it will be to renew and maintain the existing mental and physical health reserves. Maintaining autonomy and independence, protection of the intimate sphere, are for many seniors a priority that can be a sufficient incentive to cooperate with nursing care staff and to collaborate in work being implemented by the Ergotherapist. A resident is an independent person who treasures own self-esteem, easier gets out of crises, is communicative (which frees staff from "guessing" of the current needs), is characterized by a stable psyche. Consequently, during the collaboration with the senior's mentality, acquired habits cannot be ignored. As a result, it is not enough to offer various activities only in terms of their beneficial outcomes. Awakening of motivation for participation and interaction is



To provide effective assistance to the elderly person, an activity in the area of self-reliance, interpersonal relations, use of leisure time and participation in organized activities, must be first assessed.

Descriptions of behaviour in each of these areas of activity are included in Table 2.

Residents' level of activity in each area – for the participation in total – up to 20 points can be scored.

Residents' level of activity is calculated from the equation:

$$PA = \frac{ObI + ObII + ObIII + ObIV}{4}$$

Where:

- PA = an average level of senior's reinvigoration
- Ob I = the result acquired in a field I of the scale (self-reliance)
- Ob II = the result acquired in a field II of the scale (interpersonal skills)
- Ob III = the result acquired in a field III of the scale (spare time management)
- Ob IV = the result acquired in a field IV of the scale (participation in organized activities)

In case of obtaining the following points: Ob I = 9 pts.; Ob II = 10 pts.; Ob III = 3 pts., Ob IV = 3 pts.), the level of senior's reinvigoration is as follows:

$$PA = \frac{9 + 10 + 3 + 3}{4} = \frac{25}{4} = 6.25$$

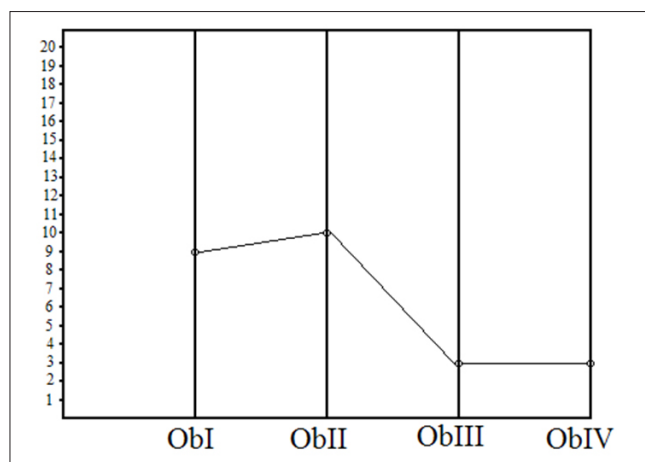


FIGURE 1. Activity profile.

Source: Dzirba A. Promocja zdrowia seniora poprzez aktywizację. In: Charzyńska-Guła M. (ed). Zrozumieć promocję zdrowia. Wydawnictwo Mak Med.; Lublin 2010.

TABLE 3. Activity profile.

Field	Acquired points																				
	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
I																					
II																					
III																					
IV																					

The activity profile constitutes a graphic representation of resident's reinvigoration in particular fields and creates bases for qualitative analysis [5,9].

The activity profile is drawn basing on the case study represented by exemplary data regarding the Activity Scale (Ob I = 9 pkt., Ob II = 10 pkt., Ob III = 3 pkt., Ob IV = 3 pkt.), can be illustrated as the Table 3 or Figure 1.

Notable actions are to balance resident's time and indicating this on the Table 4.

TABLE 4. Balance of resident's time.

A. How long does the resident:	Number of hours
sleep	
is self-reliant	
has interpersonal skills	
participate in organized events	
spend leisure time actively	
Total hours .....	
B. What does a resident do in the rest of the time? (hours .... ..)	Yes (+) No (-)
lying down,	
sitting, staring straight ahead,	
smoking,	
wandering without any aim,	
gathering cigarettes butts,	
overeating,	
rocking or performing other stereotypical movements,	
performing other activities (which one?):	

After a careful determination of the activity, there must be carefully analyzed resident's activity profile indicating the areas with the lowest and highest activity rate. Afterwards, we should make a careful analysis of external and internal causes of the activity level indicating personality traits (if so, which one?), physical limitations (if so, what kind of?), mental disorders (if so, what kind of?), adaptive difficulties (if so what kind of?), attitudes of staff (if so, which one?), social and living conditions (if so, what kind of?), other reasons (specify).

In making this assessment, our opinion has to be justified. Model analysis may look like this:

- type of personality inactive, derivative (apathetic),
- advanced age – the decreased ability of mental activity, creative, educational activity at retained emotional, social, and less physical,
- somatic diseases (rheumatism, circulatory failure, hypertension) and associated with them malaise, fatigue, sore joints,



- style of upbringing – the lack of learned forms of useful activities, hobbies, interests. The advantage of the attitude of taking over the attitude of giving,
- system of values – lack of confidence in eternal life restricts religious activity,
- emotional apathy due to the lack of immediate family, excessive focus on yourself, feelings of worthlessness,
- backing down, isolation,
- institutionalization of Nursing Homes and the consequent sparing in many basic activities, and depersonalization.

Planning resident's reinvigoration:

- select an area of activity you want to alter,
- specify the method of reinvigoration
- arrange detailed stages of operation,
- determine when and who will implement the strategy adopted to reinvigoration point of the people responsible,
- determine what exactly you want to achieve,
- state the time of the reinvigoration,
- review the effects of reinvigoration plan after a month of its implementation,
- make the decision about the further implementation of the plan or its amendment,
- continue with the next plan [3].

Suggested stimulating activities including the activities and the time of reinvigoration are presented in Table 5.

**TABLE 5. Exemplary reinvigoration activities.**

Purpose of the activity	Method of reinvigoration	Time of stimulation
• Developing motivation for activity.	• Conversations with the resident	• Method adjustment taken to obtain results,
• Teaching a relationship of trust, acceptance: protégée – guardian.	• Co-participation in daily activities with the resident	• Once a month, analyzing the results and changing the method in case of the lack of effects.
• Teaching practical forms of self-reliance.	• Practical exercises	
• Teaching techniques of simple physical exercises.	• Rewarding acts of activity	
• Learning the active leisure.		

Exemplary application of reinvigoration measures:

Example 1. To encourage the resident to comb her hair daily on her own, persuade her to visit the hairdressers. Shorter haircut will cause that the activity will be easier to implement in case of an older person and the improvement of appearance will encourage looking to the mirror more often, what enables the usage of the comb. Participation of the carer in these activities will revive the relationship between them.

Example 2. In order to activate the resident to make the bed, use a method of strengthening the positive behaviour. Therefore, express praise and admiration for their efforts put into making the bed, motivate to continue these behaviours.

Additionally, devote more time to chat over tea with the resident, which will strengthen the positive relationships on both sides [3].

Recommendations regarding variety of exercises aimed at residents' reinvigoration are shown in Table 6.

**TABLE 6. Recommendations regarding variety of exercises aimed at a female resident's reinvigoration.**

Group of exercises	Exemplary exercises
works of art and technical works	<ul style="list-style-type: none"> <li>• painting</li> <li>• colouring templates</li> <li>• preparation of Christmas cards and decoration</li> <li>• origami</li> </ul>
handicrafts	<ul style="list-style-type: none"> <li>• knitting</li> <li>• embroidery</li> </ul>
incentives to participate in the celebrations connected with:	<ul style="list-style-type: none"> <li>• dancing party</li> <li>• singing</li> <li>• reciting poems</li> <li>• festive treat</li> </ul>
memory exercises	<ul style="list-style-type: none"> <li>• creating words from the last letter of previous word</li> <li>• game in the mini puzzle postcard</li> <li>• game „to read colour“ (writing with different colours)</li> <li>• charades</li> </ul>
health education talks ending with quizzes	<ul style="list-style-type: none"> <li>• how to cope with stress</li> <li>• how to keep a healthy diet</li> <li>• why it is worth to be reinvigoration</li> </ul>
excursion to the town, walks, tours	
exercise, intensifying fitness	

Extremely valuable method of resident's reinvigoration is art therapy, which involves stimulating the creative activity of the individual. Furthermore, art therapy also serves diagnostic, therapeutic, compensatory, and cognitive function. The main task of art therapy is to combat the effects of disability manifested in the active attitude towards the world, including creator approach, motivational, cognitive and causative. In addition, art therapy as a method enriches and gives meaning to life of a disabled person, compensates for his/her limitations and deficiencies. Moreover, it allows one to accept oneself. It helps to discard of the complexes and fears, provide relaxation and well-being [10,11].

## CONCLUSIONS

Elderly people, as well as other age groups, require motivation to commence various types of activities. To increase their well-being, health and safety, a range of activities should be adapted to individual needs of each older person. Therefore, resident's reinvigoration should include: regular exercise, use of favourable opportunities to move (do not use the lift, the means of locomotion), frequent walks, use of occupational therapy and rehabilitation, maintaining communication with friendly people, considering needs of others and engaging in fulfilling them.

Widely understood reinvigoration provides many benefits:

- Increases physical, mental and social health.
- Compensates for strains brought upon them by boredom or mental work overload and spending prolonged time in one position.
- Has a positive impact on quality of sleep.

- Prevents the occurrence of disorders in the musculoskeletal system.
- Enables to maintain apt body weight.
- Reduces the risk of atherosclerosis.
- Makes an essential part of treatment for various diseases.
- Helps in maintaining the self-reliance [12,13].

According to WHO, a key goal of health policy for medical care and social assistance as far as the elderly are concerned is:

- early detection and prevention of health problems;
- health promotion of the elderly in the sense of maintaining and improving the efficiency (physical and mental), education on health behaviours and health education, stimulating self-improvement of the functioning of these people in the social environment;
- organization of care in such a way as to ensure the older person to live independently as long as possible in the home environment;
- prevention of institutionalization (placement in institutions) by combating physical and mental disability [12,13].

Foreground of all kinds of activities in the nursing home should be creating an atmosphere appropriate for the needs of residents. An ambience that can maximize the psychophysical fulfilment of aging people, the key to success in this field is, in addition to professionalism at work, based on many years of experience, staff attitude characterized by the following features:

- Open-mindedness towards all kinds of experiences and feelings exhibited by the resident.
- Respect for seniors' own value system and practical compliance with such views – even if they do not coincide with their own believes worldview or knowledge derived from experience and life. Elderly patients can no longer be educated in term of their system of value.
- Taking seriously the concerns and needs of the resident. Their world has been limited to this very room, a favourite television program or Sunday cake. I have to respect that the senior is trying to shape the meaning of his/her life, and this abridged version of the existence [14].

All in all, professionalism, an appropriate approach, commitment and good will of staff enable us to meet in the Nursing Homes not ill and weak, but happy seniors. The purpose of caring for the elderly is not so much striving to regain their former vitality and health, although this effect is desirable, but an improvement of quality of life by giving them the necessary assistance and care, without a concomitance of their incapacitation. By and large, the mission of a caretaker is primarily to teach and endorse ways of doing things that lead to self-sufficiency, to stimulate the understanding and acceptance of the situation in which they find themselves, instilling the belief that in spite of illness and disability they can and should pursue a full-fledged lifestyle.

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