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MAATSKAPLIKE ASPEKTE VAN GERIATRIESE SORG

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INLEIDING

DIT is maar enkele dekades gelede dat Westerse gemeenskappe bewus geword het van die besondere behoeftes van die relatief groot en nog steeds groeiende persentasie bejaardes in hulle midde. Nie alleen het die liggaamlike behoeftes van liggaamlike afgetakelde bejaardes die aandag getrek nie maar die gemeenskappe het ook bewus geword van die maatskaplike behoeftes van ouerwordendes in 'n tydperk wat gekenmerk is deur die dramatiese veranderings in die lewenswyses van ons mense — veranderinge wat in baie opsigte 'n negatiewe invloed gehad het op die lewensomstandighede van 'n groot groep bejaardes. Welsynsbeplanners het besef dat hulle in hulle beplanning spesiale voorsiening moes maak vir die lewensbehoeftes van hierdie groep in die gemeenskap en dat hulle in dié verband 'n groot agterstand het om in te haal. Geneeshere wat belang begin stel het in die gesondheidsbehoeftes van bejaardes het ook besef dat gevestigde geneeskundige praktyke geensins voldoen aan die spesifieke behoeftes van 'n groot groep bejaardes nie en dat groot aanpassings gemaak moes word met betrekking tot hulle benaderings en metodes van behandeling van hierdie pasiënte.

Groot ontwikkelings het die afgelope twee of drie dekades plaasgevind met betrekking tot maatskaplike en gesondheidsdienste aan bejaardes. In die loop van hierdie ontwikkelings is daar dikwels ook besin oor die vraag wat die doel van georganiseerde dienste aan bejaardes is. Baie antwoorde op hierdie vraag kan verstrek word wat min of meer aanvaarbaar is vir persone en dissiplines wat op hierdie gebied werksaam is. 'n Antwoord hierop wat vroeër nog sou deurgaan maar wat vandag glad nie meer aanvaarbaar is nie, is om die lewens van bejaardes te verleng. Myns insiens sal die algemene aanvaarbare antwoorde op hierdie vraag saamgevat kan word deur die volgende doelstelling: om omstandighede en dienste te skep wat bejaardes kan help om die kwaliteit van hulle lewens te verhoog of minstens sover moontlik te handhaaf. Onder "kwaliteit" in die betrokke sin word bedoel gelukkige persone wat sinvolle lewens voer en maksimale bevrediging uit die lewe put. Hierdie doelstelling word pittig vertolk deur die bekende Engelse sinsnede: "to add life to their years".

Welsynsbeplanners, maatskaplike werkers, geneeshere, verpleegsters en ander paramediese dissiplines het in die moderne tyd 'n groot taak om in oorleg met mekaar ontberings waaraan bejaardes onderworpe is uit te skakel en die gehalte van hulle lewens te verhoog.

EMOSIONELE BEHOEFTES

Om werklik kwaliteit aan die mens se lewe te gee moet daar eerstens voldoen word aan sy primêre emosionele behoeftes. Alle mense het basies dieselfde emosionele behoeftes. Sekere omstandighede kan egter tot gevolg hê dat sekere emosionele behoeftes of drange hulle duideliker of intenser openbaar. Die intensiteit of belangrikheid van sekere emosionele behoeftes kan met die loop van jare ook veranderinge ondergaan. So kan dit wees dat sekere emosionele behoeftes sterker na vore tree by bejaardes na mate hulle bewus word van afnemende kragte en vermoëns om hulleself te handhaaf.

Gesaghebbendes het veral vyf emosionele behoeftes by die mens onderskei. Vervolgens sal kortliks 'n beskrywing hiervan gee word.

Sekuriteit

Die behoefte aan sekuriteit is veral sterk aanwesig by jong kinders. Dwarsdeur die mens se lewe speel dit 'n rol in die een of ander vorm, maar by bejaardes speel dit 'n uiters belangrike rol. Die wete dat hulle aan die einde van hulle ekonomies produktiewe jare gekom het en finansieel hoofsaaklik op ekonomiese reserwes aangewese is, maak dat hulle oor die algemeen baie gevoelig is vir finansiële sekuriteit. Ons wat met bejaardes werk ondervind dikwels hoe hierdie emosionele behoefte ontwikkel in 'n obsessie wat hom openbaar in buitengewone inhaligheid. Daar is by bejaardes egter

ook 'n behoefte aan sekuriteit ten opsigte van 'n woonplek, persoonlike verhoudings met hulle medemens en versorging in geval van verswakking. As ons kwaliteit aan hulle lewens wil gee, moet daar by hulle 'n gevoel van sekuriteit ten opsigte van al hierdie dinge wees. By gebrek aan sekuriteit is daar by hulle gevoelens van angs teenwordig — angs vir ontberings, vereensaming en verwerping.

Erkenning

Die behoefte aan erkenning is ook aanwesig by elke mens. Die bejaarde wil ook as indiwidu erken word — en vir wat hy tans is en nie vir wat hy was nie. Hy het behoefte daaraan dat mense notisie neem van hom, sy gevoelens en opinies. Hierdie behoefte veroorsaak dikwels probleme by bejaardes wat vroeër agting en status geniet het en wat hulle moeilik vind om te handhaaf, maar ook die mees beskeie en eenvoudige het behoefte hieraan. Erkenning van die eie indiwidualiteit van elke bejaarde word dikwels oor die hoof gesien in inrigtings vir bejaardes. Baie van die kwaliteit van hulle lewens gaan daarmee verlore.

Eiewaarde

In aansluiting by die voorafgaande is die gevoel van eiewaarde ook sterk aanwesig by die gewone mens, en in geen minder mate by die bejaarde nie. Dit is belangrik dat die bejaarde 'n gunstige beeld van homself sal hê en dat hy voel dat hy nog nuttig is en vir ander iets beteken. Dit dien, onder andere, as stimulant vir deelname aan die gemeenskapslewe. As die gevoel van eiewaarde gekrenk word, tree daar dikwels onttrekking en 'n apatiese lewenshouding in met 'n gevolglike agteruitgang in liggaamlike en psigiese vermoëns.

Nuwe belange en ervarings

Hoewel daar by bejaardes normaalweg 'n afname in belangstellings en aktiewe deelname aan gemeenskapsaktiwiteite is, moet daar nie gedink word dat daar by hulle nie meer 'n wesenlike behoefte aan meelewing met gemeenskapsaktiwiteite en aan nuwe ervarings is nie. So lank die lewe nog daar is, is daar by hulle 'n behoefte om deel van die gemeenskap en hulle omgewing te wees. Die opwinding wat nuwe ervarings opwek, verhoog die kwaliteit van die lewe en hou belangstelling in die gemeenskap en omgewing lewendig. Dit werk verstarring en psigiese agteruitgang teen.

Liefde en toegeneentheid

Die behoefte aan liefde en toegeneentheid is baie sterk by die jong kind en die bevrediging van hierdie behoefte is baie belangrik met die oog op sy gesonde emosionele ontwikkeling. Hoewel hierdie behoefte dwarsdeur 'n mens se hele lewe aanwesig is, openbaar die belangrikheid daarvan hom weer in 'n besondere mate by die bejaarde. Hy het veral behoefte aan die betoning van liefde, toegeneentheid en belangstelling van kinders en naasbestaandes. Indien die gevoel by hom posvat dat hy dit verloor het, is hy geneig om verworpe te voel — 'n gevoel wat hom nie alleen ongelukkig maak nie maar ook wat besliste negatiewe gevolge op sy fisieke en psigiese welstand het.

BELANGRIKE MAATSKAPLIKE ASPEKTE

In die voorafgaande is daar 'n oomblik stilgestaan by die bejaarde se psigiese en indiwiduele behoeftes. Dit is egter 'n welbekende feit dat die mens 'n psigiese, sosiale en liggaamlike wese is en dat hierdie drie aspekte van sy bestaan voortdurend in wisselwerking met mekaar is. Net so wel as wat 'n mens se psigiese toestand 'n belangrike invloed op sy maatskaplike aanpassing en liggaamlike toestand het (byvoorbeeld psigosomatiese toestande), so het maatskaplike toestande 'n bepalende invloed op sy psigiese en liggaamlike welstand en het siektes of liggaamlike kwale weer 'n invloed op psigiese toestande. Die wyse waarop die een aspek die ander beïnvloed verskil egter van een persoon tot die ander. Dit hang in 'n groot mate af van sy persoonlikheidsamestelling.

Vervolgens sal kortliks gewys word op die rol van sekere maatskaplike faktore en die rol wat dit speel, maar om 'n goeie begrip te kry van die invloed van hierdie maatskaplike faktore moet die psigiese of emosionele beheoftes van bejaardes altyd in gedagte gehou word.

Finansiële omstandighede

Finansiële sekuriteit is een van die groot probleme waarvoor bejaardes te staan kom. Dit spreek uit die feit dat byna die helfte van alle Blanke bejaardes in Suid-Afrika wat op grond van hulle ouderdom vir ouderdomspensioene kwalifiseer wel in ontvangs van sodanige pensioene is. Hiervan moet afgelei word dat hulle geen eie reserwes gehad het waarvan hulle 'n bestaan kon maak nie, dat hulle op 'n maatskaplike pensioen van die Staat aangewese is en dat hulle finansiële vermoëns baie beperk is. Swak finansiële vermoëns lê beperkings op die gehalte van die behuising, voedsel, klere en ander geriewe asook op die mediese dienste wat hulle kan bekostig. Baie vind dit moeilik om die geld tot hulle beskikking met goeie oorleg te bestee en het voorligting in die verband nodig.

Gebrek aan voldoende finansiële middele veroorsaak dikwels ontberings en 'n gevoel van onsekerheid wat in angs kan ontwikkel. Dit is 'n bedreiging vir hulle gevoel van selfstandigheid en eiewaarde. Dit is dus noodsaaklik dat die gemeenskap na sodanige bejaardes 'n hand sal uitsteek om hulle op materiële en ander wyses te ondersteun en groter sekuriteit en gemoedsrus aan hulle te gee.

Behuising

Ouerwording bring veranderde lewensomstandighede mee wat gewoonlik ook 'n verandering in woonplek noodsaak — 'n saak wat heelwat aanpassings vir ouerwordendes verg en probleme vir hulle kan veroorsaak. Ons dink in die verband aan omstandighede soos kinders wat die huis verlaat, 'n lewensmaat wat wegval en afnemende kragte en finansiële vermoëns wat ouerwordendes noop om ander huisvesting te vind.

Reeds omtrent 20 jaar gelede is met 'n landswye ondersoek in Suid-Afrika na die lewensomstandighede van bejaardes[1] gevind dat omtrent 75 persent van alle bejaardes nie meer by die een of ander kind inwoon nie.

Dit word ook allerweë gevind dat 'n hoë persentasie bejaardes alleenlopend is '- omtrent 60 persent van alle vrouens van 65 jaar en ouer is weduwees of is weens ander redes alleenlopend en 'n toenemende gedeelte van hulle het 'n eie huishouding en woon alleen[2].

Soms spreek oningeligte persone die opinie uit dat die beste plek vir hierdie persone 'n ouetehuis is. Deskundiges is dit egter oor die algemeen eens dat dit 'n baie kortsigtige beskouing is. Die meeste bejaardes wil nie in ouetehuise wees nie en dit is om verskeie redes ook nie goed vir hulle om daar te wees nie, tensy omstandighede dit noodsaaklik maak dat hulle die beskerming en versorging van 'n ouetehuis sal geniet. Die volgende aanhaling uit 'n Britse verslag oor welsynsaangeleenthede vertolk die hedendaagse algemene beskouing oor die saak: "The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort with social contacts which they desire[3]."

Weens die veranderde behuisingsbehoeftes van ouerwordendes is daar talle bejaardes wat onder baie ongunstige omstandighede gehuisves is in wonings wat fisies en maatskaplik swak geleë is, wat nie toegerus is met basiese geriewe nie en geensins aangepas is by die behoeftes en omstandighede van bejaardes nie. Soms is hulle as gevolg hiervan aan verskeie ontberings blootgestel. Hierdie omstandighede het 'n besliste negatiewe invloed op hulle gemoedstoestand en hulle psigiese en liggaamlike welstand.

Die voorsiening van voldoende en spesiaal aangepaste wonings vir bejaardes, en veral alleenlopende bejaardes, stel groot eise aan die moderne gemeenskap. Dit word vandag aanvaar dat dit 'n belangrike deel van elke bejaardesorgprogram moet wees en baie word in die verband geoden. Verskeie ondersoeke het bewys dat doeltreffende behuising wat voldoen aan die behoeftes van bejaardes 'n belangrike middel is om hulle geestes- en liggaamlike gesondheid, en aldus ook die kwaliteit van hulle lewens, te verhoog.

Daar moet ook nie aan die woning van 'n bejaarde gedink word as slegs 'n dak oor sy kop nie. Dit is vir hom veel meer. In menige geval is sy woning deel van homself en sy bestaan. Dit is daarom dat so dikwels gevind word dat bejaardes wat volgens objektiewe standaarde in swak omstandighede woon tot die laaste aan hulle woning vasklou. Te midde van 'n veranderende en dikwels onsimpatieke wêreld is die woning waarin hulle soveel jare gebly het 'n anker in hulle lewe. Hulle het emosioneel verkleef geraak aan alles wat in en om die woning is. Om hulle teen hulle wil van hulle wonings te verwyder, kan baie nadelige gevolge vir hulle hê. Hierdie verskynsel kan ook in verband gebring word met die verskynsel wat duidelik in verskeie lande waargeneem is dat die verskuiwing van 'n verswakte bejaarde van 'n inrigting waaraan hy gewoond is na 'n ander inrigting heel dikwels noodlottige gevolge vir die pasiënt het.

Social isolation

Man is a social animal and healthy social contacts and relations are important in helping anyone achieve a balanced outlook on life. One of the usual consequences of aging is some degree of social isolation. When the children leave home and go their own way, the marriage partner and many contemporaries fall away, physical mobility becomes restricted, contact with interest groups and other groups is reduced and there is no longer the desire to make new social contacts, some degree of social isolation is inevitable. Poor health, straitened circumstances and bad housing contribute to the process and isolation can turn into loneliness. It is generally recognised that loneliness has a very negative effect on people's state of mind and that it eventually affects their physical health as well. Many such people end up in psychiatric hospitals.

Dr C. Leering[4], a physician who serves as the director of a geriatric institution in the Netherlands, after attending the Seventh International Gerontological Congress in Vienna and giving his impressions of the congress, said that he had again realised that biological changes and one's state of health are partly determined by the quality of one's relationships with other people. He expressed the opinion that good relationships with other people appear to be a prerequisite for a healthy human life, whether one is old or young.

The importance of human relationships is fully realised by those concerned with the care of the aged and one of the main aspects of the activities of welfare organisations involved in such work is therefore to break down the social isolation in which certain aged persons live, bring them into contact with other people and especially their contemporaries and promote stimulating contacts between them. This is a primary means of improving the quality of their lives.

We should not, however, be under the illusion that the problem of the loneliness of an aged person can be solved merely by introducing him to a group or admitting him to a home for the aged. In the course of an investigation I carried out a few years ago in homes for the aged in this country[2] I came to the conclusion that a significant number of the inmates of homes for the aged feel lonely and an even larger group derive no satisfaction from social contacts in the home, which are too shallow to afford them any emotional satisfaction. I really wondered whether there are not quite as many lonely people in the homes for the aged as in the community at large. Other South African researchers have come to more or less the same conclusion.

Although this statement may sound strange, it should be accepted that just as there are many lonely people roaming the busy streets of Johannesburg there are many lonely aged people in homes. Loneliness cannot be dispelled merely by bringing people together. Well-planned programmes to promote common interests, bring about social interaction and foster a sense of intimacy and fellowship, are essential. This is why the Department of Social Welfare and Pensions, in its guide on homes for the aged, places so much emphasis on programmes of this nature.

Family ties

The affectionate interest of children and close relatives plays a very important part in the life of elderly people. It is often found in welfare work with the aged that behavioural deviations and symptoms of mental and physical illness can be traced back to tense relations with children. This is most frequently found in cases where elderly people are still living with their children, although tension may also occur where the two generations are not living together. Although most elderly people no longer live with their children, regular contact by means of visits, letters and telephone calls is very important to them.

In addition, most elderly people in homes for the aged do not find full satisfaction in the social contacts inside the homes. The desire for visits from and other contact with children and close relatives remains. Blood ties are rooted deep in their emotional lives. Investigations have also shown that the visits old people in homes receive from their children are among the most significant events in their lives. This matter should receive full recognition from the managements of homes for the aged.

THE DEVELOPMENT OF GERIATRICS

The recognition of the importance of emotional and social factors in relation to the mental and physical illnesses of aged persons and their treatment and recovery has played an important part in the development of geriatrics as a branch of medicine. It is striking that, in the literature on geriatrics, while due weight is given to the physical symptoms, treatment and cure of diseases of the aged, there is increasing awareness of the fact that it is necessary to adopt an integral approach to elderly people, i.e. to see them as physical, psychological and social beings.

The development of geriatrics in England is particularly interesting. Its origin may be ascribed largely to the discovery or realisation in certain hospitals, at the end of the nineteen forties, that the condition of hundreds of "chronic sick" old people lying in rows of beds in large wards was by no means a terminal one, as had previously been thought. It was found that the condition of most of these patients could be considerably improved by individual attention, a stimulating environment and physical and mental activation. The results achieved with this new approach were described by some writers as revolutionary and gave rise to new practices.

For instance, a geriatrician who did pioneering work in the development of a geriatric ward in a hospital in Australia[5] said that it was normal practice in that ward for a social worker to submit a comprehensive report on the social circumstances of a patient before the treatment of the patient was started. On the basis of the social report and the subsequent medical examination, a socio-medical diagnosis of the patient was arrived at and used as the foundation for further treatment. It is realised that if the social circumstances from which the patient comes and to which he will return after treatment are not taken into account during hospital treatment, much of the work in the hospital will be fruitless.

It is also largely as a result of developments in the field of geriatrics that the practice of taking health services into the homes of elderly people is receiving so much attention in various parts of the world. As far as possible health services are provided in the homes of the elderly, where they feel secure and at ease, instead of their being automatically transferred to the foreign environment of a hospital. This practice also makes it possible to gain insight into the home environment of the aged person and consider the possibility of making adjustments there in order to further his recovery.

The shortcomings in medical approaches and methods when dealing with the aged patient are also found in geriatric nursing. Without a proper understanding of the emotional needs of an elderly person and the part social circumstances play in his mental and physical condition, it is almost impossible to nurse such a person successfully. We often find that nurses who have been trained in hospitals for the treatment of acute diseases do not function well in a home for the aged. Among other problems, they have difficulty, because of the regimented methods and working speed learned during their training, in reaching the elderly patient on a personal level and winning his confidence and are therefore unable to make a significant contribution to the quality of his life.

Frequently insufficient distinction is drawn between the patient in hospital and the inmate of a home for the aged. The former is in hospital for a limited period only and all his emotional anchors and interests lie outside the hospital. For the inmates of a home for the aged the home is itself the environment in which they live. All their human needs, and the emotional and social aspects of such needs, have to be satisfied within the home.

Naturally it is not only the nurse in a home for the aged who requires knowledge and understanding of the emotional and social aspects of an elderly patient's life and their effect on his mental and physical condition. The nurse who works with elderly patients in the community at large should also have these considerations constantly in mind.

COMMUNITY SERVICES FOR THE AGED

For the health authority, doctor and nurse who have the interests of elderly patients at heart, it is very important to know what social services there are for the aged in the community in order to ascertain how patients can be brought into contact with these services.

It is chiefly during the past ten years that the Department of Social Welfare and Pensions has been active in promoting welfare services for the aged still living within the community. About ten years ago the Department undertook a nation-wide survey of such services.

In 1971 the results of this investigation were published in a publication entitled "Community Services for the Aged[6]". The publication contained a description of

existing services, such as: meals and meals-on-wheels, visiting services, home help services, clubs for the aged, laundry services, holiday schemes, etc. The aim of these services is to meet the physical, psychological and emotional needs of the aged, relieve hardships they may experience in the situation in which they live and support them in order to enable them to function in the community for as long as possible. Another important aim of these services is to improve the quality of life. Most of these services are provided on a small scale, however, and are poorly developed in large parts of the country. One service[7] which existed at a few centres even at the time of the survey and which the Department has boosted considerably in order to stimulate its development, is the provision of service centres for the aged. A service centre is defined by the Department as a welfare undertaking which makes use of a building in which or from which to make available or supply a variety of services on a regular daily basis to aged people still living in the community.

The intention is that a welfare organisation should undertake a service of this kind and make provision for —

* opportunities for the aged to meet, enjoy refreshments together and socialise;
* recreational facilities and programmes in which the aged can participate and which provide opportunities for them to participate in games;
* a variety of educational programmes such as lectures, film shows, constructive leisure activities and a library service;
* a restaurant where one nutritious meal can be served at a reasonable price daily and from which meals-on-wheels can be distributed;
* a health clinic offering chiropodial and physiotherapeutic services;
* opportunities to learn and practise handicrafts and skills;
* other supportive services such as a consultation service, home help services, a laundry service, etc.

You will observe that these services are geared to meeting the primary emotional and physical needs of the aged. In addition to physical and material support they offer many people the opportunity to get away from their isolated social situation, establish meaningful social contacts, participate in a variety of activities, broaden their knowledge and interests, develop meaningful leisure activities and cultivate handicrafts. Welfare organisations also make contact with individual aged persons in order to persuade them to make use of the available services. Experience has shown that service centres are an excellent way of improving and enriching the quality of life for many an aged person.

With a view to providing this service, arrangements have been made for the Department of Community Development to grant 100 per cent sub-economic loans to welfare organisations to enable them to put up the necessary buildings. The Department of Social Welfare and Pensions subsidises the expenses involved in the service.

There is at least one service centre for the aged in each of the major centres in our country. At present there are 18 such centres throughout the country, with an enrolled membership of over 7 000 aged persons. The erection of another five centres has already been approved.

The Department hopes and trusts that welfare organisations will make even greater efforts to build such centres and to see that the services provided in these centres are of the highest possible quality.

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