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Pielęgniarki wobec problemu starości

Nurses and the aging problem

Streszczenie

Wprowadzenie. Postępujące starzenie się społeczeństw stawia wyzwania przed zdrowiem publicznym. Wg prognoz demograficznych w roku 2020 liczba osób w wieku 60 i więcej lat przekroczy 20% żyjących. Zjawisko to dotyczy też Polski. Coraz większa liczba osób wymaga wzmożonej opieki społecznej i medycznej. Istotne miejsce w opiece nad osobą starszą zajmować powinna kompetentna pielęgniarka, dostosowująca opiekę do indywidualnych potrzeb i aktualnej sytuacji.

Cel. Celem pracy jest określenie wiedzy pielęgniarek na temat starości, opieki nad pacjentem starszym oraz form wsparcia dla osób w wieku podeszłym.

Materiał i metody. Materiał empiryczny zebrano metodą sondażu diagnostycznego. Narzędziem był kwestionariusz ankiety anonimowej własnej konstrukcji, zawierającej 39 pytań.

Wyniki. Większość ankietowanych (68%) stwierdziła, że podstawową cechą starości jest postępujące ograniczenie samodzielności życiowej oraz spadek zdolności adaptacyjnych człowieka (63%). Prawie ¾ respondentów uważała, że cechą charakterystyczną wieku podeszłego jest wielochorobowość, a najczęstszymi problemami zdrowotnymi są choroby układu krążenia (78%) i choroby narządu ruchu (77%). Za najważniejsze problemy ludzi starych respondenci uważali samotność (90%) oraz poczucie nieprzydatności (80%). Według badanych (53%), świadczenia opieki zdrowotnej w ramach ubezpieczenia NFZ nie zaspokajają potrzeb pacjentów w wieku podeszłym.

Wnioski. Zakres wiedzy pielęgniarek na temat starości i procesu pielęgnowania pacjentów w podeszłym wieku jest niewystarczający. Opieka nad tą populacją nie jest sprawowana w oparciu o ocenę stanu sprawności i o indywidualny plan opieki.

Słowa kluczowe: epidemiologia, zachowania zdrowotne, współpraca pacjenta, ludzie starsi.

Summary

Introduction. The progressive aging of society is a huge challenge to public health. According to demographic prognosis in 2020 the number of 60-year-olds and over will exceed 20% of the living society. This phenomenon concerns Poland as well. The growing number of patients require social and medical care. A competent nurse should play a vital role in caring for the elderly, adapting resources to individual needs and actual situation.

Aim. The paper aims to determine nurses' knowledge of the senility problem, caring for the elderly patient and different forms of support to the elderly.

Material and methods. The study material was collected in the form of a diagnostic poll. The anonymous survey including 39 questions was the research method.

Results. The majority of the surveyed (68%) claimed the chief indication of senility to be self- independence restriction and drop of one's adaptive aptitude (63%). Almost 75% of the surveyed claimed the most frequent problems being cardiovascular disease (78%) and locomotion restriction (77%) to be the major determinants of aging. The crucial problems of the senile is perceived to be solitude (90%) and the feeling of needlessness (80%). According to the questioned (53%) the NFZ (National Health Fund) services do not meet the needs of the senile.

Conclusions. The knowledge of nurses about aging and caring process of the elderly is insufficient. Caring for the elderly is not performed with respect to physical condition evaluation and individual caring plan.

Key words: epidemiology, health behavior, patient cooperation, senile people.

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INTRODUCTION

The world is ageing rapidly due to the decrease of the birth rate in many countries, as well as the increase of life expectancy. In the mid of 20th century the average life expectancy was 44 years, whereas in the mid of 21st century it will reach 77 years. Every month one million people all over the world are reaching the age of 60.

Currently there are over 580 million people in the world aged 60 and more (nearly 10% of all human population), whilst in 1950 this age group was only 200 million. The group aged 65 and over includes around 400 million people (nearly 7% of all human population) [1].

The population of Poland is also ageing relatively quickly, although the ratio of the elderly to younger people in this country is not as high, in comparison to other age groups, as in other European countries [2]. The forecast for Polish population carried out by Central Statistical Office indicates that there will be around 9.5 million people aged 60 and over in year 2020, which will make approximately 24% of the population. The number of elderly population will most probably exceed 10 million in 2030, which is 27% of the Polish population [3].

In the Pomorskie Province the percentage of elderly people keeps rising. Within only 2 years (2002-2004), the percentage of the population aged 65 and over, increased by 4.3% and its contribution in the whole population raised by 0.5%. In 2004 the proportion of elderly population in Slupsk was 12.5%, whereas in Gdansk and Gdynia was equal to 14.3% and 14.4% respectively. The highest index has been recorded in Sopot with the number of 19.7% [4].

Ageing depends on many mutually affecting genetic and environmental factors as well as on the lifestyle [5]. Man, whose will and determination may slow down the negative biological processes, has relevant influence on the ageing course [6].

The increasing number of people aged over 65 in Poland calls for greater interest in the health and social issues of elderly people. Care procedures carried out by the nursing staff are the fundamental elements of care this age group.

AIM OF THE STUDY

The study aims to determine the level of knowledge represented by nursing staff along with the evaluation of the work elements, which have a major impact on the elderly patient care.

MATERIAL AND METHOD

The study material was obtained from an anonymous survey carried out among nursing personnel working within several wards of the Janusz Korczak Provincial Specialist Hospital in Słupsk: Internal Diseases I, Internal Diseases II, Laryngology, Ophthalmology, Cardiology, Dermatology, Lung Diseases, Chemotherapy and Accident and Emergency wards. The questionnaire is the authors' survey with 39 open-ended and multichoice questions, with single and multiple choice answers After formal and content-related analyses, 118 correctly filled forms were qualified for further consideration. The collected data was stored and processed using Microsoft Office Excel 2003 spreadsheet.

RESULTS AND ANALYSIS

The subjects of the research were aged between 23 and 59. The majority of nurses were 31-40 years old (51.7%) and 41-50 years old (30.5%). The remaining age groups were less numerous: aged 21-30 (14.4%) and aged 51-60 (3.4%).

Nearly 45% of surveyed nursing staff had 11-20 years of work experience. The groups below 10 and with 21-30 years of work experience were similar, accounting for 24.6% and 27.1% respectively. The least numerous group (3.4%) were the nurses with 31-49 years of work experience.

The education level of 64.4% of surveyed personnel was medical high school with nursing specialisation. Further 8.5% obtained college education, whilst over a quarter (23.7%) had higher education (bachelor diploma). A minor percentage of the respondents (3.4%) showed other type of higher education with none of the surveyed having the Master degree in nursing.

With regard to the professional position, the vast majority were staff nurses (87.3%), followed by the operating room nurses (6.8%), the ward sisters (5.1%) and the trainee nurses (0.8%).

The presented results show knowledge of the surveyed nurses with regard to the current demographical situation and factors of ageing. Demographic changes in Europe are the outcome of constantly increasing life expectancy and low natural growth of population. Nearly ¾ of the investigated nursing staff (74.6%) chose the low birth-rate as the main factor of demographical changes in Europe, whereas 39% pointed to constant increase of the average life expectancy. Four people (3.4%) made an additional statement claiming that one of the factors influencing the demographical changes in Europe is the technology development in the field of medicine (Table 1).

TABLE 1. Tendencies influencing the demographic changes in Europe.

Tendencies influencing the demographic changes in Europe	Number of people	
	N	%
Continuous low birth rate	88	74.6
Increase of 60-year-old- generation	55	46.6
Constant increase of life expectancy	46	39.0
Other (progress in medicine)	4	3.4

According to World Health Organisation (WHO) definition old age starts at 65. Based on this research, 61% of the surveyed subjects agreed with WHO definition, setting the borderline at age of 65, whilst 23.7% thought it was the age of 60. Over 15% of the studied staff claimed that old age begins even earlier, at age of 50 or 55 (Table 2).

The main characteristics of old age, according to surveyed nursing personnel, is progressive limiting of self-independence (67.8%), followed by significant decrease of adaptive abilities in biological and psychosocial sense (62.7%). Over the half of respondents (51.7%) claimed that the gradual increase of environmental dependence is also one of the factors characterising the old age (Table 3).

The majority of the people suffer from the accelerated process of ageing due to the concurrent morbidities. Nearly ¾ of surveyed (72%) agreed that one of the characteristics

TABLE 2. Age recognised as the beginning of seniority.

Age claimed by nurses as the start of seniority according to WHO	Number of people	
	N	%
65 years	72	61.0
60 years	28	23.7
50 years	14	11.9
55 years	4	3.4
Total	118	100.0

TABLE 3. Basic characteristics of the old age.

Basic old age characteristics	Number of people	
	N	%
Progressive limitation of self-independence	80	67.8
Significant decrease of adaptive abilities in biological and psychosocial sense	74	62.7
Gradual increase of environmental dependence	61	51.7

TABLE 4. Polymorbidity being characteristic of old age.

Is polymorbidity a feature of old age?	Number of people	
	N	%
Yes	85	72.0%
No	27	22.9%
I have no opinion	6	5.1%
Total	118	100.0%

of the old age is polymorbidity. The remaining group did not agree (22.9%) or did not have an opinion in this matter (5.1%), see Table 4.

So-called 'good' or 'bad' old age is dependent on interaction of many factors. Amongst the factors that decide on pace of ageing of most relevance are: the genetic and environmental factors, the endured diseases and the life style. The results of this study show that life style is being considered the most important (77.1%) with the environmental factors including life and work conditions taking the second place (70.3%), followed by the endured diseases (63.6%) and genetic conditions (58.5%). Additionally, the surveyed nursing staff pointed at development and progress at many life disciplines and lack of family care (Table 5).

TABLE 5. Factors influencing the ageing process.

Factors influencing the ageing process	Number of people	
	N	%
Life style	91	77.1
Environmental conditions (life and work conditions)	83	70.3
Endured diseases	75	63.6
Genetic conditionings	69	58.5
Other (development of many disciplines, lack of family care)	2	1.7

This research also includes the opinions of nurses on the needs, problems and reasons of marginalisation and social exclusion of elderly people. When analysing the sentence starting with words 'Old people need...' the most common answer was care, support of family and guardians (63.6%), followed by proximity and contact with family and other people (33.9%). Over ¼ of surveyed chose the acceptance and comprehension given by other people along with wider accessibility to medical and nursing care (27.1%). Natural needs, such as love, affection and sense of being useful (23.7%), interest, benevolence and tolerance (22%), as well as help in satisfying every day needs (20.3%), are pointed out by nearly every fifth surveyed. Furthermore, mental and emotional support and conversations (16.9%), sense of security, including financial one (15.3%), health, proper diet, peace and quiet (12.7%) as well as activity, independence, companionship and entertainment (11.9%) are given by respondents. Eleven people (9.3%) did not give any answer to this question (Table 6).

TABLE 6. Opinion on the needs of senior people.

Elderly people need:	Number of people	
	N	%
Care, support of family and guardians	75	63.6
Proximity and contact with family and others	40	33.9
Acceptance and comprehension given by other people	32	27.1
Wider accessibility to medical and nursing care	32	27.1
Love, affection and sense of being useful	28	23.7
Interest, benevolence and tolerance	26	22.0
Help in satisfying every day needs	24	20.3
Mental and emotional support and conversations	20	16.9
Security, including financial sense	18	15.3
Health, proper diet, silence and peacefulness	15	12.7
Activity, independence, companionship and entertainment	14	11.9

Szyszkowska has no doubt as to the fact that the older people are regarded in Poland less valuable that younger citizens [7]. For that reason it is not surprising that retirement for many people is associated with severe mental states and diseases [7]. Over ¾ of surveyed (75.4%) considered loosening of family bonds as the most important reason for the marginalisation and social exclusion of old people. Half of the respondents (50.0%) chose disability, with remaining as follows: degradation of moral values (47.5%) difficulties in communication (44.1%), lack of income (42.4%), chronic diseases (19.8%) and differences between the generations (36.4%). The lowest index is recorded for lack of clubs dedicated to seniors (25.4%) (Table 7).

Nursing care is regarded as the essential element of care of old people. The evaluation of the elderly patient's ability to self care is essential in dealing with elderly (Barthel, ADL, IADL). This evaluation is helpful in setting the care plan and its successful realisation. This survey includes all activities that should be taken into account by a nurse while assessing the patient condition. This survey shows that over

TABLE 7. Reasons for marginalisation and social exclusion of old people.

Reasons for marginalisation and social exclusion of old people	Number of people	
	N	%
Loosening of family bonds	89	75.4
Disability	59	50.0
Degradation of moral values	56	47.5
Difficulties in communication	52	44.1
Lack of income	50	42.4
Chronic diseases	47	39.8
Depression	47	39.8
Differences between generations	43	36.4
Lack of clubs dedicated to seniors	30	25.4

of questioned opted for such activities as eating (81.4%) and maintaining of personal hygiene (78.8%). Walking, mobility and dressing/undressing are pointed out also with 72.0%, 68.8% and 66.9% from all answers, respectively. Activities such as stool/anal sphincter control (56.8%), use of toilets (55.6%), urine/urinary bladder control (55.1%), use of staircase (53.4%) are selected by over a half of the surveyed nursing personnel. Only "washing" and "ability to have a bath" is pointed out by less than 50% (47.5%) of the respondents. From among 118 members of investigated nursing staff, 38 correctly listed all activities indicated in the survey in compliance with Barthel scale (Table 8).

TABLE 8. Nurse opinion on self care of patient according to Barthel's scale.

Activities considered by nursing staff during evaluation of patient condition according to Barthel's scale	Number of people	
	N	%
Eating	96	81.4
Maintaining of personal hygiene	93	78.8
Walking (on flat surfaces)	85	72.0
Mobility (from bed to chair and back/sitting)	81	68.6
Dressing and undressing	79	66.9
Stool/anal sphincter control	67	56.8
Use of toilet	66	55.9
Urine/urinary bladder sphincter control	65	55.1
Use of staircase	63	53.4
Ability to wash and have a bath	56	47.5

Every nurse who is taking care of old people faces numerous difficulties, which make this work hard and not gratified with expected results [8]. This research takes account also for the obstructive elements in the senior patients care. The survey shows that 'obstructive' elements in the elderly patients care are considered by most of the respondents to be as follows: difficulties in communication (72.9%), low number of nursing personnel (72.0%), unwillingness to cooperate with the medical staff among patients (71.2%) and family and guardians of the patient (61.0%), and negative attitude towards hospitalisation (56.8%). Slightly less common among the surveyed nurses are: lack of the proper equipment suitable for elderly patients' care with 46.6% and bad condition of the patient with 45.8% (Table 9).

TABLE 9. Obstructive elements in senior patients care.

Obstructive elements in senior patients care	Number of people	
	N	%
Difficulties in communication	86	72.9
Low number of nursing personnel	85	72.0
Unwillingness to cooperate with medical staff among senior patients	84	71.2
Unwillingness to cooperate with medical staff among patient family members	72	61.0
Negative attitude towards hospitalisation	67	56.8
Lack of proper equipment suitable for old age patient's care	55	46.6
Bad condition of patient	54	45.8

A good nurse-patient relationship is very important in nursing care of elderly people besides professionalism. The relation of nursing staff towards elderly patients care is defined on the basis of survey answers to the following question: 'What is your relation to the elderly patients care?'. Among all of the respondents 44.9% said that they cannot see a difference in comparison to younger patients care; nearly every tenth nurse (9.3%) claimed that they have no problems with taking care of old age patients. Significant percentage of surveyed personnel (28.8%) thought that this type of nursing care is burdensome. It must be said that 16.9% of the respondents had no opinion on that matter and answered 'hard to say' (Table 10).

TABLE 10. Relation of nurse to old age patients' care.

Relation of nurse to old age patients care	Number of people	
	N	%
I do not see difference in comparison with younger patients	53	44.9
I find it difficult	34	28.8
Difficult to specify	20	16.9
I do not find it difficult	11	9.3
Total	118	100.0

The main aim of nursing care over elderly patients is to achieve the improvement of the life quality as a result essential (for this age group) help and care, without incapacitation [9]. The results of this survey, indicate that over ¾ (79.7%) of respondents claim that improvement of the life quality is the most important goal of the senile nursing care. Next, there is intensification or stimulation of senior's activity (59.3%), life saving and life prolongation (28.8%), as well as the pursuing to vitality and health recovery (26.3%) (Table 11).

Education of the nursing personnel is a very important factor in elderly patients nursing care. This education should

TABLE 11. Aim of old age patients' care.

Aim of care	Number of people	
	N	%
Improvement of life quality as a result of necessary for this age care	94	79.7
Intensification or stimulation of seniors activity	70	59.3
Life-saving and prolongation of life	34	28.8
Vitality and health recovery	31	26.3

cover knowledge of patients, as well as their families [10], [11]. Most of all, the activity of the geriatric care units should be based on diagnosis, treatment and rehabilitation of older patients (72.9%). Over half of the respondents (61.0%) choose the help and education of patient, his/hers family and guardians as the main goal of care. Significant percentage of the surveyed (49.2%) choose the psychological and social support, as well as the prevention against premature ageing and diseases of old age (48.3%). Over 1/3 of questioned nursing staff (37.3%) referred to the somatic symptoms alleviation (Table 12).

TABLE 12. Principles of geriatric care units functioning.

Principle	Number of people	
	N	%
Diagnostics, treatment and rehabilitation of elderly patients' diseases	86	72.9
Assistance and education of patient, family and guardians	72	61.0
Physical and social support	58	49.2
Prevention of pre-ageing and senile diseases	57	48.3
Somatic symptoms alleviation	44	37.3

Being asked the following question: 'Do, in your opinion, the old patients expect other services than traditionally understood health care?' over ¾ of surveyed nursing personnel (75.4%) agreed and 13.5% of respondents did not agree and relatively high percentage (11%) did not have an opinion on this matter (Table 13).

TABLE 13. Other than traditional patients' expectations towards nursing staff.

Occurrence of other expectations	Number of people	
	N	%
Yes	89	75.4
No	16	13.6
I have no opinion	13	11.0
Total	118	100.0

Authors were also interested in the subject of nurses' self-assessment in terms of knowledge about old age. The following question: 'Is the nursing staff knowledge sufficient with regard to nursing care of elderly patients?' aimed at obtaining relevant information about the educational training of nurses. The results of this study showed that 44.1% of respondents think that they have insufficient knowledge, while 41.5% think the opposite – that their knowledge is adequate. No opinion in that matter was expressed by 14.4% of investigated nursing personnel. These results show that most of nurses realise their knowledge is insufficient about elderly patients care despite the fact that this is a part of the nurses' profession (Table 14).

TABLE 14. Opinion of nursing staff regarding knowledge about elderly patients care.

Knowledge sufficiency	Number of people	
	N	%
Yes	52	44.1
No	49	41.5
I have no opinion	17	14.4
Total	118	100.0

Insufficient knowledge with regard to proper elderly patients care is expressed in the opinion of nursing staff referring to the necessity of training arrangements. The majority of surveyed personnel (85.6%) is of the opinion that there is a need for organising training courses, which would consider forms of care and assistance for the senior patients. Very low percentage of the investigated nursing staff (4.2%) claimed no need for additional training. Significant proportion of respondents has no opinion on the questioned matter. Nursing staff realise insufficient knowledge with regard to the problems of old age people, despite the fact that the majority of their patients are elderly (Table 15).

TABLE 15. Necessity of training arrangements about care forms and assistance with regard to seniors.

Necessity of training	Number of people	
	N	%
Yes	101	85.6
No	12	10.2
I have no opinion	5	4.2
Total	118	100.0

CONCLUSIONS

1. Nursing staff is not prepared sufficiently to take care of the elderly patients.
2. The knowledge base of the nursing personnel with regard to the senior patients care is not efficient.
3. The majority of the surveyed nurses indicate the necessity of training arrangements with regard to the elderly patients care and assistance.
4. Factors influencing the ageing process along with the psychological aspects of old age are well recognised by the nursing personnel.
5. Nursing and care of the old age patients are not conducted in accordance with the fitness level evaluation and, in turn, with the individual care plan.

6. The knowledge level about prevention of pre-ageing and significance of geriatric care of the nursing staff is efficient.

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Poczucie odpowiedzialności za swoje zdrowie a elementy samooceny w grupie młodzieży studenckiej

Students' sense of responsibility for their own health and self-esteem elements

Streszczenie

Wprowadzenie. Od połowy ubiegłego wieku szeroko jest dyskutowana rola indywidualnych przekonań w modelach profilaktyki chorób. Pomiar tych przekonań umożliwia Wielowymiarowa Skala Umiejscowienia Kontroli Zdrowia (MHLC) autorstwa K.A. Wallstona, B.S. Wallston i R.F. DeVellisa. Narzędzie to bada trzy wymiary tzw. kontroli zdrowia: kontroli wewnętrznej (IHLC), wpływu innych (PHLC) oraz przypadku (CHLC). Skala ta pozwala określić, czy i w jakim stopniu badana osoba jest przekonana, że ponosi odpowiedzialność za stan swojego zdrowia.

Cel. Celem badania było określenie psychologicznej struktury kontroli zdrowia w odniesieniu do samooceny i poczucia własnej skuteczności w grupie młodzieży studiującej w przedziale wiekowym od 18 do 25 lat.

Materiał i metoda. W badaniu uczestniczyło 518 losowo wybranych studentów lubelskich uczelni wyższych w przedziale wiekowym od 18 do 25 lat. W badanej grupie było 69,5% kobiet (N=360) oraz 30,5% mężczyzn (N=158). Średnia wieku respondentów wynosiła 21,62 (SD 3,462). W badaniu zastosowano w polskich adaptacjach: wersję B Wielowymiarowej Skali Umiejscowienia Kontroli Zdrowia (MHLC), Skalę Samooceny M. Rosenberga (SES) oraz polską wersję Skali Uogólnionej Własnej Skuteczności (GSES).

Wnioski. Wysunięto następujące wnioski: młodzież studencka wykazuje w zakresie odpowiedzialności za własne zdrowie przewagę przekonań o istotności mechanizmów autokontroli nad przekonaniem o odpowiedzialności za ich zdrowie innych osób; przekonanie o własnej odpowiedzialności za stan swojego zdrowia koreluje z wynikami testów samooceny; w badanej grupie studentów występuje silna zależność pomiędzy samooceną a przekonaniem o skuteczności podejmowanych przez siebie działań; istnieje zależność pomiędzy uwarunkowaniami materialnymi a samooceną, przekonaniem o skuteczności podejmowanych przez siebie działań oraz przekonaniem o wpływie innych osób na stan własnego zdrowia; Wielowymiarowa Skala Umiejscowienia Kontroli Zdrowia (MHLC) jest użytecznym narzędziem pozwalającym oszacować stopień odpowiedzialności za własne zdrowie zarówno w wymiarze populacyjnym, jak i indywidualnym.

Słowa kluczowe: zdrowie, umiejscowienie kontroli, lokalizacja kontroli wewnętrzna i zewnętrzna, odpowiedzialność, samoocena, własna skuteczność, studenci.

Summary

Introduction. The role of individual beliefs in prophylaxis of diseases has been widely discussed since the mid of the last century. Such beliefs can be measured with the Multidimensional Health Locus of Control Scale (MHLC) created by K.A. Wallston, B.S. Wallston and R.F. DeVellis. Such a tool examines three dimensions of so called health control: Internal Health Locus of Control (IHLC), Powerful Others Health Locus of Control (PHLC) as well as Chance Health Locus of Control (CHLC). Such a scale allows defining whether and to what extent the examined person is convinced that he/she is responsible for his/her health condition.

The aim. The aim of the examination was to define the psychological structure of health control, in relation to self-esteem and the sense of self-efficacy in a group of students aged between 18 and 25 years.

Material and methods. The research comprised 518 randomly chosen students at the age between 18 and 25 years, studying at Lublin's universities. The examined group consisted of 69.5% of women (N=360) and 30.5% of men (N=158). The average age of respondents came to 21.62 (SD 3,462). In the Polish adaptation of the research the following aspects have been deployed: version B of the Multidimensional Health Locus of Control Scale (MHLC), M. Rosenberg's Self-Esteem Scale (SES) as well as the Polish version of the Generalized Self-Efficacy Scale (GSES).

Conclusions. The following conclusions have been drawn: in the field of responsibility for one's own health, students proved that the importance of the self-control mechanisms prevails the belief that other people are responsible for the students' health; belief about self-responsibility for one's own health correlates with results of self-esteem tests; there is a strong correlation between the self-esteem and the self-efficacy in the examined group; there is a relationship between material conditions, self-esteem, self-efficacy and the belief of other people's influence on one's own health condition; The Multidimensional Health Locus of Control Scale (MHLC) is the useful tool allowing one to estimate the degree of responsibility for one's own health both in the social and in the individual dimension.

Key words: health, Locus of Control, Internal-External Locus of Control, responsibility, self-esteem, self-efficacy, students.

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