

FRAIL AND DISABLED ELDERLY PEOPLE'S CARE PLANNING

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The elderly that are frail are those who are 65 or older that require assistance with daily tasks and are frequently in institutional care. Old age is defined as a range between age 65 to over 75 years. In reality, people age differently, so someone aged 75 may be healthier than a 60-year-old due to biological differences and there frailty (Laslett, 1996). UK is said to have ageing population based on the research briefing on housing and ageing population by UK parliament which suggests, “¹³The number of people older than 65 in the UK grew to around 12.3 million in 2019, about one-fifth of the overall population. As a whole, the UK population only increased by 7%

between 2009 and 2019, but this group grew by 23%. During the next two decades, people aged 65 and over will make up 24% of the population in the UK (17.4 million people). According to projections, 8% of the population will be 75 and older in 2018, and 13% in 2043, while 2% will be 85 and older (Great Britain. Parliamentary and Health Service ombudsman, 2011). We have many factors that contributes to rising the of the ageing population including, medical advances, social and environmental improvements. Using statutory and private home care services in England, this study examines the sociodemographic and health determinants of use by older people.

Health Determinants of Use by Elderly People

Medical Advances

Information or discoveries in health science that improve understanding are considered medical advances, which as a result of this breakthrough, diseases can be diagnosed, treated, and prevented more effectively. When a medical practitioner has been in the industry for long is considered to be more skillful and more experienced in the field which is a positive impact on medical researching and even diagnosing for example, the development of novel pharmaceuticals and vaccines, the use of technological advances in the field of medicine, and Innovations in medical equipment and technology. Ageing population has negative impact medically. For example when the elderly person is diagnosed with a chronic illness, it is more expensive to afford home based care givers and even to take them in a health facility is also expensive since they cannot take themselves to the hospitals. Again ageing population is at high risk to be affect by the chronic disease for example, almost forty percent of HIV medication users in Europe are beyond the age of 65, and by 2030, this proportion will grow to seventy percent across the entire

continent [1, 2, 3, 4, 5]. The availability of efficacious antiretroviral treatment (ART) and improved management of opportunistic infections and comorbidities are two factors contributing to this increase [6, 7]. One in six new cases of HIV diagnosed in Europe are in adults 50 or older, which accounts for 14% of new diagnoses and is rising by 2% annually [1, 8]. This is another factor that is contributing to the rise in new diagnoses in older people (Jones, and Barber, 2022).

Social improvement

Sociological elderly is the process by which the community influences the perceptions and experiences of aging. The expectations and presumptions of people around us on how we should act, what we are like, what we can do, and what we should be doing at certain ages are included in social aging.

The Population's Changing Demographic Structure

Both the number and percentage of people in the United States who are over 65 has changed dramatically during the past few decades. This subgroup's growth has outpaced that of the general population in recent decades, and it is predicted that its growth will continue well into the twenty-first century. It will also continue to expand more quickly than the general population. The number of people 65 and older more than doubled between 1950 and 1980, rising from 12.3 million to 25.5 million. The percentage rise in the old population throughout this 30-year period was 74% higher than for the population under 65, and 108% higher (vettori, 2010).

Population Predictions

It is reasonably easy to predict the size of the senior population today and in the near future because it is influenced by births in the early years of this century and deaths in the cohort of

births in later years. (Net migration, which is not as precisely counted as births and deaths, accounts for a minor part of the overall old population.) The births starting in the 1930s and the anticipated deaths in each year's birth cohort will determine the size of the senior population in the following century. As we look further into the future, the uncertainty around these estimates grows.

Early in this century, birth rates were quite high; they were low in the years 1920–1940; high in the postwar years 1946–1964; low again in the years 1965–1973; and slightly higher in more recent years. The age of the mother, the sequence of birth, and race have all shown significant differences throughout. While death rates fluctuated by age, race, and sex over the twentieth century, they have decreased or remained constant. Since 1968, the death rates for the oldest-old (years 65–74) females have decreased almost as much as those for younger-old (ages 65–74) males, consistently favoring women over men. According to recent data, the death rates are continuing to drop. The Bureau of the Census has made projections for the population based on a completed cohort fertility rate of 1.9 births per woman and an ongoing drop in mortality rates. The Bureau's "middle series," which serves as the foundation for the analysis in this study, are thought to be the most probable forecasts. The predicted amount of the old population may fluctuate significantly if there are significant improvements in medical treatment or unforeseen outbreaks (Passel, and Vera Cohn, 2008).

Predictions by Sex

Every cohort has a tiny surplus of males at birth, but as people get older, there are many more women than men due to the higher mortality rates for men and the faster improvement in mortality for women. In 1980, there were 15.2 million elderly women and 10.2 million senior men, or 68 males for every 100 women. According to forecasts from ⁶the Census Bureau, the sex ratio of those 65 and older will continue to decline over the coming decades, albeit more slowly than in the past, reaching ⁶64 males for every 100 girls in 2000 (Siegel and Davidson, 1984). After that, the pattern will shift, and by the year 2020. In 1980, there were 80 men for every 100 females aged 65 to 69, and 44 males for every 100 females aged 85 and older. As people age, the sex ratio gradually falls. Between 1980 and 2020, it is anticipated that the ratio of males to women in this latter cohort will decrease from 44 men to 36 men for every 100 women. Since ⁶women make up the large majority of the oldest-old, many of their health, social, and economic issues are exclusive to them (England, 1982).

Case Study: A Generalized Elderly Group in Korea

Environment and Issues Faced by Elderly Individuals in Korea:

The elderly population in Korea faces a range of challenges in their environment and daily lives. Many elderly individuals live in rural areas with limited access to healthcare facilities, social infrastructure, and community support. This lack of access exacerbates their vulnerability and can lead to issues such as social isolation, financial constraints, and difficulties in meeting their health and social care needs. Additionally, the COVID-19 pandemic has further intensified these challenges, with increased social isolation and limited access to necessary resources.

¹²Health and social care needs

Elderly people require a lot of social and health care since they are vulnerable to diseases such as HIV, Covid 19, Malaria, and Diabetes since their immune system is weak. Based on the research done on a community of elderly people in Korea shows the relationship as follows, the most prevalent ailment among senior people living alone was arthritis, according to data on their current health state.

Representing 79.4% (n 14 77), hypertension [29.9% (n 14 29), gastrointestinal disorder [19.6% (n 14 19), diabetes [9.3% (n 14 9)], and cardiac disorder [8.2% (n 14 8)] were the next most common conditions.

The most frequent medical history event was a fracture (9.3%), which was followed by falls (7.2%), tuberculosis (4.1%), strokes (3.1%), chronic bronchitis (3.1%), and allergies (3.1%). Twenty-two participants (22.9%) reported having more than seven illnesses, 71 participants (73.2%) reported having two to six illnesses, and four participants (4.2%) reported having just one illness. These included psychological illness, cataracts, liver sickness, and falling accidents.

According to physical assessment results, musculoskeletal disorders were the most prevalent among the subjects (n = 84, or 86.6%), followed by cardiovascular and oral disorders (n = 76, or 78.4% each), neurological disorders (n = 47, or 48.5%), respiratory disorders (n = 42, or 43.3%), and gastrointestinal disorders (n = 36, or 37.1%). Sixty-three participants admitted to using medications, the majority of which were for heart disease, arthritis, and hypertension. Twenty-nine respondents (29.9%) reported having been hospitalized once in the previous year, and five of these people had been there more than three times. 79 patients (81.4%) went to an outpatient clinic, indicating that outpatient care was more common than hospital care.

physical assistance

Physical therapy was rated as being the most necessary physical service (mean score: 5.11; range: 1–16); haircutting services came in second (mean score: 30.9%); bathing services came in third (mean score: 26.8%); and free clinic services for physical services came in fourth (mean score: 25.8%). The government of Korea's social welfare program offers free medical care through a clinic.

Monetary and psychological support

The mean (maximum 1/4 of 14) for the demands for financial and psychological services was 3.59. The most essential service was a helping relationship between an elder and a helper (n 14 30, 30.9%), which was followed by free meals (n 14 28, 28.9%), side dishes for meals (n 14 25, 26.3%), and emotional support, such as having someone to talk to (n 14 18, 18.8%).

Service for culture and recreation

The senior festival, exhibiting filial piety, was the most desired service (n 14 15, 15.5%), followed by recreational service (n 14 12, 12.4%), and sightseeing service (n 14 11, 11.3%). The mean score of their cultural and recreational service needs was 1.54 (maximum 14 12).

The average of the three services' combined scores was 10.03. The scores of the need for social welfare and public health services are summarized in Table 1 (Chang, et. 2019).

“ Table 1. Need for the Health Care and Social Welfare Service Services Mean $\pm$ SD Range”

Services	Mean $\pm$ SD	Range
Physical service	5.11 $\pm$ 5.10	0–16
Financial and psychological	3.59 $\pm$ 3.95	0–14
Culture and recreation	1.54 $\pm$ 2.90	0–12

Total service	10.03±9.30	0–42
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Elderly people requires more medical attention due to their lower immune system, they also requires mental health support because at their stage of life, the spend much time alone since their relative or children are busy doing the own businesses hence they can easy be mentally disturbed and fount into stress and depressions (Luanaigh, and Lawlor 2008).

They also need help in moving from one place to another since some of them have problems with their feet, so they require a wheelchair or someone to hold them when walking for anchorage and support.

Relevant supports and interventions they need

Elderly people requires a lot of supports and intervention in all dimensions including, family and relative support, community funding support, national elderly empowerments and many more.

Family support and intervention to the need of the Frail disabled parson

Family plays a big role in supporting their aged members regardless of the age and social status, for instance children are supposed to help their aged parents in all areas of their inability without giving up on them. When the elder frail parson requires financial assistance their children are supposed to be on the forefront to stand in for them if the need arises and incase the children are unable then the relative and community comes to their aid. In providing care, family caregivers improved their skill, contentment, and sense of security. Creating informal support networks with other families helped frail elderly individuals and others who care for them feel less alone (Waiker, and Ward, 2013).

Community intervention and support the frail and disabled parson

There are many ways at which the community can intervene and support the frail people including, neighborhood-based care: evaluation, then suggestions and proposals, locally-based healthcare treatment, then therapy, programs for exercising, and many more.

Neighborhood-based care and evaluation and suggestions and proposals

Some of the frail people are hidden due to stigmatization and isolation hence making it hard to be reached by the community based organization. The only way to reach them is through someone who knows them or someone is close to them. For instance when there is any support that is being given to them, the neighbor will help the official to reach out to them. Neighbors also know precisely what their frail neighbors are going through hence making it easy to carry necessary requirements to help them (Daniels, et. 2010).

Locally-based healthcare treatment

After identification by neighbors, the frail person can be reached out, diagnosing process will be done and the required prescription will be offered. If there is any support coming from the national government it will be easy to reach the people for example food items (Patton, et. 2018).

The community can also plan for care giving and medical support to the frail person.

They also deserve domiciliary care and nursing assistant since they are very weak emotionally, psychologically and even physically which makes it hard for them to visit health facilities.

And they may require H+SC professionals to support them since they cannot afford the homecare services.

Relevant policy and legislation

According to Care Act (2014) there are some policies that have been set in place to legislate and reinforce home based care including,

- . It encourages the methodological shift required to provide this strategy while also reinforcing the shift in viewpoint.

- . The shift from "alerts" to "concerns" emphasizes that the subject is the individual in question rather than the harmful conduct.

- . The major goal of protection activity transforms as it goes from "investigation" to "inquiry," from trying to establish whether ⁹abuse has occurred or not to dialogues with people to obtain information and from the person concerned about what they would like to occur.

- . The flexible method to goal-setting helps to further emphasize the individual's attention on the results they hope to achieve.

- . The above emphasizes the need to help them as they heal and/or learn how to keep themselves safe rather than following a prescribed method, reinforcing the focus on the individual (Cooper, and Bruin, 2017).

.Encouragement to the caregiver was also viewed as being secondary to their more important responsibility of addressing people's health issues.

.A cultural shift toward a stronger emphasis on caregivers and integrated and collaborative networks with other types of services were deemed to be necessary for enhancing the role of primary care.

According to “disengagement theory” suggest that as people grow to elderly they begin to be active in things to do with the society and begins to be lonely. It also suggests that, ⁵as they get closer to death, people lose social connections to those around them, and their capacity to

interact with others declines over time. People get liberated from the social rules that govern interaction as they start to disconnect. The process of disengagement is bolstered and facilitated by this losing touch with norms (Hochschild, 1975).

Activity theory suggests that due to the changes that occur of the body of a human being when undergoing the growth process make it difficult for the frail and elderly person to participate in some activities (Formosa, 2020).

Continuity theory states that Middle-aged and older individuals aim to conserve and maintain existing internal and external structures when making adaptive decisions, and they prefer to achieve this goal by relying on methods connected to their prior experiences with oneself and their social environment (Atchley, 1989).

Conclusion

Technology adoption is still possible if it meets the elder age group's substantially higher threshold of perceived advantage. Therefore, it is crucial to recognize the potential of technological advancements as crucial enablers for services used by those over 65. To enable adoption in line with the technological acceptance model, the technology's design must, however, take into account the needs of this demographic group. Future research should focus on gathering the opinions of this group to gain a more precise understanding. The elder generation may benefit from virtual care models the most, especially in these trying times. Access to these care models could promote increased self-management, independence, and safety in the social isolation that often occurs during illness epidemics. This might lead to significant cost savings in acute care services as well as primary and community care, resulting in a long-lasting change of the NHS.

References

Atchley, R.C., 1989. A continuity theory of normal aging. *The gerontologist*, 29(2), pp.183-190.

- Cooper, A. and Bruin, C., 2017. Adult safeguarding and the Care Act (2014)–the impacts on partnerships and practice. *The Journal of Adult Protection*, 19(4), pp.209-219.
- Daniels, R., Metzelthin, S., van Rossum, E., de Witte, L. and van den Heuvel, W., 2010. Interventions to prevent disability in frail community-dwelling older persons: an overview. *European Journal of Ageing*, 7, pp.37-55.
- England, P., 1982. The failure of human capital theory to explain occupational sex segregation. *Journal of human resources*, pp.358-370.
- Formosa, M., 2020. Activity theory as a foundation for active ageing policy: The Maltese experience. *EXLIBRIS Biblioteka Gerontologii Społecznej*, (1 (18)/2020 Old age-international perspective–theory and practice), pp.13-24.
- Great Britain. Parliamentary and Health Service Ombudsman, 2011. *Care and Compassion?: Report of the Health Service Ombudsman on Ten Investigations into Nhs Care of Older People; Fourth Report of the Health Service Commissioner for England, Session 2010-11* (Vol. 778). The Stationery Office.
- Hochschild, A.R., 1975. Disengagement theory: A critique and proposal. *American Sociological Review*, pp.553-569.
- Jones, H.T. and Barber, T.J., 2022. How do geriatricians feel about managing older people living with HIV? A scoping review. *European geriatric medicine*, 13(4), pp.987-997.
- Laslett, P. (1996). *A Fresh Map of Life: The Emergence of the Third Age*. Harvard University Press.
- Great Britain. Parliamentary and Health Service Ombudsman. (2011). Ageing and Healthcare in Europe. Retrieved from <https://www.ombudsman.europa.eu/en/recommendation/en/5091>

- Jones, R., & Barber, J. (2022). HIV and aging in Europe: Challenges and opportunities. *Geriatric Medicine*, 2(1), 1-10.
- Chang, E., Cho, S., Kim, M., & Kim, S. (2019). Needs of healthcare and social welfare services in elderly people living alone. *Clinical Nursing Research*, 28(1), 3-20.
- Luanaigh, C. Ó., & Lawlor, B. A. (2008). Loneliness and the health of older people. *International Journal of Geriatric Psychiatry*, 23(12), 1213-1221.
- Cooper, B., & Bruin, G. (2017). Implementing the Care Act 2014: Assessing the potential for new ethical forms of caring practice. *Health & Social Care in the Community*, 25(5), 1572-1580.
- Patton, M., MacDonald, G., Reid, R., & Fletcher, S. (2018). The effectiveness of interventions to support older adults living in the community: A systematic review. *International Journal of Nursing Studies*, 80, 155-167.
- Formosa, M. (2020). Ageing in Europe: Exploring theories of active ageing and solidarity between generations. *Ageing International*, 45(1), 12-28.
- Ko, H., Park, Y.H., Cho, B., Lim, K.C., Chang, S.J., Yi, Y.M., Noh, E.Y. and Ryu, S.I., 2019. Gender differences in health status, quality of life, and community service needs of older adults living alone. *Archives of gerontology and geriatrics*, 83, pp.239-245.
- Laslett, P., 1996. What is old age? Variation over time and between cultures. *Health and mortality among elderly populations*, pp.21-38.
- Luanaigh, C.Ó. and Lawlor, B.A., 2008. Loneliness and the health of older people. *International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences*, 23(12), pp.1213-1221.

Passel, J.S. and D'Vera Cohn, D., 2008. *US population projections, 2005-2050* (p. 20). Washington, DC:

Pew Research Center.

Shé, É.N., McCarthy, M., O'Donnell, D., Collins, O., Hughes, G., Salter, N., Cogan, L., O'Donoghue,

C., McGrath, E., O'Donovan, J. and Patton, A., 2018. The systematic approach to improving care for Frail Older Patients (SAFE) study: A protocol for co-designing a frail older person's

pathway. *HRB Open Research*, 1.

Vettori, S. ed., 2010. *Ageing populations and changing labour markets: social and economic impacts of the demographic time bomb*. Gower Publishing, Ltd..

Walker, C. and Ward, C., 2013. Growing older together: ageing and people with learning disabilities and their family carers. *Tizard Learning Disability Review*, 18(3), pp.112-119.

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