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## Samodzielność osób w podeszłym wieku przebywających w zakładach opieki długoterminowej

## Independence of elderly people housed in long-term care units

### Streszczenie

**Wprowadzenie.** Zdolność do samoopieki, czyli sprawność czynnościową, należy utożsamiać z niezależnością od innych w zaspakajaniu podstawowych potrzeb życiowych. Do potrzeb tych zaliczyć można poruszanie się, odżywianie, kontrolowanie czynności fizjologicznych oraz utrzymanie higieny osobistej.

**Cel.** Celem pracy było określenie sprawności w zakresie funkcjonowania fizycznego osób w podeszłym wieku, przebywających w zakładach opieki długoterminowej, za pomocą skali Barthel.

**Materiał i metoda.** Badaniem objęto 63 osoby przebywające w zakładach opieki długoterminowej województwa lubelskiego. Badani byli w wieku od 65 do 93 lat, kobiety stanowiły 61,90%, a mężczyźni 38,10%.

**Wyniki.** Przeprowadzone badania wskazały, iż zdecydowana większość respondentów wykazuje mały stopień samodzielności w codziennych czynnościach życiowych. Zdecydowaną większość badanych zakwalifikowano do kategorii wzmoczonej lub całkowitej opieki.

**Słowa kluczowe:** osoby starsze, skala Barthel, samodzielność.

### Summary

**Introduction.** Care self-reliance, i.e. a functional ability, should be equalled with independence from other people in satisfying one's basic existential needs. Such needs include: mobility, nutrition, controlling physiological functions and maintaining personal hygiene.

**Aim.** The work aimed at assessing the level of skill in the area of physical functioning of elderly people housed in long-term care units.

**Material and method.** The research involved 63 persons housed in long-term care units of the Lubelskie Voivodship. The researched patients' age ranged from 65 to 93. Women comprised 61.90% and men 38.10% of all the studied persons. Barthel's scale was used to evaluate the patients' condition.

**Results.** The research proved that the great majority of elderly people from the researched group had a low level of independence with respect to everyday life activities. The great majority of the studied patients were included in the category of intensified or total care.

**Key words:** elderly people, Barthel's scale, independence.

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## INTRODUCTION

The process of ageing causes the society to increase its demand for treatment and care services for the elderly. In most hospitals elderly people constitute from 25% to 53% of all patients [1].

Elderly people's fitness level depends on the ageing process, frequency of ailment, lifestyle and socio-environmental factors affecting them throughout their lives. The more advanced the age, the less care self-reliance, which causes an increase in demand for various forms of care. Elderly and disabled people demand special nursing care. Care provided to such people includes support in remaining independent from others, and support in sickness [2].

Care self-reliance, i.e. a functional ability, should be equalled with independence from other people in satisfying one's basic existential needs. Such needs include: mobility, nutrition, controlling physiological functions and keeping personal hygiene [3].

The work aimed at assessing the level of skill in the area of physical functioning of elderly people housed in long-term care units. Barthel's scale was used as a study tool.

## MATERIALS AND METHOD

The research involved 63 persons housed in long-term care units of the Lubelskie Voivodship. The largest group consisted of the patients housed in care and treatment units – 40 respondents, while 23 respondents were housed in nursing and care units. Women constituted 61.9%, and men 38.1% of all the studied people. The patients' age was as follows: 41.27% were the respondents aged between 65 and 74, 53.97% were the people aged between 75 and 89, and only 4.76% were over 90 years old. The largest number of patients had primary education – 79.37% of the studied group, 17.46% had secondary education and 3.17% of the patients had university education. The researched group included 53.97% of widows and widowers, 25.37% of single people, 11.11% of the divorced, and 9.52% of married people.

The respondents mostly suffered from neurological diseases – 41.27%, cardiovascular system diseases – 26.98%, bone and synovial system diseases – 17.46%, and in 14.29% of the cases, the complaints were included in the 'miscellaneous' group, which contained diseases of other systems.

Barthel's scale, which is designed to evaluate care self-reliance efficiency of patients housed in care institutions, was used to assess the patients' conditions. The following everyday life activities were taken into consideration: consuming meals, mobility, keeping personal hygiene, using a toilet, bathing the whole body, moving on flat surfaces, climbing stairs, defecation and urination control. It was determined whether the patients could independently perform these activities, whether they were able to perform them with support of other people, or they were not able to perform them at all. The patients were given from 0 to 100 points depending on their independence level. The number of points corresponds to the level of disability, and consequently describes a patient's state and their demand for care. The patients were categorised according to the numbers of points they obtained:

100-86 points – category I, i.e. a patient effectively copes with everyday life activities,

21-85 points – category II, i.e. a patient does not cope with some of their everyday life activities,

0-20 points – category III, i.e. a patient is not able to perform the majority of everyday life activities [4, 5, 6].

## RESULTS AND DISCUSSION

Barthel's scale is a tool frequently used to evaluate independence levels in patients of long-term care units. It also allows to specify care demands of that group of people [7].

The research results were analysed according to the way patients coped with everyday life activities included in Barthel's scale.

Meal consumption was the first of such activities. A majority of the respondents (50.79%) either needed help with meal consumption (slicing, spreading bread with butter) or needed diet modifications. 34.92% consumed meals independently. A minority of the patients (14.29%) were not able to independently consume any meal.

Similar results were obtained by Kuźmicz et al. They specified that half of the elderly people involved in their research needed help with preparing and consuming meals [4].

An advanced ageing process contributes to the impairment of independent mobility. Therefore, mobility levels were assessed in the respondents.

A large number of the studied people needed considerable help from others in order to move: this group comprised 39.68% of the total number of patients. 26.98% of the studied people needed only minor help with those activities. 25.40% of the respondents were not able to move, nor keep balance while sitting. Only 7.94% of the patients were independent as far as the abovementioned activities were concerned.

The range of the patients' ability to move on flat surfaces was also estimated. 46.02% of the studied patients were either completely unable to move, or they could move within the range of less than 50 metres. 25.40% of the patients could move with another person's help. 14.29% of the researched patients were independent in moving on a wheelchair. The same number of people did not need any help with moving.

As many as 60.32% of the patients were not able to successfully climb stairs, which became a mobility barrier. 31.75% of the patients were able to cope with climbing stairs, however, they needed help. Merely 7.93% of the studied patients were independent in those activities.

The above results were also confirmed in the research of other authors. Wojszel and Bień point out that broadly defined functional efficiency closely correlates with locomotive efficiency [8].

Independence levels of the studied persons were also assessed on the basis of the way they coped with activities such as getting dressed and keeping personal hygiene.

Over a half of all the studied patients were absolutely dependent on a carer's help with dressing and undressing – 50.79%. Partial help was required by 38.10% of the studied patients, while 11.11% of the studied group were independent in this respect. The results of the research by Kuźmicz et al. show that a greater number of persons could not dress

independently; they comprised about 3/4 of the researched group [4].

A great majority (63.49%) of the respondents needed help with activities connected with keeping personal hygiene. The remaining patients were independent in this respect (36.51%).

A great majority of patients required comprehensive help with bathing their whole bodies; this group made up 87.30% of the researched patients. Only 12.70% of the respondents could perform this activity independently.

Nearly half of the patients from the studied care units required comprehensive help with using a toilet (49.21%) and 31.75% of the patients needed partial help. 19.04% of the patients were able to use a toilet on their own.

The more advanced the age, the greater the frequency of incontinence. After the age of 75 incontinence occurs in 15% to 30% of cases, and the rate is even higher for the chronically ill [9].

The level of control of physiological needs was another study subject for the authors. Over a half of the researched patients (52.38%) were not able to control urinating. 23.81% of the patients occasionally did not control miction, the same number of respondents (23.81%) were completely unable to control urination.

As far as defecation is concerned, a great majority (49.21%) had no control over this activity. 26.98% occasionally lost control over this activity, and 23.81% fully controlled their defecation.

The research by other authors showed smaller numbers of people who did not control their physiological needs. Within the group of people over 65 years of age, 12.1% to 35.7% of the patients could not control defecation [10].

Other studies also confirm the correlation between the age of the studied people and their functional efficiency [3, 11].

According to Barthel's scale, 47.60% of the studied people were categorised as group II, i.e. people with considerable limitations in care self-reliance, and 46.00% were categorised as group III, i.e. people with a very small degree of functional efficiency, with no care self-reliance, and only 6.40% were included into group I with a high independence level.

The conducted research proved that elderly people suffered from considerable deficiencies in the area of everyday life functions. Their condition undoubtedly resulted from physical disabilities, chronic diseases and advanced ageing process. The studied persons showed a great demand for care, which was the reason to house these people in long-term care units.

## CONCLUSIONS

The research allowed to draw the following conclusions:

1. A great majority of elderly people from the researched group had an insignificant level of independence with respect to everyday life activities.

2. Out of all basic activities, it was bathing the whole body that posed greatest problems for the researched people.

3. The research showed elderly people's high demand for care: a great majority of the studied patients were included into the category of intensified or total care.

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