

OLD AGE AND AGING – A CHALLENGE FOR HEALTH CARE PROFESSIONALS

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Abstract

The modern demographic situation is characterized by an aging population due to an increase in life expectancy. The substantial increase in the relative proportion of elderly and old people poses a number of challenges for health care professionals. Nurses interact closely with health care consumers in a variety of work environments. This enables them to assess health needs broadly, track how environmental factors affect the health of patients and their families, and how people respond to different strategies and services.

Keywords: *old age, aging, nursing, medico-social issues*

INTRODUCTION

Aging is a natural process in people's lives, but age after 60 is associated with significant changes in health. Depending on the aging process, the group of elderly people is heterogeneous. According to the WHO classification, the main criteria for old age is chronological age and is used to classify persons over 60 years of age into subgroups:

- Advanced age (young old people) - from 60 to 74 years
- Old age - from 75 to 89 years
- Long-term residents – 90 years and older

The aging of the population and the constant growth of this age group gives rise to the need to expand nursing practices caring for people in an aging society. The European Committee of the Regions - Active Older Living and Healthy Ageing, is concerned about the shortage of doctors and nurses in the field of geriatrics in Europe and calls on Member States and their regions, as well as doctors' and nurses' organisations, to submit proposals on how to make the profession more attractive and through what training and retraining modules and remuneration schemes to attract specialists so that more doctors and nurses choose geriatrics as their specialty and fewer leave it (4).

The European Medical Geriatrics Society shares the concern regarding the expertise requirements of healthcare professionals working in healthcare settings and believes that specialist training would benefit both caregivers and individuals residents in these centers in order to provide them with the best possible care.

After a thorough study and analysis of the demographic situation in Bulgaria and the needs of the elderly and geriatric institutions in the country, as well as after a study of the international experience in the field of geriatric care provision and the training of geriatric specialists, Medical College of Thrace University, Stara Zagora, created for the first time in our country the specialty "Geriatric Care". According to Milcheva et al. Bulgaria still lacks the main connecting link necessary for the provision of care for the elderly and the elderly. Low-skilled professionals with only basic skills cannot cover this deficit and provide quality care. These needs can only be met by geriatric specialists possessing multiple competencies to help the elderly and the elderly improve their quality of life (15).

The philosophy of modern nursing is based on ethical and moral principles and advances nursing as a science and art to meet human needs, to protect health and the environment. This philosophy is realized only by those nurses who possess the necessary qualities and virtues. Those who can take responsibility for the quality of care provided and show compassion and mercy to people in their work.

Guiding principles in delivering health care for older people include:

- Individualization of health care
- Consideration of bio-psycho-social aspects of health and comprehensive assessment and resolution of health-related problems
- Application of a functional approach in assessing health needs
- Applying a risk-based approach to organizing the care of the diverse group of elderly people it serves
- Use of health promotion and disease prevention approaches that limit the possibilities of independent living
- Multidisciplinary approach and teamwork in solving complex health problems (24).

It is of utmost importance to determine the functional status and ability of the elderly to cope independently in daily life. If a person preserves his health in the highest possible degree of self-determination and independence, this implies his ability to understand his needs and satisfy them.

The nursing profession is oriented towards meeting the patient's health care needs, but its content has changed over the years. There are different definitions for the concept of "nursing", but at the center of all of them is the care of the patient, to achieve the best possible quality of life. In 1859, the world-famous nurse Florence Nightingale wrote in her book "Notes on Nursing" that nursing is "the act of using the patient's environment to assist in his recovery." In her understanding, nursing care includes skills in using fresh air, light, warmth, cleanliness, rest, proper diet.

The current level of nursing requires that the nurse is able to independently assess the condition and needs of the patient, properly monitor them, make informed decisions related to certain responsibilities when the success of the treatment depends on her professional competence. Due to their peculiarity, the elderly have a need for an individual approach and personal attention, based on the perception of the person as a bio-psycho-social being. In the care of the elderly, the nurse solves not only physical and psycho-social problems, but also cultural and family problems, which poses new challenges for health professionals. The need for complex care for the elderly and the elderly requires coherence and coordination of activities between health and social institutions.

According to international agreements, the conceptual model of nursing is a structure based on the philosophy of nursing and includes four paradigms: patient, nursing, health, environment.

1. Patient – a person who needs nursing care and receives it. It represents a complete, dynamic self-regulating biological system, a set of physiological, psychosocial and spiritual needs, the satisfaction of which determines growth, development and adaptation to the environment.
2. Nursing - science and art aimed at solving existing and potential health problems in the changing environment.
3. Environment - a set of natural, social, psychological, spiritual factors and indicators, among which the life activity of man takes place.
4. Health – dynamic harmony of the personality with the environment, achieved with the help of adaptation.

The nurse acts both independently and in collaboration with other health care professionals to meet the needs of society and the individual patient to maintain health. Nursing care does not depend on racial characteristics, age, sex, political and religious beliefs, social status. The need for nursing care is universal, it is needed by people from birth to death. When providing assistance to the patient, the nurse always tries to create an atmosphere of respect for spiritual values, customs and beliefs (16).

The presence of the nurse in the multidisciplinary team, necessary for the prevention and treatment of diseases characteristic of old age, is extremely important. Old age is the last, natural stage of the body's development, and disease is a violation of its physiological state and vital activity. More and more people are living to old age and this leads to a heterogeneous functional status in the elderly group. There are people who have preserved vitality and ability to work, others have multiple illnesses or are dependent

and need care. The good functional status of the elderly enables them to be autonomous and independent. Autonomy means being able to handle activities that are normal for human existence, and independence means being able to make decisions on your own. The need for health care is closely related to the life difficulties and ill health characteristic of old age. In his research from 1976, Petrov established the need for special care for the prevention and treatment of diseases leading to invalidation of the elderly: diseases of the musculoskeletal system, cardiovascular, including cerebrovascular diseases, eye diseases and others (18, 19).

Morbidity in adults has specific characteristics:

- Changed reactivity when sick – more severe disease course or atypical manifestation
- Age-related diseases – affect people in varying degrees in the aging process (atherosclerosis, arthrosis, etc.)
- Increased risk of certain diseases - with age, the frequency of certain diseases that affect all adults increases, for example neoplasms, heart attack, stroke.

Elderly people are characterized not only by a reduction and change in physical and mental functions, but also by the effects of additional risk factors such as lifestyle, diseases, sanitary and hygienic conditions, economic conditions and others, which create for health professionals a multitude of medical social problems to solve. Therefore, the assessment of the health of the elderly requires a comprehensive approach.

Morbidity in the elderly is characterized by:

- Chronic and multiple pathology - according to data from the European Health Interview - third wave 2019 regarding the health status of the population, 82% of people over 65 have a long-term chronic disease or health problem.
- High frequency in the morbidity structure of: diseases of the organs of blood circulation, diseases of the musculoskeletal system, hearing disorders, cataracts, oncological diseases, trauma and fractures, dementia.
- Reduction in the frequency of acute diseases - however, they are more severe and seriously damage the condition of the elderly.
- Rapid deterioration of diseases and high frequency of complications - this is important for the organization of health care for the elderly.
- Increase in the frequency of mental disorders, of which depression and dementia are of primary importance.

The national care program for the elderly envisages activities in three aspects: medical care, social care and psychological care.

- Medical care for the elderly includes: one annual mandatory basic preventive examination, which includes a clinical examination, measurement of arterial pressure, electrocardiogram, examination of complete blood count, blood sugar, examination of urine - albumin and sediment. Chronically ill patients are examined and monitored periodically depending on their condition, and a hepatic epicrisis is prepared annually, taking into account the changes that have occurred.
- Social care – is expressed in the presentation of patients with social problems to the social assistance services, assistance through social rehabilitation centers to provide hearing aids, wheelchairs and other medical aids, assistance to people living alone.
- Psychological care – includes psychoprophylaxis and psychotherapy to avoid depression and social isolation.

Nurses are responsible for assessing the environment for external modifiable risk factors, screening patients for fall risk, providing instructions on what to do if the patient falls, identifying patients who need additional precautions or referral to a specialist and development of an interdisciplinary care plan

to prevent falls, as this is one of the leading causes of injury among adults and older people worldwide and can lead to serious conditions such as hip fracture and trauma on the head. Although the nursing assessment of the risk of falls as part of the thought process may have a high predictive value and a number of factors predicting an increased risk of falls have been identified in our country, there is still a lack of a tool to assess the risk of falls in the elderly and elderly. In her work with an elderly patient, the nurse implements:

- Assessment of the patient's mental state;
- Assessment of common health problems;
- Determines the risk of falls, incontinence, sleep problems;
- Organizes the prescription and distribution of medicines, controls their intake, monitors side effects in case of overdose;
- Conducts periodic patient training on personal safety and prevention of complications from the disease;
- Organizes the preparation, planning and implementation of medical and diagnostic procedures and research;
- Performs the necessary therapeutic procedures.

The central role of the nurse in the organization, coordination and implementation of patient care and the expansion of the nurse's autonomous functions give rise to the introduction of the term "nursing method". Grancharova defines the nursing method as a work process in which the nurse determines, performs and evaluates the actions related to her own role (13). A number of authors have described concepts and theoretical frameworks of the nursing approach to define the autonomous functions of nurses. According to Borisova (2013), the most appropriate approach for providing quality health care in geriatric practice is the Nursing Process, which provides individual, personalized and humanized health care (5).

The practice of the nursing profession in recent years is based on this approach, which allows the choice of philosophy, creates opportunities for an individual approach to the patient, obliges nurses to conduct conversations and training patients, as well as to make decisions in the field of care. The approach is implemented by nurses working with a patient record documenting the patient's problem and nursing care plan. Documentation of nursing work is a prerequisite for its measurement, evaluation and increase in efficiency and quality (7, 8).

It is extremely important to determine the impact of the disease on the functional status and the ability to cope independently in daily life. Functional status is represented by several elements - coping with basic and instrumental daily activities and social roles of the person, state of sensory organs, mobility. The functional capacity of individuals to cope with basic daily activities represents their competence to take care of themselves and perform six basic activities independently - eating, bathing, dressing, using the toilet, getting into and out of bed, control over the pelvic tanks (continence) (13).

According to Ts. Vodenicharov and his team, the functional status is represented by several main elements such as:

- Physical capacity of individuals to deal with basic activities that are normal for everyday life such as – eating, bathing, dressing, using the toilet, getting into and out of bed, control of pelvic tanks.
- Daily activities necessary for the autonomous existence and adaptation of the individual to the living environment, such as – shopping, using public transport, preparing food, cleaning the home, etc. (24).

Training in activities of daily living should first of all be tailored to the degree of impairment and the functional status of the patient with a chronic disease.

Depending on this and according to their dependence on external assistance, patients can be divided into three main groups (there are other subgroups where dependencies including chronic disease control and not only physical dependence are covered): bedridden, who cannot cope without external help; moving with someone else's help - their dependence is less; patients who can move on their own.

When teaching patients, it is necessary to always seek assistance from the trainee, based on the principle of awareness and activity, and the patient must be motivated in advance to perform a certain action or to be trained. Here again, the appropriate model of behavior is the model of partnership. It is necessary to motivate the patient by explaining to him what activities he will be able to perform independently after the training.

Psycho-social and physical support or rehabilitation provided by the nurse should be comprehensive and individualized. Complexity is defined by the fact that it must cover all areas and systems that are related to the patient.

Individualization implies that the nurse takes into account the chronic disease, the general condition, gender, age, interests, education, family, values, intelligence and personality traits (personality and character traits), the social environment with which the patient is connected, as well as other factors based on the general assessment of the patient's condition.

Every person needs to receive information about the world around him. When the patient cannot obtain such information, the nurse can actively assist him.

It is necessary for the nurse to help and assist the sick, as far as possible, for their socialization, which contributes to them not feeling unwanted and unnecessary in society (Stambolova, Iv., 2012). According to N. Georgiev, the understanding and provision of appropriate care and support to the elderly would not change significantly without a change in the management and organization of work in healthcare facilities, in increasing the qualification of medical specialists in the forms of academic training and continuing education, as well as and in a number of attitudes and negative stereotypes of many medical professionals towards old age and the aging person (10).

Georgieva, D. analyzes models of care offered in the community in some European countries. According to her, the positive experience of the social policy of some European countries - Denmark, Finland, Sweden, France and Italy - can be used to optimize the social and health policy of Bulgaria. In the mentioned countries, the social policy regarding the elderly is aimed at improving the quality of life and creating a favorable living environment. The community-based model of care is most widely advocated:

Day Care:

- Day Care Centers – Senior Citizens Clubs and Canteens. They function in all countries, offer a complex of social services - meals, satisfaction of daily needs - health, education, rehabilitation and social contacts.

Accommodation for the elderly:

- Nursing homes - they are the most intensive form of social services provided outside of hospitals. The reduction of hospital beds elevates the role of nursing homes as the only alternative form of accommodation;
- Centers for accommodation of old people;
- Protected housing.

Alternative methods of accommodation:

- Municipal houses;
- Hotel homes;
- Multifunctional common housing;
- Foster care for the elderly;

- Nursing care agencies.

From the performed comparative analysis between social services in European countries and in Bulgaria, the following conclusion can be drawn: the missing unit is nursing homes, centers and offices for providing home nursing care and complex medical and social institutions for providing geriatric care (11).

The professional activity of the nurse is related to continuous communication. Her approach to communication is dictated by the sphere of concrete and professional activity. Patients with chronic diseases have a need for information and training in order to prevent possible complications on the one hand and on the other - to provide care adequate to the development of the chronic disease. Educating and informing patients about health issues is an important function of the nursing staff. By educating people of different ages and knowing the risk factors for disease in each age group, nurses help people understand how to change their behavior to preserve their own health, the health of their children and loved ones, or to maintain it at maximum possible level. When communicating with the elderly and old people, the nurse needs to have: knowledge in the field of geriatric psychology, clinical psychology and pedagogy, social psychology, gerontology, geriatrics and other scientific fields, the object of which are elderly people.

Health care for chronic disease is aimed at preserving the patient as a person, aiming to facilitate the process of overcoming the disease and create an opportunity to live with and in spite of chronic suffering. The task of the nurse in the care of chronically ill and disabled persons is to compensate for the need for independent care through training, assistance or complete care taking. This requires uncovering the needs that can be most effectively met through nursing intervention and establishing the match between the actually provided health service and the patient's expectation.

CONCLUSION

The demographic characteristics of population aging and the functional status of the elderly determine the need to introduce and implement new models for providing health care based on the principle of an age-integrated society. This necessitates the acquisition of new professional knowledge and qualities of nurses, without which effective health care for sick old people is impossible. The development of continuing education programs to acquire additional competencies in gerontology and geriatrics for health care provides opportunities to improve the quality of geriatric care. The effectiveness and quality of health care for the elderly depends on the professional competence of health professionals, which requires a new approach to the organization of activities, selection and motivation of personnel, continuous improvement of their qualifications and training of more geriatric specialists.

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