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### *Analysis of sociological and health reasons for stay at old age home*

Man's life in its natural course is inseparably connected with ageing phenomenon and problems of old age. This is becoming particularly present nowadays, when statistical data inform about prolongation of average life span, which is caused by improvement in life conditions, prevention and progress in medicine. Despite enormous progress in biological and medical science, we cannot prevent ageing, which is characterised by involuntional changes in tissues and organs, decrease in general organism efficiency and often goes together with occurrence of numerous diseases. Yet problems related to old age period can be considered not only in biological and medical aspects but also in psychological and social ones. The optimal life environment for elderly people is family, from which they expect help and support in overcoming problems of old age.

The aim of this study was to analyse social and health reasons that make old people stay for good in an institution like old age home. The study was carried out in Old Age Home in Różanka.

#### MATERIAL AND METHODS

The studied group consisted of 201 residents, including 104 women (52%) and 97 men (48%). A research method was analysis of documentation consisting of personal records of the residents, environmental history conducted by social workers from old age home, medical certificates about health condition of people directed to old age home, information cards from stay in hospital, plans of individual care over residents conducted by groups of therapy and care working in the institution.

#### RESULTS AND DISCUSSION

Analysing the age structure of the studied people it was stated, that the most numerous group was made up by people aged 61–75 and the second most numerous group was made up by residents aged between 76 and 90 (Tab. 1). Before arriving at the old age home 149 people (74%) lived in rural areas and 52 people (26%) in urban areas. Sex and age structure of the studied group reflects demographic trends observed at present in the world and in Poland. A characteristic feature of these changes is lengthening of average lifespan of population, especially in highly developed countries. This phenomenon concerns both sexes but women statistically live a few years longer (5, 6). At the same time low, zero or even minus birth rate results in an increase in the percentage of elderly people in the structure of societies. It is estimated that in 2020 in Poland the percentage of people over 65 will reach 18–20% of the society (7).

Table1. The age structure of the studied group of residents

Age	Women		Men		Total	
	number	%	number	%	number	%
45–60	4	3.8	19	19.6	23	11.4
61–75	42	40.4	58	59.8	100	49.8
76–90	51	49.1	19	19.6	70	34.8
Over 90	7	6.7	1	1.0	8	4.0
Total	104	100	97	100	201	100

The optimal life environment for man of every age, and probably especially in old age, is of course family, ready to give help and support both in catering for everyday, existential needs and in overcoming serious psychological and social problems related to old age. A very difficult and painful experience for man, especially in old age, is loneliness or bad family relationships and resulting from them feeling of isolation and being left to one's own devices (9, 11). The problem of elderly people's loneliness has become increasingly present in modern society. A change in life model, family model and in values recognised as priority caused changes in the attitude towards elderly people. A modern man, engaged to a great extent in work in the world, where professional and financial success is the aim of life and the determinant of life success and human value, often does not want or cannot look after a parent or a relative who is in old age. The situation of old people is made even worse by low pensions with the majority of Polish seniors, which causes difficulties with catering even for basic, everyday needs and results in the necessity of numerous limitations, including those related to treatment and rehabilitation. The above problems appeared also in this study. 118 people (59%) out of the residents, before arriving at the old age home lived and ran a household alone, 49 people (24%) lived with close family, 20 people (10%) with a more distant family and the remaining 14 people (7%) lived with their people who were not their relatives. Most of the residents were single. The most numerous group was made up by widows (68 women – 34%) and widowers (58 men – 29%), then unmarried women and bachelors – respectively 10 people (7%) and 22 people (11%), female divorcees – 13 (6%) and male divorcees – 12 (6%). Among the studied there were also married people – 7 women (3.5%) and 8 men (8%). From the opinions contained in environmental history conducted by social workers one can find out that with 112 people (56%) before arriving at the institution there were frequent conflicts in the family. The most frequent causes of family misunderstandings were improper relationships between family members. Lack of care and lack of catering for needs of elderly people was found with 47 people (41%). Alcoholic problems were the main cause of family conflicts with 32 people (28%) and financial misunderstandings – with 21 people (18%). Family situation was often additionally complicated by difficult financial and housing situation of the examined. Financial status of the residents, evaluated by social workers, was defined as very bad with 70 people (35%), and as bad with 78 people (39%). Only with 53 studied people (26%) financial situation was defined as satisfactory. The most frequent source of income was sick pension (136 people – 68%), then welfare benefit paid by an administrative unit (39 people – 19%) and old age pension (25 people – 13%). There was one person with no source of income. Evaluation of housing situation of the residents revealed that it was bad with 68 people (34%) and very bad with 66 people (33%). This group included homeless people that came to the institution from hospices for the homeless or hospitals. Living conditions were defined as satisfactory with 44 people (22%) and as good with 23 people (11%).

A very serious and inseparable from old age problem are chronic diseases and disability of various degree. Among causes of diseases and disability of people above 65, circulatory system diseases (46%) and motor organ diseases (47%) are uppermost (4). It is estimated that in Poland 85–90% of people above 65 have one or more chronic diseases. Hospital morbidity factor for 10,000 residents with circulatory system diseases is over 4 times higher with people over 65 in

comparison with the total number of the hospitalised people (4). In Poland, because of late detection, neoplastic diseases are also among main causes of morbidity and mortality. In the group of all sick hospitalised for neoplasms, people over 65 constitute nearly 33%, and for this reason hospital morbidity factor visibly rises with age (4, 8). In the studied group we evaluated motor efficiency of the residents and other co-occurring diseases. Motor efficiency was defined as satisfactory with 78 people (39%), as limited with 60 people (30%), as very limited with 24 people (12%) and 39 people (19%) were completely indolent and required constant care and support in all everyday activities. A cause of disability was chronic somatic disease with 166 people (82.6%), chronic psychic disease with 69 people (34.3%), dysfunction of motor organ with 28 people (14%), sensory defects with 18 people (9%) and mental impairment with 15 people (7%). The detailed structure of occurring diseases diagnosed with the studied residents was very different and confirmed co-occurring more than one disease in most of the studied persons (Table 2).

Table 2. The structure of chronic diseases occurring in the studied group of residents

Chronic disease	Number of residents	%
Atherosclerosis	102	50.7
Osteoporosis	53	26.4
Arterial hypertension	51	25.4
Arthropathy	48	23.9
Ischemic heart disease	45	22.4
Senile dementia	44	21.9
Alzheimer's disease	42	20.9
Tuberculosis	28	13.9
Glaucoma	29	14.4
Alcohol addiction	28	13.9
Bronchial asthma	25	12.4
Diabetes mellitus	24	11.9
Organic heart disease	24	11.9
Pulmonary emphysema	18	8.9
Kidney and prostate diseases	18	8.9
Schizophrenia	15	7.5
Ankylosing spondylitis	12	5.9
Hepatic cirrhosis	12	5.9
Parkinson's disease	11	5.5
Epilepsy	9	4.5
Colitis ulcerosa	6	2.9
Sclerosis multiplex	3	1.5
Neoplasms	5	2.5

## CONCLUSIONS

1. The most frequent problems that made people stay in the old age home are loneliness, occurrence of numerous diseases and disability and also difficult financial situation.

2. Ageing of Polish society will in the following years determine the demand for a particular profile of health, nursing and care services, thus determining the profile of state policy in this respect and financial burden for the citizens.

## REFERENCES

1. Bień B. et al.: Epidemiologiczna ocena rozpowszechnienia niepełnosprawności funkcjonalnej u osób w późnej starości a świadczenia opieki zdrowotnej. *Geront. Pol.*, 7, 10, 1999.
2. Butler R. N.: Population ageing and health. *BMJ*, 315, 1997.
3. Fu H.: Implications for health services for ageing populations. *Ageing and health. The global challenge for the 21st century. WHO symposium Kobe 10–13 Nov. 1998.*
4. Gębska-Kuczerowska A. et al.: Zagrożenia zdrowotne w XXI wieku wynikające ze starzenia się populacji. *Problemy Higieny i Epidemiologii u Progu XXI Wieku*, 74, Warszawa 2001.
5. GUS – Seniorzy w polskim społeczeństwie. Warszawa 1999.
6. Kowalewski J. T.: Starzenie się ludności Polski – stan aktualny i przyszłość. Sytuacja zdrowotna osób w starszym wieku w Polsce, aspekt medyczny i społeczno-demograficzny. Warszawa 2000.
7. Magdzik W. et al.: Sytuacja demograficzna Polski w latach 1950–1998 i prognoza jej rozwoju do 2050 roku. *Przegl. Epidemiol.*, 1–2, 5, 2000.
8. Miller M., Kuczerowska A. G.: Ocena stanu zdrowia ludzi w starszym wieku w Polsce. *Geront. Pol.*, 3–4, 7, 1998.
9. Piotrowski J.: Rola rodziny w życiu ludzi starszych. PWN, Warszawa 1974.
10. Wojtczak A.: Health care delivery system in view of ageing population. *Materiały konferencyjne, Kopenhaga*, 1–4.06.1999.
11. Żakowska-Wachelko B., Pedlich W.: Pacjenci w starszym wieku. PZWL, Warszawa 1995.

## SUMMARY

Man's life in its natural course is connected with ageing phenomenon and problems of old age. These problems are becoming particularly present nowadays, when statistical data inform about prolongation of average lifespan and ageing of societies. Problems related to old age can be considered not only in biological and medical aspects but also in psychological and social ones. The aim of this study was to analyse sociological and health reasons that make old people stay for good in an institution like old age home. The study was carried out in Old Age Home in Różanka. The studied group consisted of 201 residents. The most frequent problems that made people stay in the old age home are loneliness, occurrence of numerous diseases and disability and also difficult financial situation.

#### Analiza przyczyn społeczno-zdrowotnych pobytu w domu pomocy społecznej

Dane statystyczne informują o wydłużaniu się średniej długości życia populacji i starzeniu się społeczeństw, także w Polsce. Problemy związane z okresem starości należy rozpatrywać nie tylko w aspekcie biologiczno-medycznym, ale także psychologicznym i społecznym. Celem pracy była analiza przyczyn społecznych i zdrowotnych, skłaniających ludzi starszych do opuszczenia własnego domu i stałego zamieszkania w domu pomocy społecznej. Badania przeprowadzono w Domu Pomocy Społecznej w Różance. Grupa badawcza obejmowała 201 pensjonariuszy. Przeprowadzone badania wykazały, że najczęstsze przyczyny, dla których osoby w wieku podeszłym decydują się na pobyt w domu pomocy społecznej, są samotność, obecność licznych schorzeń i związana z tym niepełnosprawność, a także trudna sytuacja materialna.