

THE AGED REQUIRE ATTENTION

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OPSOMMING

Bejaarde pasiënte pas moeiliker by die vreemde hospitaalomgewing aan as jonger persone. Die verpleegkundige moet toegewings maak om hierdie aanpassing te bevorder.

Wanneer sy bejaardes verpleeg moet die verpleegkundige onafhanklikheid aanmoedig en die pasiënt altyd as individu hanteer. Sy behoort ook vir afleiding en aktiwiteit voorsiening te maak.

Hospitals are institutions and people entering are treated as part of the whole. Nurses do things for patients and if they are too slow they are hurried up. The ward has a fairly rigid routine. It is all abnormal, yet under these circumstances people are expected to recover from illnesses, diseases and operations. Before they start to recover they have to learn to adapt to a physical and psychological environment which is quite unfamiliar to them. The younger you are the more easy it is to adapt because you are less set in your ways. But if you have been doing something one way for years and it is perfect, why change?

ENCOURAGE INDEPENDENCE

Elderly people realise they are aging and do not want to do so in a hurry. Most accept that one day they may be totally dependent on others, but today, they are not. They value independence because it shows they are still in control of their lives, but the progression from independence to dependence is often hastened in hospital. The

The author, a student nurse, won first prize with this article in the 1982 CURATIONIS — JOHNSON AND JOHNSON WRITING COMPETITION in the category for student and enrolled nurses and nursing assistants. 1982 was the *International year of the aged* and the topic of the competition was *Nursing the Aged*.

patient should be seen as an individual with his own rights; often this is not done and the patient becomes difficult and unresponsive which only leads to more being done for him. A nurse's function is to be patient and protect the patient's independence.

Elderly people have needs and individual goals and being admitted to hospital should not be seen as a threat to the fulfilment of these. They may refrain from talking about the future altogether because they have no goals and they only foresee death. Nursing care, if individualised, can help to overcome many such anxieties. A patient ear or a word of assurance that they will soon be at home, is often all that is required.

The patient's treatment can be broken down into short term goals towards which he can strive. Explain the procedures carefully so they do not seem something distant and hazy. By continually communicating about these goals of his care with the patient he will be more convinced that there is direction and that others are concerned about his achievement. This prevents the patient from anxiously wondering what is happening and if things will ever improve. (One elderly lady, who was not told what was going to be done to her, was convinced, and kept saying so, that she was being kept there to die). Goal setting will help the elderly person in hospital to gain a sense of purpose and achievement.

Some elderly people, seeing that others are on hand to do things for them, encourage them to do so by making out that they themselves are unable. The nurse should encourage the patient and support his belief in his own internal resources. Some patients are so willing to do things they are told to do that they do not initiate ideas but wait for instructions. Here the patient should be encouraged to be an active participant in his own plan of treatment.

Everybody has likes and dislikes

and the patient should be consulted about his preferences. He may need extra fluid, but refuses to drink and says he is not thirsty when he dislikes what he is given. The nurse thinks he is being unresponsive and becomes abrupt with him — this does not improve relationships.

Ask patients what their opinions are — people like to know that their opinion counts. If the patient thinks that what is being done to him is good, it will speed his recovery because he has a positive attitude. A negative attitude about something which seems a waste of time, will make it a waste of time. Knowing the patient's opinion also helps to know if he understands what is going on; if he does not, the situation can be resolved at an early stage.

Low self-esteem, dependency and depression are brought on fairly quickly by having all decisions made for you. Encourage the patient to make choices and decisions. It will increase his feeling of belonging and he will be able to respond better. Guidance in decision making may be required but some people reject it. *Stubborn* patients are often just patients wanting to make their own decisions and nurses must be aware of this. Depression does not promote recovery but rather slows it down. Physical aspects are often controlled by psychological factors.

If the patient becomes anxious, which is quite possible when attainment of goals seem far away, he should be supported and encouraged to remain active. Activity keeps the mind occupied and depression at a distance and the patient is kept cheerful and hopeful.

TREAT THE PATIENT AS AN INDIVIDUAL

Individuality is of extreme importance. The patient should not be made to feel like a robot or machine; any nursing activities should be done with the patient, not for

him. Elderly people are often slow and *dodderly* while those nursing them are quick and efficient. If a hundred things have to be done it is much easier to do it for the patient than to wait while he does it for himself. The nurse should communicate to the patient that it is good to be an individual and that he has personal value and status. This attitude must then be proved in the nurse's actions. It is useless telling the patient to be an individual, to make choices and decisions and give opinions, if no notice is taken if he does it. If patients are treated as they are at home their psychological environment remains much the same and they will not react too much against it. There will be no reason for them to become lonely and depressed.

Often elderly patients become stubborn and unco-operative because they have been asked to do something which they are incapable of doing. Nursing procedures and care can be changed or compromised to allow for the physiological and psychological limitations of aging. Old people often talk slowly and it is offensive to put words in for them.

Many old people see little in their future and, according to psychologists, people at this age are mostly looking back. The past means much more to them and they want to talk about it and get the listener involved, in this way bridging the gap to the present. This bridging can so easily be prevented from occurring when in hospital, as nothing there reminds the elderly of the past. Encouraging the patient to use his own belongings, his personal possessions, are a help — his world will not seem so sterile and devoid of emotion.

Nurses should give the patient time to express his feelings and not be bombastic giving him no chance to get a word in. They should be

patient and not continually running off to do something. (Perhaps some people should be employed to help only with the emotional factors of ill health by just listening and talking to the patients).

The most degrading experience is to have everyday natural things done for you. One such example is feeding — the older person can be slow when it comes to eating and often it is assumed that all people of the same age are similar (lack of individuality). Consequently, some nurses go around cutting everyone's food or quickly wiping each bit that misses the mouth. This emphasises the patient's incapability to everyone else. How degrading to have your neighbour think that you are either a fool or an invalid! People tend to generalise; if the patient is unable to do something physically there must be something wrong psychologically as well and he is treated accordingly. Allow the patient to do things in his own way, help him to retain his social graces, but do not enforce gracefulness.

PROVIDE DIVERSION AND ACTIVITY

Hospitalisation can cause the elderly to fall out of the mainstream of life. Their shopping sprees, social chats or visits to the library help them to maintain physical, emotional and mental balance. When admitted to hospital they are obliged to remain in bed facing the one wall. Children in hospital are often allowed to play with toys or games, sometimes even outside the ward. Why not provide elderly people with some type of stimulation? They need it.

They need to be kept active mentally. The staff are the only ones who know what is happening outside. They should be prepared to share this knowledge with the patients. Many elderly ladies and

even men want to know about the nurse's world and feel important if they are told about something special.

Old people do not want exceptional things to do, just ordinary tasks of daily living. Activities should be meaningful and diverse. A person who is able could help serve teas. Others could talk to those who cannot get out of bed — all they need is an introduction. By having tasks to do patients begin to feel worthwhile and not as despondent as they would be if they were cooped up in bed.

Activities that fit in with long held interests are undertaken more eagerly as the elderly feel more capable of doing them. This prevents anxiety about whether the activity is being done correctly or not. The nurse cannot alter behaviour patterns or life-long characteristics and should thus not try to do so. The patient should not be forced to do something, but the approach can be altered or the benefit the patient will receive from it explained, and the patient will probably co-operate.

CONCLUSION

On entering hospital the patient has to listen, learn and adapt and this cannot be done instantaneously. Time is needed and the nurse, who is present most of the time, must see that it is provided. Treat the older patient as you would like to be treated — advanced age is not a disease, it is part of living. Older people's reaction to hospitalisation is more often than not a reaction to the threat posed to their independence.

If your life was suddenly turned upside down, changed and uprooted you could not continue unchanged and uncaring. You would try to adapt and expect others to help you, not treat you as an irrelevant nobody. The elderly are no exception to this general rule.