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NEEDS ASSESSMENT OF LONG TERM CARE INSTITUTIONS RESIDENTS WITH DEMENTIA

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Background:

The number of elderly people living in long term institutions is increasing. People with dementia in care homes have varied and complex needs which may provedifficult to meet at home. Those needs are associated with a range of general needs which may involve elderly people. The study is aimed at the characterization of the met and unmet needs of the elderly living in long-term care facilities and also to learn about the living conditions of older people living in institutions, focusing on their various needs.

Material/ Methods:

Ninety eight residents with dementia (Mini Mental State Examination < 23), were interviewed with the use of Camberwell Assessment of Need for the Elderly. Information was gathered from the medical notes and interviews with the patients. CANE was administered to the patients.

Results:

Data analysis showed that most needs were unmet. The most commonly reported unmet needs were: 'memory', 'psychological distress', 'intimate relationship', 'company' and 'food'. The patients' four most frequently identified met needs were 'self care', 'household activities', 'physical health' and 'drugs'.

Conclusions:

Residents of the institutions were generally found to have the majority of their physical and medical needs met, but psychological and social needs often remained unmet. These findings have implications for the practice of people who work in the care for these patients.

Key words: aged, residential facilities, memory disorders

SUMMARY

INTRODUCTION

There is a folk saying that 'everyone wishes to live a good long life, but no one wishes for old age'. This may relate to the fact that desire for increased longevity is usually associated with thoughts of a healthy and active older age rather than ill-health, disability, increasing vulnerability and greater dependency upon others [1].

The process of progressive aging of the Polish population is anticipated. In 2008 the average life expectancy was 71.18 years for men and 79.4 years for women. The proportion of elderly people in the Polish population is increasing. Figures show that the share of the population aged 65 plus currently stands at 13.5% as compared to 12.4% in the year 2000 and 10.2% in 1999 [2]. The number of elderly people may attain 6.4 million about the year 2010 accounting for 17% of all citizens. Increasing proportions of the elderly in the population is associated with the higher incidence of Alzheimer's disease [3] and other neurodegenerative disorders, which determines a growing need of support for patients, their families and caregivers. People with dementia are rarely asked what their needs and wishes are. On the other hand many people talk about the needs of people with dementia and seem to know what may be the best to do for them [4]. There might be various reasons for this, the most feasible seems to be related to the difficulties in handling the changes in communication and behaviour caused by dementia.

People with dementia in care homes have varied and complex needs which may have proved difficult to meet at home. Those needs are associated with a range of general needs which may concern elderly people, like self care, day-time activities and specific unique needs related to cognitive impairment like anxiety [5]. Older people with dementia may suffer not only from cognitive impairment but also exhibit various health problems. Food and feeding procedures constitute another problem.

Proper diet is an important factor in maintaining adequate functioning, but unfortunately malnutrition is widely represented in older people both – who live independently and in hospitals [6]. As dementia progresses, eating becomes more difficult. Families often opt for nursing homes for fear of untoward events affecting their relative during their absence. Nursing home admission usually leads to relinquishing one's routine to the schedule of an institution and neglecting individual preferences.

The research literature on the long term care preferences of older persons is limited and inconclusive. In a survey of community residents addressing aversion to living in a nursing home 29 percent of seriously ill people aged over 70 indicated that they would rather die than enter a nursing home [7]. Aspects of care that are particularly important to nursing home residents include kindness, caring, compatibility, and responsiveness. Nursing home residents also value control and choice on aspects of their daily lives, particularly with reference to leaving the facility from time to time, telephone and other communication with those outside the facility [8].

The study is aimed at the characterization of the met and unmet needs of the elderly living in long-term care facilities and also to learn about the living conditions of older people living in institutions, focusing on their various needs. The long-term aim is to elaborate a good practice strategy of innovative teaching methods, addressed to carers and professionals working with people who are suffering from dementia.

MATERIAL AND METHODS

Procedure

Examinations were conducted at units within long-term care in the Pomeranian district in Poland. Information was gathered from the medical notes and interviews with the patients. CANE was administered to the patients (CANE questionnaire, Orrell M. & Hancock G., 2004; Gaskell Publications, London, Polish version: Rymaszewska J., 2007 Wrocław). The CANE is a comprehensive tool aimed at needs and assessment that has been designed for the elderly population. It is an effective method for identifying unmet needs in older people with dementia living in care homes [9]. It has proven reliability and validity [10]. It was previously used to assess the needs of elderly people with dementia [9] and older age psychiatric patients in long-term care settings [11]. CANE uses the principle that identifying a need is equivalent to identifying a problem plus an appropriate intervention which will help or alleviate the need. There are 24 areas of need covered in the CANE (see Box 1).

Participants

The inclusion criteria were aged over 60 and the MMSE score below 23 [12]. The exclusion criterion was an inability to comply with the study assessment due to communication difficulties. A total of 100 patients were available and eligible for inclusion in the study, among whom 98 agreed to participate. There were 73 (72.5%) females and 25 (25.5%) males in the total sample. The mean age of

24 items for patients needs

- | | |
|-----------------------------------|----------------------------|
| 1. Accommodation | 13. Psychotic symptoms |
| 2. Looking after the Home | 14. Psychological distress |
| 3. Food | 15. Information |
| 4. Self-care | 16. Deliberate self-harm |
| 5. Caring for someone else | 17. Inadvertent self-harm |
| 6. Daytime activities | 18. Abuse/neglect |
| 7. Memory | 19. Behaviour |
| 8. Eyesight/hearing/communication | 20. Alcohol Abuse |
| 9. Mobility/falls | 21. Company |
| 10. Continence | 22. Intimate relationships |
| 11. Physical health | 23. Money/budgeting |
| 12. ... | 24. ... |

Box 1.

participants was 80.5 years (range 63 - 93 years). Forty (40.8%) individuals with primary school education, 49 (50%) participants with vocational education, 6 (6.1%) participants with high school education, with A-level, and 3 (3.1%) persons with higher education were interviewed.

RESULTS

The number of met and unmet needs was recorded for each subscale of the questionnaire. The average number of needs identified met and unmet for all participants was 20.4 ($SD= 1.5$), unmet needs 17.8 ($SD=1.8$), and the met needs 2.6 ($SD= 0.6$) (see: Figure1).

The most commonly unmet needs concerned ‘accommodation’ (96.9%) – people were not satisfied with the place where they lived, ‘memory’ (95.9%) – clear deficits in recalling new information, one more was ‘food’(72.4%) – dissatisfaction with the type of help and problems with swallowing were reported. Many people were not satisfied with the amount of food they received’ (72.4%). Psychological needs proved to be among the least fulfilled: ‘psychological distress’ (72.4%) – patients recently felt very sad, anxious, frightened or worried, ‘company’ (69.4%) – frequently felt lonely and isolated, very few social contacts, and ‘intimate relationships’ (68.4%) – desperately lonely, lack of confidant.

The most frequently met needs were ‘drugs’ (99%) – regular reviews, doctor administers medication, dosette boxes, ‘physical health’ (96.9%) – physical ailment such as high blood pressure under control, received treatment, ‘self care’ (94.9%) – needs are obtained, appropriate help received, and ‘household activities’ (95.9%) – appropriate help, ‘continence’ (88.8%) – received adequate assistance.

Several areas of the CANE were rated as ‘no need’, including ‘caring for someone else’ (100%), ‘deliberate self-harm’ (100%), ‘abuse’ (100%), ‘alcohol’ (99%) and ‘behavior’(85,7%).

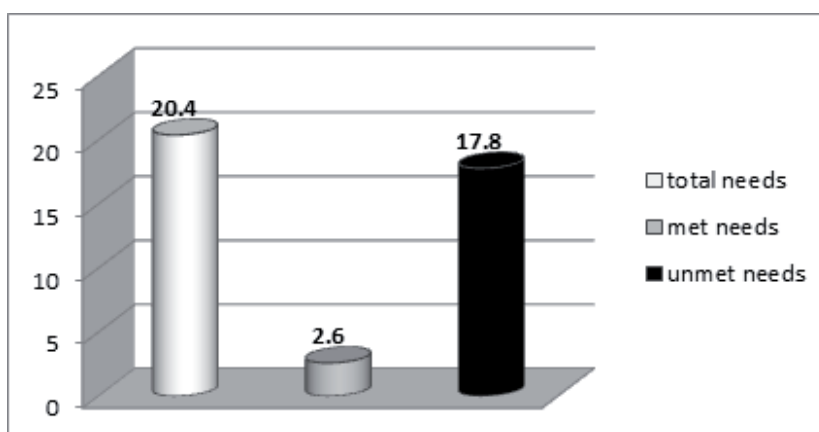


Figure 1. Distribution of met and unmet needs in the elderly

The results indicate that all participants admitted needs in the area of activation, more than one third were unsatisfied with daytime activities. What is more, two thirds of the patients had 'psychotic symptoms' (66.7%), patients had symptoms in the form of hearing voices, seeing objects etc., but there were also patients who had 'psychotic symptoms' under control (31.6%). Which means that, symptoms were helped by medication or coping strategies or safety plans individually prepared for the patient. However, the need of information was satisfied in 95.9% (see: Table 1).

Table 1. Frequency (%) of CANE met and unmet needs of people living in long term care institutions (total n= 98)

	No needs n / %	Met needs n / %	Unmet needs n / %
Accommodation	0 / 0	2 / 2	95 / 96.9
Household Activities	0 / 0	94 / 95.9	4 / 4.1
Food	1 / 1	26 / 26.5	71 / 72.4*
Self-Care	1 / 1	93 / 94.9	4 / 4.1
Caring for Another	98 / 100	0 / 0	0 / 0
Daytime Activities	0 / 0	63 / 64.3	35 / 35.7
Memory	1 / 1	3 / 3.1	94 / 95.9*
Eyesight/Hearing	1 / 1	75 / 76.5	22 / 22.4
Mobility	1 / 1	86 / 87.8	11 / 11.2
Continence	1 / 1	87 / 88.8	10 / 10.2
Physical Health	0 / 0	95 / 96.9	3 / 3.1
Drugs	1 / 1	97 / 99	0 / 0
Psychotic Symptoms	1 / 1	31 / 31.6	66 / 66.7*
Psychological Distress	1 / 1	26 / 26.5	71 / 72.4*
Information	1 / 1	94 / 95.9	3 / 3.1
Deliberate self-harm	98 / 100	0 / 0	0 / 0
Inadvertent self-harm	1 / 1	54 / 55.1	43 / 43.9
Abuse/Neglect	98 / 100	0 / 0	0 / 0
Behavior	84 / 85,7	54 / 55.1	27 / 27.6
Alcohol Abuse	97 / 99	1 / 1	0 / 0
Company	1 / 1	29 / 29.6	68 / 69.4*
Intimate Relationships	1 / 1	30 / 30.6	67 / 68.4*
Money	0 / 0	94 / 95,9	4 / 4.1

*- high number of unmet needs, above 60
 Bold – high number of met needs and no needs

DISCUSSION

The study results show that demented individuals living in long term care institutions report many needs, and quite a lot of which remain unmet. Physical health needs were generally met, while there was a very high rate of unmet needs in the area of emotional life and social interactions. People with dementia are likely to be at risk of social isolation [13]. The results of our study are in concordance with previous data showing that in long-term care facilities physical health needs are usually met, whereas mental health and social needs remain unmet [5]. Successive unmet need refer to company and intimate relationships (most people find no adequate social work and leisure activities). Unmet needs for company and daytime activities were common and not adequately addressed in the institutions, which confirms previous results of other authors[14].

The present study indicates a high number of unmet needs in areas of memory (usually there were clear deficits in recalling information, without receiving appropriate assistance. Memory loss is a distressing part of dementia, both for the person with dementia and their surroundings [15]. The presence of cognitive impairment may be seen as rendering an older person vulnerable and incapable of making decisions. Nevertheless older people must be provided with all rights and possibilities as other people.

Another significant unmet need concerned food (neglect of residents' preferences, low and insufficient food intake). There are other studies which show that malnutrition reduces functional capacity [16] which may lead to lower quality of life. What's more, malnourished individuals are more dependent on others and may require tube feeding [17]. Moreover different studies highlight the importance of appropriate nutrition as the key agent in contribution to healthy aging. There are many ways to help overcome these problems and ensure that the person eats a healthy, balanced diet, which ought to be essential matter of the care providers [18].

Elevated rate of unmet need may have a detrimental impact on the quality of life of the elderly in the institution [19]. The necessity of creating a special program to maintain the cognitive functions of the patients were also recognized.

The study has several limitations. It does not compare patients who chose to live in a long-term care facility and those who live there because of their family decision. It may be an important factor determining quality of life and satisfaction with the care and service provided. Due to the diversity of unmet needs and their individualized character, the interventions suggested as a result of each conducted interview could not be presented in this paper.

The institutional care system should better address the current needs of its residents as well as the future population, by adequate training, support and an appropriate regulatory system [20].

The needs of elderly patients, who require institutional care, are complex. Thus, institutional care that is provided should encapsulate a wide field of specialties [21,22]. The care provided to people living in long term care institutions

ought to be individualized and adjusted to the progression of the disease. Both care and therapy ought to be focused on maintaining even partially preserved daily abilities. Multi-threaded training in Alzheimer's disease and other dementias is crucial for the proper care and the correct custody of elderly patients. The care should be focused more on the psycho-social areas, with the emphasis on the individual preferences. Moreover to ensure the holistic support for older persons with dementia and their families, it is probably better to focus more on social care with the possibility to attend day care centre situated in the local community.

CONCLUSIONS

1. Most of the physical and medical needs of the residents of long-term nursing homes were met.
2. Psychological and social needs of the residents of nursing homes are not adequately met.
3. The results should influence the behaviour of employees of nursing homes to their clients.

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