Positive interventions in long-stay residences

Intervenciones positivas en residencias de larga estadía

Intervenções positivas em residências de longa permanência

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ABSTRACT: In the gerontology field, there is a motto, "to prevent or delay institutionalization," which summarizes gerontologists' tacit consent. This premise is the basis of many efforts and interventions that arise, and should continue emerging, for that purpose. However, when this is not possible, and most people cannot continue living at home, the intention is to provide care centers, which can not only give the necessary care but also allow for the personal development of the elderly. In order to do this, the national and international current trend, is to change the notion that one has about these institutions, their goals and objectives, evolving towards a model of accommodation that constitutes a clear alternative to the typical institutions. Within this framework, the aim of this chapter is to systematize a series of practices with a positive orientation. This term refers to those interventions aimed at promoting the development of skills, abilities and available resources for people staying in these long-term care homes. They were sorted out according to the different moments/stages a person may go through in nursing homes, with the main objective being to find greater autonomy for the elderly and a possible identity beyond the condition of institutionalization.
Keywords: Positive; Actions; Long-Term Care Homes; Identity, Autonomy.

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RESUMEN: *En el campo de la gerontología, existe un acuerdo que puede ser expresado sintéticamente bajo la premisa "evitar o retrasar la institucionalización". Esta premisa es la base de muchos esfuerzos e intervenciones que surgen, y deberán seguir surgiendo, para tal fin. Sin embargo, cuando esto no es posible, y la persona mayor no puede seguir viviendo en su casa se pretende que la atención tenga lugar en centros que, además de proporcionar los cuidados necesarios permitan el desarrollo personal. Para ello, la tendencia actual, a nivel nacional e internacional, es la de modificar la noción que se tiene acerca de estas instituciones, sus metas y objetivos, evolucionando hacia un modelo de alojamiento que constituya una clara alternativa a la residencia de tipo institucional. Dentro de ese marco, el objetivo de éste capítulo es sistematizar una serie de prácticas que por su orientación pueden ser caracterizadas como positivas. Con este término se hace alusión a aquellas intervenciones tendientes a promover el desarrollo de las capacidades, habilidades y recursos de los que disponen las personas alojadas en dichas residencias. Las mismas fueron clasificadas según los diferentes momentos que puede transitar una persona en su paso por la residencia, siendo el mayor objetivo que pueda encontrarse con aquello que le otorgue identidad y mayor autonomía posible, más allá de la condición de institucionalización.*

Palabras clave: *Intervenciones; Positivas; Residencias; Autonomía; Identidad.*

RESUMO: *No campo da gerontologia, existe um consenso que pode ser expresso sinteticamente sob a premissa "evitar ou atrasar a institucionalização." Esta premissa é a base de muitos esforços e intervenções que possam surgir, e devem continuar a surgir, com tal finalidade. No entanto, quando isso não é possível, e a pessoa idosa é incapaz de continuar a viver em casa, pretende-se que a atenção a ela se dê em centros de atendimento que, além de lhe proporcionar o cuidado necessário, permita-lhe o desenvolvimento pessoal. Para isso, a tendência atual, nacional e internacionalmente, é modificar a noção que se tem sobre tais instituições, suas metas e objetivos, evoluindo-se para um modelo de acolhimento que constitua uma clara alternativa para a residência institucional. Nesse contexto, o objetivo deste artigo é sistematizar uma série de práticas que, tributariamente a sua orientação, podem ser caracterizadas como positivas. Com este termo se faz alusão a intervenções que tendem a promover capacitação, habilidades e recursos disponíveis às pessoas acolhidas nessas residências. Elas foram classificadas de acordo com os diferentes*

momentos com que se move uma pessoa idosa no interior da residência, sendo o principal objetivo que se possa atingir é aquele que lhe dá identidade e a maior autonomia possível, para além da condição de institucionalização.
***Palavras-chave**: Intervenções positivas; Residências; Autonomia; Identidade.*

Introduction

Beyond the well-known theories, this premise is mainly held in the desire for old people to age at home because, in general, it favors continuity in their life when their belongings and memories surround them. They also keep their independence and privacy facilitating decision-making and being in control of their daily activities, something they cannot do in a retirement home. However when this is not possible, and most people cannot continue living at home, the intention is to have long-term care centers to provide the necessary care similar to what they may have at home (Martínez-Rodríguez, 2011).

Long-term homes can be defined as "a multi-partner health open device for personal development and care in which older people live temporarily or permanently with some degree of (physical, mental, functional or social) dependance" (Rodríguez-Rodríguez, 2011).

Murgieri (2014) takes this definition and describes each of its components. "Open space" means these institutions must be open and the admission must be with the senior's consent - we will develop this point further on. It should also be open for community activities, such as pre-professional practices, volunteering activities, dance or musical theater activities etc. When referring to "personal development" we understand a retirement home should be a place to live in and not a place of confinement.

Life necessarily implies projects, development and growth. Another point to consider is that these centers provide socio-sanitary attention articulating both dimensions simultaneously.

Finally, attention is "multi-professional" or better said interdisciplinary, which establishes comprehensive care guidelines needed by the elderly.

Then, the institutionalization of older adults is a valid alternative only when other alternatives have been considered. It is appropriate to mention the features that people in long-term care centers share since we are not only going to speak of their similarities but also about their distinguishing aspects and their uniqueness, which justifies a personalized attention.

Here we have to make a distinction between residents who live in public institutions from those living in private institutions. In the former ones Murgieri (2014) makes two distinct profiles describing public institution as places where the "excluded" and "frail" people are also taken care of.

Among the "excluded" group, we can include older people who have lost their relational networks; this may be due to other factors such as gambling, drug or alcohol addiction, crime or different personality disorders, which derived in family separation.

Unemployed people, precarious workers, homeless people who could not have access to housing, have lost it or have become separated from their family are also placed in these care homes.

Finally, people who had financial or social problems due to disability may also find a place in these centers.

Within the "frail" group are those with various chronic or disabling diseases that can no longer receive home care (amputees, diabetics or people suffering after effects of strokes, incontinence, dementia and other psychiatric disorders with complex mental and functional problems). This also includes older people with acute or chronic disease, who are blocking hospital beds without being able to be discharged from hospital.

Private institutions tend to be more homogeneous, as many residents live in them due to frailty. In public retirement homes there is greater heterogeneity; the age of the residents is lower and there is a predominance of men who are excluded from the system.

The mentioned heterogeneity is observed in areas such as clinical status, functionality, social origin, nationality, degree of mobility, cognitive and behavioral situation, communication skills, education, habits and sexual orientation, making the task of interdisciplinary teams complex, locating and relocating residents for better communal living.

With respect to public institutions, the question of whether excluded older people should be housed in these centers is still to be answered; however, we will not expand on this point, as it is not the aim of this chapter. We will only mention that in Argentina there are examples of some efforts that seek to differentiate the long-term care home functions in either case, providing dissimilar alternatives.

Returning to the definition of long-term care centers that we have adopted for this work, it leads us to a clear national as well as international trend which modifies the notion one has about these institutions, their goals and objectives. This implies an evolution in the models of accommodation, which is a clear alternative to the care centers of the institutional type.

This new model is gaining its place, sharing certain characteristics with conventional retirement homes such as support services, shared common recreational spaces, available round-the-clock professional care, the chance of living with people of the same generation, etc. It differs from them in the care model, characterized by customization, everyday activities with therapeutic function, family involvement (when possible) and flexibility (Rodríguez-Rodríguez, 2011).

In Argentina, this institutional model tendency can be seen in the change from the asylum model to the rights model. The traditional model or asylum is consistent with a social construction of aging as an object of care, therefore these institutions focus on the management of many human needs through a bureaucratic organization of indivisible human conglomerates.

In these institutions, the ones who define the use of time and environment will not be the residents. Instead, the living model of aging rights is the one that meets the needs of the residents, being the aim of the organization the individual's quality of life and not the organization in itself.

Obviously, in this model, regulations and requirements to ensure the safety of all social stakeholders in the organization will be considered, but the aim is to produce autonomous subjects (Paola, 2009).

The principles that typically define geriatric nursing - customization, integrity, empowerment and independence, participation, subjective well-being, privacy, social integration, continuity, among others - are usually stated and accepted. However, the fulfillment of these principles in the day-to-day service is often subject to numerous organizational standards, working conditions and care routines (Martínez Rodríguez, 2011).

Given the complexity of the institutions, the aim of this chapter is to systematize a series of positive interventions. The objective of these interventions is to promote the development of skills, abilities and resources in seniors staying in retirement homes.

The theoretical contributions that sustain this type of intervention come from the lifespan theory and the humanistic theory, as well as from research in the field of gerontology and from positive psychology studies.

Positive Interventions

The common goal of so-called positive interventions is to promote the full development of the rights established by the International Convention on the rights of older people (UN, 2002) and the UN Principles (General Assembly - United Nations, 1991). To do this, each intervention must be individualized, respecting the dignity of the person and tending to achieve greater subjective well-being.

Here we present some possible interventions; these were classified according to the different stages that older people may go through in a retirement home.

ADMISSION: Autonomy and participation

Goals

1) To promote integration and group dynamics of the institution while preserving seniors' autonomy.
2) To mitigate the shock that change may produce to the elderly and their adjustment to a new lifestyle.

Interventions

- Have the old person's consent[1] to enter the retirement home.

- Have a warm and personalized welcome.

- Have an interdisciplinary evaluation of the resident - medical, social, psychological, occupational therapy, nursing etc. - together with customized objective program.

- Provide full information about the institution, its members, activities, routines etc. Allow the old person to tour (alone or accompanied) the institution to get involved in the process.

- At the beginning, when possible the institution should get familiarized with the person by making a profile for future interventions in order to find continuity and harmony with his/her lifestyle and the most gratifying aspects of his/her daily life.

- Surround the individual with his/her personal belongings, especially of the most cherished possessions. Having access and control over them promotes a feeling of safety and emotional well-being in the person. This applies to different care contexts, but it is fundamental in the place where the senior citizen will live temporarily or permanently. Some objects are especially important to people; they become relevant, having an "emotional value", linked to memories, people and moments. Make sure the senior is able to take his/her possessions to the centers and services, facilitate his/her access and allow him/her to have control over them. Use them as mediators in the care relationship; they are an important resource that promotes the individual's well-being and facilitates interpersonal communication.

[1] When referring to consent, we may take into account that many people cannot be in cognitive position to give their consent. When this happens, the institution must implement the strategies needed to preserve the elderly. We suggest, in this case, asking the institution's lawyer for advice.

Visit or Stay: Integration and privacy

Goals

1) To promote participation in activities and decision-making during his/her stay in the care center.

2) To facilitate the use of private spaces as well as the shared ones.

Interventions

- Accompany the resident in his/her grief when leaving his/her home and environment and in the change of his/her routines and habits. Biological, psychological and social changes that come with aging should also be taken into account.

- Facilitate the communication among professionals to avoid contradictions or opposite professional intervention in different areas. Accordingly, interdisciplinary meetings at a long-term stay home become central as well as interventions aimed at improving communication with the resident, the institution and the professional team.

- Obtain a thorough resident's profile in order to tailor the appropriate activities for his/her personal development.

- Promote family integration and maintenance of social relationships; for this purpose integration interviews and family support can be planned.

- Think tanks, workshops and meetings are other activities that promote resident's participation as well as having an opportunity for socialization.

- Sexuality in the elderly is an aspect that requires preserving privacy in a home. This is usually an axis that tenses the elderly's autonomy, privacy and confidentiality; becoming a challenge to work on.

The discourse that repress sexuality practices are based on the deficit perspective of old age and a health risk view. Another perspective is sustained from the deviation and /or rupture of institutional rules as well as from a conception of perversion, which generates rejection. In this regard, a possible intervention is to hold meetings and or talks that tend to distort these prejudices, promote their demystification, strengthening the sexual adult identity. In short, this is exonerating the elderly, providing trust and intimacy and creating facilitating environments.

Home Discharge: Autonomy and support

This is the stage that ends the stay and the older person goes back home. His stay may have come after being discharged from hospital –maybe due to an acute episodic illness - and now the older person can go back home, can return to live with his/her family or move to another institution. Death can also occur.

Goals

1) To continue deciding -when possible- about how this change will take place.
2) To accompany and provide care in the final stage of life.

Interventions

- Inform the resident about the discharge plan and advise on the most convenient solution that particularly fits his/her overall health. Also, inform the family, the care home staff and all the people involved to behave accordingly.

- Be ready to listen to the other residents who would like to leave but are still staying.

- When someone dies, pay attention to residents, professional team and gerontological assistants who may have bonded with the dying resident and respect their mourning period.

- Accompany the resident in his/her final stage of the dying process, as well as the family members, if they are still alive.

- Facilitate communication between institutions, if the resident is discharged to another institution in order to anticipate possible adaptation difficulties. This feedback will be based on prior knowledge of the resident.

- Monitor the resident after being discharged.

- Deal with the "advance decision making;" provide information and assistance to the resident in decision planning processes, so in case of inability his/her representatives can do so more easily and respecting his/her values.

Conclusion

Positive interventions may seem small or isolated, according to each institutional culture but they become of relevant value when they make the other more visible. Their main objective is for the resident to find identity and the greatest possible autonomy beyond the institutionalization.

Let us not forget that institutions can produce subjectivity, which is why the attention and care provided is important. Institutions are contexts with a high level of subject determination. It seems appropriate to emphasize that this is only an introduction to the notion of positive interventions.

We have not specifically approached many variables that play around the portrayal of institutionalization, as could be the caring for the caregiver, rights and obligations, informed consent, new Mental Health law, dementia in the elderly, interdisciplinary or teamwork, among many others.

The interventions presented here may be framed within "significant or meaningful activities", since they have a special relevance in the individual's well-being and are cornerstone in the implementation of this model. Significant interests and values are related, first, to what each person cares or is interested in.

This, in turn, depends on personal story, habits and previous experiences, motivations built over time, but also on how professionals are able to make new proposals and generate new interests.

The proposed intervention and stimulating and therapeutic activities must be individualized avoiding uniform environments where all the elderly perform identical activities at the same time. This does not diminish the value of group activities, but it calls for a better design in the elderly's participation and interest.

In addition, positive interventions are supported in a new perspective called "vital or active aging" (Baltes, & Baltes, 1990; Fernández Ballesteros, 1986; Fries, 1989). Its aim is to show the diversity and the positive effects on the aging process, not only of extending the research on aging but also finding spaces where to generate new projects and a recognized sense of identity.

Thus, positive interventions become relevant for enabling a differential approach to the aging process, which transcends the deficit or losses.

In this regard, according to Arias (2009), the idea of incorporating the study of positive aspects is not to propose an ideal model of old age in which only these aspects are present - as we would fall in the mistake of assuming that the aging process is homogeneous - but to prioritize the gains instead of the losses. Therefore, it is essential to integrate to our study of old age, the relationship between gains and losses, enabling us to approach comprehensively the knowledge of this stage of life.

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