

Selected Forms Of Rehabilitation In Nursing Homes

Dorota Rynkowska, PhD
University of Rzeszów, Poland

Abstract

Elderly, often disabled people, who live in nursing homes require psychotherapeutic and rehabilitative activities adopted to their condition of health. All activities undertaken with the aim to improve physical and mental health of residents are of paramount importance. The forms of rehabilitation applied in nursing homes are multidisciplinary and they are based on potential for development which is deeply rooted in every man, whether old or sick. This potential has its source in natural vitality of every man, regardless of the level of disability. Various methods of rehabilitation allow residents to free their abilities and predispositions, which makes it possible for them to take part in everyday life of a nursing home community. The main aim of rehabilitation is the improvement of physical and mental health of every person or group of people living in the institution.

Keywords: Geriatrics, rehabilitation, nursing home, old age, disability

Introduction

Well-being of the elderly should be an important issue for every individual and for the entire society. The increase in the number of elderly people, the deterioration of their condition of health and physical efficiency causes a number of medical, social and economic problems. Due to a considerable number of seniors requiring support and various kinds of medical services, we observe the phenomenon of “the geriatrization of healthcare”. This creates the need for highly specialized medical, nursing and supportive services on the level of primary as well as community medical care. Due to the longer life expectancy, elderly people will more frequently require long-term and complex medical care and professional rehabilitation, combined with pharmacological and dietary treatment. The loss of the ability to live independently is usually an indication that a person requires various forms of professional medical and nursing support. This applies especially to sick people who do not receive adequate personal nursing and care on daily basis. Although they do not require inpatient care, they do need permanent professional support which can be offered by nursing homes. The healthcare

needs of nursing home residents can be fulfilled through the complex work of the team of specialists: doctors – geriatrists, nurses, physiotherapists, psychologists, social workers and occupational therapists. The aim of this article is to illustrate the role of the selected forms of rehabilitation offered to nursing home residents.

I. Nursing Homes

One of the institutions offering support to seniors in need is a nursing home. The role of Nursing Homes is regulated by the Social Welfare Act of March 12, 2004. The institutionalized character of Nursing Homes is manifested in that “it provides housing, caring, supportive and educational services in accordance with the legal standards, in the scope and the form resulting from the individual needs of people living in the institution, who are referred to as “nursing home residents” (Social Welfare Act of March 12, 2004, Journal of Laws, No 54, item 593, art. 55.1.). Nursing Homes provide permanent shelter. In the system of the public social care, the following citizens have the right to be placed in the institution: people who require 24 hour care because of age, illness or disability and who are not able to live independently. According to “the article 56 of the Act, these are: the elderly, people chronically - somatically and mentally ill, mentally disabled grown-ups, children and youngster as well as the physically disabled” (Social Welfare Act of March 12, 2004, Journal of Laws, No 64, item 593, art. 55.1.).

The role of nursing homes is to provide the adequate conditions for safe and good life, intimacy and independence and to adjust the living conditions to the level of the efficiency and independence of residents. There are four main functions of nursing homes: to bring relief to families taking care of a disabled family member; to provide the disabled with adequate conditions for the development, education, work and rehabilitation; to make it possible for young disabled people to leave home and become relatively independent; to provide support and care to the elderly, the infirm and the disabled who are deprived of family support (Koscielska 2001).

Nursing homes offer various services. In the scope of the housing needs the institution is obliged to provide shelter, board, clothes and to maintain cleanliness. The inside and the outside of the building shouldn't have any architectural barriers. The elements of technical equipment are also clearly defined and that is, e.g., alarm and smoke systems. Multistory buildings must be equipped with a lift and in the case where there is no lift, rooms for residents should be situated on the ground floor. The number of vacancies in newly constructed buildings should not exceed a hundred. Rooms should accommodate no more than three persons and they must be

equipped with a bed or a convertible sofa, a wardrobe, a table, chairs and a bedside table for every person. Nursing homes must offer both - single and multi-bed rooms, living rooms, a canteen and an emergency assistance room. They also must offer therapeutic and physiotherapeutic rooms, a guest room, a laundry room and a kitchenette. If there are any smokers among residents, the institution should designate a smoking area for them. In the case when residents are not able to attend Sunday services, there should be a place of worship designated in the building. The fulfillment of the housing needs of residents is one of many tasks of nursing homes, as they are also obliged to offer caring and supportive services. When it comes to caring services, these are: helping with basic activities of daily living, such as: dressing, bathing, eating, nursing and helping residents with taking care of their personal business. One of main tasks of nursing homes is also to assist residents in receiving healthcare services (medical treatment and nursing care).

The aim of supportive services is to raise the level of physical efficiency of residents and to activate them. It is of vital importance to provide them with the possibility to be active, to develop their interests and to gain new experiences. Therefore, it is essential to support them in establishing and developing relationships with family and a local community and in fulfilling their cultural and religious needs. Whenever it is possible, the institution should also try to make residents independent. What is more, Nursing Homes are obliged to allow residents access to information on their rights in a given institution. This assumes that residents have the right to make requests and complaints about the functioning of the institution. In the case of children and youngsters, the responsibility for fulfilling their educational needs, i.e. schooling, revalidation and educational activities, learning through life experience is borne by the institution as well. The aim of the entire set of caring and educational services is to support residents in becoming independent and to create “home-like” conditions to lead satisfactory life. The character of the age related diseases, especially their complexity, leads to the situation when the elderly require totally different healthcare and nursing and supportive services than other sick people in the society. This means that they require intensive nursing and medical care. Nursing home residents, who come from 24 hour medical centres (hospitals, Health Care Centre, Educational Institutions), are in the great need of nursing and rehabilitation.

Forms of rehabilitation in Nursing Homes

The aim of nursing homes is to provide support and care to people in need. This requires not only the fulfilment of their primary housing needs but also the provision of the adequate conditions for the development of interests and talents, the participation in social and cultural life as well as making the

living conditions “home-like”. Residents have the right to lead satisfactory and happy life. Nowadays, rehabilitation is an interdisciplinary area, as it integrates and brings together the effort of many specialists, such as: psychologists, medical personnel, social workers, occupational therapists and special education teachers. It is believed that rehabilitation refers to all spheres of human life and, therefore, it should take place in the following dimensions: medical and social, occupational and social, medical and physical, medical and economical etc. Nowadays, the aim of rehabilitation is to shape and restore the physical, mental and social functionality in people who need it to be able to integrate into social and professional life.

J. Holowka and D. Niklas see rehabilitation as the process which leads to:

- moderate independence (economical aspect),
- better functioning of the body (medical aspect),
- obtaining the right to access healthcare services (legal aspect),
- employment after adequate training (professional aspect),
- mental and emotional re-adaptation (psychological aspect),
- reintegration with a family, peer group, local community etc. (sociological aspect),
- satisfactory results of rehabilitation - from the point of view of the person concerned (self-perception) (Poliwczak, 2007).

Nowadays, the importance of each stage of rehabilitation is explained and defined in a slightly different way. First of all, the process of rehabilitation is analysed as a whole, in a continuing and complex way. It no longer focuses on the stages and the order of rehabilitative activities, but on their scope. The activities include all three aspects: medical and physical, psychological and social. This means that the assumed results of rehabilitation are reflected in each aspect to the same extent:

1. Medical and physical rehabilitation assumes medical activities and the cooperation between physical therapists, kinesiotherapists, professional PE teachers, physiotherapists etc. The medical aspect covers: the evaluation of mental and physical efficiency and the enhancement of treatment (primary activities: physiotherapy, psychotherapy, prosthetics, rehabilitation equipment supplies and additional activities: surgical corrective treatment, pharmacotherapy, dietetics etc.).

The aim of medical rehabilitation is to maximize the improvement of health and to prevent further deterioration of existing defects. According to one of the definitions, medical rehabilitation means “activities which enhance the process of natural regeneration and minimize physical and mental consequences of the sickness or injury” (Kwolek, 2003). Medical rehabilitation lessens or removes physiological or physical consequences of disability through pharmacotherapy, surgeries, physiotherapy –

kinesiotherapy (treatment through movement) and physical therapy (making use of various physical factors which influence the body), diet, occupational therapy (ergotherapy, fun therapy) and orthopaedic supplies. This kind of rehabilitation uses such methods as: physiotherapy, occupational therapy, psychotherapy.

- physiotherapy, i.e., natural medicine, treatment with the use of electricity, light, water, air etc., without pharmaceuticals. We distinguish the following areas of physiotherapy: balneotherapy – treatment with the use of medicinal waters; climatotherapy; hydrotherapy – treatment with the use of water, showering, massages; kinesiotherapy – treatment with movement; medical massages; physical therapy (Rysiewicz, 1967).

- occupational therapy leads to the general health improvement through the use of various intentional and planned manual and intellectual activities (Kozaczuk, 1999). Occupational therapy creates an opportunity for each participant to actively take part in creative activities which are adequate to their individual abilities. The activities should be organized and adopted to each participant individually. The therapy requires the preparation of the outline of activities for the sick as well as for people with development disorders. Occupational therapy should fulfil the following tasks: to enhance participants – mentally and physically, to enhance their independence and to teach them how to live in the society. In occupational therapy all activities initiated by the instructor should be adopted to the condition of participants, i.e. to their lower manual and mental efficiency, lower motivation, current condition of health and well-being. Therapeutic activities should have a form of a workshop and be prepared in accordance with an individual program prepared by the personnel on the basis of the recommendations made by the team of physiotherapists. The techniques used in a given area of occupational therapy to large extent depend on the therapist and their creativity. Therefore, it is of vital importance to select highly specialized personnel who would be able to meet those requirements. Workshop activities alternate with rehabilitative activities. Moreover, sports, tourist and leisure activities are also organized for participants. Occupational therapy involves activities in the area of vocational and social rehabilitation, which leads to the general development and improvement of physical and mental efficiency of every participant. This is necessary to lead independent and active life in the society (Kwasniewicz, 2000).

We distinguish the following forms of occupational therapy: ergotherapy, art therapy within which we distinguish: music therapy, bibliotherapy, dance therapy, theatre therapy, film therapy and therapy with the use of visual arts.

- psychotherapy – the aim of psychotherapy is to enable an individual to establish relationships, to cooperate within a group and to adopt to life in a

community. What is important in physiotherapy is the right atmosphere in a nursing home, the possibility to choose activities or ways of spending pastime, the possibility to decide about important issues related to the functioning of an institution as well as the adequate choice of chores and the acceptance of other residents of a nursing homes (Kozaczuk, 1995, p.41).

2. Psychological rehabilitation – the discipline of healthcare professionals, psychologists and other people, such as: family, friends, volunteer workers, members of self-aid groups, whose main task is to provide mental help and support. We understand psychological rehabilitation as “providing support to disabled people in the process of accepting life with disability and disability itself”. The process of restoring “mental and physical efficiency takes place through certain forms of rehabilitative activities – always with the full participation of a sick person and with taking into account their attitude towards themselves and their medical condition, their commitment to the rehabilitative process and their individual physical and mental condition” (Kawczynska-Butrym, 1994). It is essential for a sick person to accept the rehabilitative methods and to believe that they will work. Positive thinking and attitude are also very important. Psychological rehabilitation aims at helping the disabled with the use of psychological methods, such as various forms of psychotherapy and social therapy. The aim of psychological rehabilitation is for an individual to accept their disability, i.e. to accept themselves as disabled people, to shape and to modify their self-perception, to change their system of values, evaluation and expectations, to restore emotional equality, to enhance or establish tolerance towards difficult situations, to restore internal motivation and ability to deal with stressful situations and frustration, to adjust their behaviour to the conditions of partial disability (Piekut-Brodzka, Kuczynska-Kwapisz, 2004). Providing mental support to sick people, especially the elderly and the disabled, is the primary task of psychological rehabilitation.

Social rehabilitation

Social rehabilitation refers not only to elderly and disabled people but also to local communities and the whole society. The main aim of social rehabilitation is to integrate disabled people into the society, and that means: to help them to adopt to the requirements of social and professional life, to prepare them to have satisfactory lives (life quality – social contacts, entertainment etc.), to remove economical, architectural, social and legal barriers, to prepare the members of the society to live and cooperate with the disabled through the development of the right attitudes towards the disabled.

Within social rehabilitation we distinguish:

- vocational rehabilitation – institutionalized and the most advanced form of rehabilitation. It involves re-education (re-qualification), career

guidance, the preparation and adaptation to work and employment etc. The aim of vocational rehabilitation is to provide support to disabled people in finding employment adequate to their capability and qualifications. The provided support includes: choosing a profession on the basis of the evaluation of one's ability to work, preparing a person for employment through education, helping a person to find employment and to adapt to workplace – new physical and social environment (Kawczynska-Butrym,1996). Through work, an individual will feel needed, fulfilled and content. What is more, being employed brings feasible advantages, such as salary, and it is also important for the mental health of a person. It eliminates or supresses a feeling of “being different”.

- family rehabilitation – poorly developed, based on family interactions. It involves providing help to elderly and disabled people in adopting to life. Most often, the aim of family rehabilitation is limited to primary nursing and caring support.

- community rehabilitation – poorly developed as well. It involves the participation of family, friends and neighbours. The aim of community rehabilitation is to minimize social and community exclusion and to help people to adopt to life in a community (Zablocki, 1997).

Summary

Elderly, often disabled people, who live in nursing homes require psychotherapeutic and rehabilitative activities adopted to their condition of health. All activities undertaken with the aim to improve physical and mental health of residents are of paramount importance. The forms of rehabilitation applied in nursing homes are multidisciplinary and they are based on potential for development which is deeply rooted in every man, whether old or sick. This potential has its source in natural vitality of every man, regardless of the level of disability. Various methods of rehabilitation allow residents to free their abilities and predispositions, which makes it possible for them to take part in everyday life of a nursing home community. The main aim of rehabilitation is the improvement of physical and mental health of every person or group of people living in the institution.

References:

- Kawczynska-Butrym Z. (1996), Niepełnosprawność specyfika pomocy społecznej, Warsaw: Interart
- Kawczynska-Butrym Z. (1994), Aktywizacja jako istotny wymiar opieki, (in:) Formy terapii zajęciowej, Chelm: WZPS
- Koscielska M. (2001), O jakości życia w domach pomocy społecznej, Nowiny Psychologiczne no 2

- Kwasniewicz W. (2000), Rehabilitacja społeczna, (in:) encyklopedia Socjologii, vol.3, Warsaw: Oficyna Naukowa
- Kwolek A. (2003), Rehabilitacja medyczna, vol.1, Wrocław:Urban&Partner
- Piekut- Brodzka D.M., Kuczynska-Kwapisz J. (2004), Pedagogika specjalna dla pracowników socjalnych ,Warsaw: Akademia Pedagogiki Specjalnej im. M. Grzegorzewskiej
- Poliwczak I. (2007), Wyrownywanie szans osob niepełnosprawnych na rynku pracy, Warsaw: Krajowa Izba Gospodarczo-Rehabilitacyjna
- Rysiewicz Z. (1967), Słownik wyrazow obcych, Warsaw: Arcta
- Social Welfare Act of March 12, 2004, Journal of Laws no 64., pos. 593. art.55.1.).
- Zablocki J. (1997), Wprowadzenie do rewalidacji, Torun: Wydawnictwo Adam Marszalek