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## The specifics of nursing care for a geriatric patient

### Specyfika sprawowania opieku pielegniarskiej nad pacjentem geriatrycznym

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## **Streszczenie**

Jak wynika z prognozowanych danych w 2050 roku co piąty mieszkaniec Polski znajdzie się w populacji osób starszych. Zgodnie z definicją WHO osoba, która przekroczyła 60 rok życia kwalifikuje się do opieki geriatrycznej. Pacjent geriatryczny ze względu na wielochorobowość i odmienną przebiegu wielu problemów zdrowotnych jest specyficznym podmiotem opieki pielęgniarstwa. Wydłużenie średniej długości życia mieszkańców Polski jest faktem, który należy zaakceptować i podjąć wobec chorego działania o charakterze holistycznym i indywidualnym tak, aby zaspokajały jego liczne potrzeby bio-psycho-społeczne. Są one bowiem wyznacznikiem jakości świadczonych usług zdrowotnych. Do opieki nad seniorem powinien zostać włączony cały zespół profesjonalistów, którzy dokonają dogłębnej analizy i udzielą choremu wielokierunkowej pomocy. Niezbędna jest również pomoc rodziny zarówno w sytuacji, kiedy chory mieszka samotnie w domu, jak również gdy zostanie przyjęty do szpitala. Celem pracy jest ukazanie problemów pacjenta geriatrycznego przebywającego w szpitalu oraz istoty podejmowanych działań pielęgniarstwa w opiece nad nim. Gdyż mają one duży wpływ na stan zdrowia i jakość życia seniorów

**Słowa kluczowe:** pacjent geriatryczny, opieka pielęgniarstwa, problemy zdrowotne.

## **Abstract**

According to the forecast data in 2050, every fifth inhabitant of Poland will be in the elderly population. According to the WHO definition, a person who has over 60 years of age qualifies for geriatric care. A geriatric patient is a specific subject of nursing care due to the multitude and diversity of the course of many health problems. Extending the average life expectancy of the inhabitants of Poland is a fact that should be accepted and take holistic and individual actions towards the patient so that they meet his numerous bio-psycho-social needs. They are a determinant of the quality of health services provided. Senior care should be provided by professionals who will make an in-depth analysis and give the patient multidirectional help. It is also necessary help the family both in a situation where the patient lives alone at home, as well as when he is admitted to the hospital. The aim of the work is to show the problems of a geriatric patient staying in the hospital and the essence of nursing activities in caring for him. Because they have a big impact on the health and quality of life of seniors.

**Key words:** geriatric patient, nursing care, health problems

## **Admission**

Health problems of the elderly, treatment and nursing care which will be surrounded during their stay in the hospital are more and more current in the contemporary world. Old age is a stage of life that is characterized by growing adverse changes covering every sphere of human life. The aging process is influenced by genetic factors, environmental factors, eating habits, lifestyle, as well as coexisting diseases. All of them are interrelated and have an impact on the deterioration of the functions of geriatric patients' organs, which makes it difficult to maintain homeostasis. According to the data, in 2011, 6.11% of the world's population were older people, i.e. at the age of 60 and more, it is estimated that by 2050 every fifth inhabitant of the land will be in this group "[1]. This phenomenon is directly proportional to the scope of care and support for geriatric patients. A significant part of demographers believe that Poland will become one of the oldest countries of the European Union in a few decades, and demographic changes are taking place so quickly that reacting to any changes is extremely difficult. According to the CSO forecast in 2050, the age group of 60 years and above will constitute 40% of the Polish society. In the light of the above

data, in the coming years, the demand for care and rehabilitation services in the group of older people will grow at a significant pace. A person requiring 24-hour, professional care resulting from age, illness or disability, whose independent functioning in everyday life is difficult, has the right to be placed in a social care home or other institution offering institutional care in the health care system. In the medical care of the elderly, it is important to maintain their mental and physical fitness as long as possible and to avoid hospitalization through activities involving integrated outpatient care and home care. In fact, there is no unambiguous definition of a geriatric patient, because each person is different, but they share some common features, such as loss of fitness and resourcefulness, as well as loneliness and emotional disorders that occur in many patients. Referring to the definition of the World Health Organization (WHO), a geriatric patient is a person who has reached the age of 60 and is referred to geriatricians. In the majority of cases, it is ill in late old with the multi-marrow characteristic of this period and in which there is a risk of a sudden change in health or death [2]. The group of geriatric people is a specific group, requires in-depth analysis of problems and help and interdisciplinary care. A geriatric patient is one of the most frequent patients in departments with different specificity. You can have contact with him both in the department of internal diseases, and in the department of neurology, cardiology, nephrology, etc. The actions taken by the nurse are professional, comprehensive and aim to improve the quality of senior citizen's life. The special nature of geriatric patients is related to their differentiation, resulting from different aging process, long-term disease processes and diversity of taken medicines. Treatment of older people is difficult because they are characterized by a different symptomatology of many pathologies [3]. The Geriatric Section of the European Medical Society in the definition of a geriatric patient emphasizes that to provide care for this group of patients it is necessary to work with a team of professionals who will provide comprehensive diagnostics and assistance ranging from preventive activities to those in the field of palliative medicine. The development of medicine over the past dozen or so years has enabled us to take action on older people [4]. Greater interest and care for the future of seniors can also be noticed by the Polish government. On September 11, 2015, a new act on older people was adopted. This document obliges public administration bodies, as well as units and organizations designated by the authorities to monitor the situation of elderly people in Poland. It includes aspects of life such as: professional and family situations; access to culture, sport and recreation; health status as well as the availability and level of social services; as well as counteracting discrimination and exclusion from society based on age. Gathering and presenting information about the situation of older people for a larger group of recipients will allow a deeper look at a given issue and find common, optimal solutions. It also aims to systematize tasks in the field of senior policy, ensuring their durability, adequacy and comprehensiveness.

### **Objective of the work**

The aim of the work is to show the problems of a geriatric patient staying in the hospital and the essence of nursing activities in caring for him.

### **Nursing care for a senior in a hospital environment**

Nursing care is a kind of professional care "is related to the performance of care tasks in a tangible way, in accordance with applicable rules, procedures and standards, based on knowledge that a qualified tutor obtains as a result of systematic education and continuous improvement" [5]. It includes not only technical and manual procedures, but also includes interpersonal contacts and the educational role of the nurse. It should surround the patient with holistic protection, satisfying his numerous bio-psycho-social needs. Nursing care due to direct contact with the patient is the main measure of the level of health services. It is

important that the senior also decides on the actions to be taken, which include a treatment method and care care tailored to his current needs. He should become a partner who is responsible for the state of his health [6]. The involuntional changes occurring in the period of old age depend on genetic factors, environmental factors, diet and lifestyle. Currently, the most important problem is not the fact that the patient has reached the old age, but also to maintain mobility and activity at a satisfactory level. Early detection of factors that contribute to reducing self-reliance, through preventive programs, health promotion and rehabilitation measures is very important. Even when the aging process is going well, efficiency decreases over the years [7]. The aging process can not be stopped, it is irreversible. This is another stage of life that puts a number of problems and challenges on the path of the patient. The complete assessment of Geriatric is the method necessary to assess the patient. It allows to determine the patient's ability to self-care and self-care as well as the scope of the required medical intervention and assistance in satisfying the patient's needs. Obtaining information on the degree of welfare disorder enables taking an action plan including treatment, care and rehabilitation. COG allows to diagnose symptoms that are discreet or masked on a daily basis (ie cognitive impairment, falls, immobility), but to a large extent contribute to the development of great geriatric problems. It covers four areas: physical and mental health, functional fitness and social assessment. The interview conducted with the patient should be extended to include an examination of the eyes and hearing, basic neurological tests as well as an orthostatic test. Understanding the differences in old age and other needs has contributed to the creation of many tests that examine cross-sectional areas of life. "Standardization of tests allows for the introduction of a diagnostic canon, objective results, use in screening tests, comparability between patients, centers, monitoring the effects of undertaken actions, recording results and conducting analyzes, including economic ones" [8]. Nursing care of a geriatric patient begins as soon as the patient is admitted to the ward. In the case of the majority of the elderly, adaptation to stay in the hospital is associated with the release of a stress factor, and in particular for the elderly person, for whom every day spent in the hospital worsens the prospect of further independent functioning. The hospital, which is the place to recover, is often associated with these patients with dying. Empathic approach to the patient, the ability to perceive and understand the feelings he experiences, as well as the presence of the patient, the creation of aura of trust and openness are of great importance to him. The geriatric patient has less functional abilities and therefore requires more care and neuropsychological analysis. To reduce anxiety in a geriatric patient, familiarize him with the environment in which he will be staying for the next few days. Presentation of other patients lying in the same room will also ease the tension. The senior's concern about his health means that the patient asks many questions to the medical staff. Getting answers to the question that bothers him will improve his well-being and increase his sense of security. It is believed that "there is a causal relationship between psychological factors and some diseases" [7]. The patient's trust in the nurse is an important element in the treatment and nursing process, because during his stay in the hospital his life and health depends on the medical staff. He wants to be sure that he will be cared for by competent and trustworthy people [9]. The nurse, when providing information, must remember that it is first and foremost understandable for the patient and consistent with her competences and current knowledge, as well as that too much information can overwhelm the patient and make him anxious. Occurrence of a barrier in communication with a geriatric patient results from a weakening of the function of his sense organs. Senior's ability to concentrate is limited, he is unable to receive several stimuli at the same time. It requires clear and understandable messages [10]. Incorrect communication may contribute to numerous errors made by medical personnel, which may result in disruption of the treatment process. In addition to verbal communication, the touch is very important - an element of non-

verbal communication that gives a sense of presence and closeness [11]. Sometimes the mere presence of a nurse allows the patient to survive severe and painful moments. It also happens that a geriatric patient overwhelmed by the new situation becomes aggressive, and the difficult contact resulting from psychiatric disorders significantly impairs the work of the nurse. It is very difficult to stimulate trust in such a patient because his behavior may be related to neurodegenerative disease. Professional approach to the patient undoubtedly affects the fact that the treatment process is less burdensome for him, less severe and improves the quality of life. It is the determinant of competent and holistic nursing care [6]. The senior expects from the nurse proper medical knowledge, humane approach, diligence in the procedures she performs. The geriatric patient is susceptible to various pathogens present in the hospital and their health condition may change at any time. In this procedure, the observation skill that allows for individual and professional care plays a key role. During your stay in the hospital, you need many specialist consultations, complicated diagnostic tests, general health assessment or different procedures during anesthesia. It is important for the geriatric patient to be informed in advance about the planned procedures, which will allow to minimize the health concerns that arise in him [12].

### **The most important health problems of a geriatric patient**

Geriatric patients over 80 are struggling with so-called big geriatric problems. Big geriatric teams are characterized by causal relationship, which means that the occurrence of one disorder contributes significantly to the development of another problem. This state of affairs is associated with the need to devote more time and attention to such a sick person [13]. The bone mass and density decrease with age. Osteopenia and osteoporosis develop in geriatric patients, and changes in cartilage cells increase the risk of osteoarthritis. In addition, the range of motion in the joints is reduced. The low availability of vitamin D3 causes disturbances in the calcium economy. Loss of muscle mass causes loss of its strength, which affects the balance and instability of gait, and as a consequence increases the risk of falling geriatric patient. By falling we understand a sudden and unintentional change in the position of the body, as a result of which the patient is on the ground or low surface. In the senior may occur the poupadkowy syndrome, or fear of another fall, which may occur during movement. This problem leads to the limitation of the patient's activity, which will probably result in immobilization [14]. The multi-organism that occurs in geriatric patients is associated with the intake of a significant amount of medication each day. This may greatly affect the intensity of other geriatric problems, eg increase the risk of falling. A frequent mistake noticed in older people is the use, without consulting a doctor, of additional medicines that are available without a prescription - polypharmacy. This mainly applies to medicines that are widely advertised, and therefore seniors think that they are completely safe for them [15]. The reason for this is also the prescription of drugs with the same effect by various doctors. In geriatric patients there is a loss of weight and renal function changes, they have less ability to concentrate and dilute the urine and regulate its pH. It is also noticeable that the bladder capacity is reduced and the volume of urine remaining after micturition increases. The problem of urinary incontinence causes embarrassment and embarrassment of the patient, which in turn leads to a decrease in his activity. Urinary incontinence is largely associated with urinary tract infection, which can develop up to life-threatening sepsis. It can also cause redness and pain in the skin of the crotch, which causes great discomfort in the elderly.

The basis is to make the patient aware that incontinence is not a situation in which he must give up his current life, because there are measures that protect against unconscious urinating. It is important to rebuild the patient's self-esteem, he will certainly contribute to the development of his self-care ability [16]. With age, gradual decrease of chest mobility occurs. Decreased production of mucus and a weakened mechanism of cleaning the

airways will contribute to the development of infection. The gas exchange surface and vital capacity of the lungs decrease significantly. Changes in the respiratory system of the elderly contribute to the deterioration of their ventilation, which in turn increases the risk of pneumonia. Prolonged hospitalization and lack of exercise increases the risk of pneumonia in these patients. In the elderly group, there are characteristic symptoms, which include: rapidly progressing weakness, rapid deterioration of the general condition, disturbances in consciousness, as well as increasing the patient's breathing rate [17]. Early recognition by the nurse of disturbing symptoms will allow quick action of medical personnel. Problems with the digestive system of seniors begin already in its initial episode, i.e. the oral cavity. The lack of teeth and caries are not only an aesthetic problem, but also significantly impair the processes of grinding and chewing foods that are important in the further stages of digestion. Patients also complain of dry mouth, which is associated with reduced saliva production. With age, your skills lose their senses, which is associated with reduced appetite. Malnutrition, and therefore the lack of balance between the basic nutrients is a common problem in older people. A common phenomenon in geriatric patients is vitamin deficits, in particular, vitamins D 3 and B 12. The abnormal state of nourishment of patients is directly proportional to the amount of drugs taken [18]. Another serious threat to the geriatric patient's health is the risk of dehydration, a situation in which the body has too little water and nutrients to function properly. This may be due to the fact that with age, the mechanism of feeling thirst in the elderly is weakened, and therefore they accept an insufficient amount of fluids. In situations when they also include diseases such as diabetes, the use of diuretics or diarrhea, this condition may be a threat to the life of a senior. It should also be remembered that if a fever occurs for every degree above 37.0 C, an additional 500 ml of fluids are administered, and on hot days, when the sweating of the body increases, it is important to get older people. The prolongation of life expectancy is directly proportional to the increase in the intensity of neurological-psychiatric-geriatric disorders. The problem that should not be overlooked and downplayed is depression, which is more and more often afflicted by people over 65 years of age. Both biological factors (loss of memory, somatic problems, lack of physical activity and illness and pain related to it, as well as taking a significant amount of medicines), as well as psychosocial (loss of fitness, lack of help from loved ones, isolation and exclusion from the environment, and consequently loneliness). Geriatric patients very often struggle with loneliness - a social problem. These people are perceived by society as incomplete. This problem may be aggravated by the death of a spouse, as well as not very close relations with adult children who have lost interest in seniors. In addition, the need to stay and adapt to hospital conditions means that they feel isolated and alone [19]. Due to the difficult health situation of seniors, inclusion in family care is of great importance, and in the case of difficult contact for cooperation you can include neighbors and other people staying with the patient at home. Close persons should be educated and educated beforehand about how they should deal with senior citizens. Family help will make the senior feel uncomfortable in their problems. Old age can not be associated only with lying in bed. Despite many limitations resulting from age, there are possibilities for self-fulfillment of a senior in a specific scope. The medical staff should encourage the patient to physical activity, and the patient's family is to become the motivator for him to abolish the barriers he has created. The relatives also play an important role in adherence to the proper diet and proper drug administration by the patient after leaving the hospital. Because the patient himself, because of many limitations, can have difficulties with it.

## Summary

In summary, a geriatric patient is a specific unit, and in the care over him is necessary to involve all the medical staff of a given department, as well as specialists in other fields. A nurse is the one who spends most time with the sick. Her help is not only focused on the physical sphere of the patient, but also helps to solve the problems of a psychological and social nature. Sometimes he is the only person with whom the patient can talk about his fears and ask questions that bother him. In order to provide the patient with professional care, taking action must be aware of the limitations, dysfunctions and problems of the senior. The presence and active activity of close relatives is also of key importance, making it easier for the patient to survive difficult moments and to reach out for a helping hand after leaving the hospital. The number of people over 65 years old is constantly increasing, so you should be prepared to take care of these patients, because meeting a geriatric patient is inevitable without regard to the ward we are working on. Support for seniors requiring 24-hour care can be obtained in centers offering institutional care, which should not only be reduced to serving the patient and meeting his basic needs, but to give him a substitute for life and family warmth. Regardless of where care is exercised and by whom, a relationship develops in which one of the parties cares about the other.

Care for geriatric patients should be universal, available and improve the quality of life by comprehensively meeting the needs of patients. In order to make it necessary, it is necessary to open more and more geriatric departments as well as to acquire specialists in this field. It is worth supporting nurses who want to look after this specific group of patients. Organize courses, trainings that could deepen their knowledge and which would be financially supported. The inclusion of non-medical personnel in the therapeutic team, eg volunteers, therapists, caregivers who, after training, could independently make decisions could improve the quality of care offered. Spreading the phenomenon of telecare among seniors and their families would allow for faster action and, consequently, more effective care. Investments in cameras located in hospital rooms or in the rooms of residents of institutional care institutions, whose condition is severe and at risk of falling, or the likelihood of a sudden change in health, would allow to minimize the side effects of some unavoidable situations. The basis of all undertaken activities is to understand the essence of the problem of an aging society and the desire to do everything to improve the functioning of care, and thus improve the quality of life for seniors.

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