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NON-INSTITUTIONAL AND INSTITUTIONAL HEALTH CARE OF THE ELDERLY

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ABSTRACT
The role of the living environment is growing (age-friendly environment) in keeping the elderly in their homes. It is important to ensure wider availability of services in the community, to support the social inclusion of vulnerable groups, to ensure a higher level of social security for the elderly while improving access to sustainable and high quality social services, including support for the deinstitutionalization process. The institutional environment itself is such that it creates additional inconveniences that can follow a person staying in the institution for the rest of his/her life. In relation to institutional accommodation, non-institutional care for the elderly has many advantages by enabling the elderly to stay longer in their own home and to meet specific needs in the local environment. Non-institutional models of care for the elderly emphasize the importance of strengthening the individual's ability to take care of him/herself, strengthening the role of the family, all with strong support for the elderly and his/her family through a developed service system to provide many different types of help and support in the local community. Once a decision has been made to move from institutions to family and community support services, it is important to build legislative support to include all beneficiary groups in the community. Non-institutional health care by providing planned health care services significantly contributes to improving the quality of life of the elderly.

KEYWORDS: Elderly, institutional environment, non-institutional health care, quality of life.

INTRODUCTION
Aging is a process of physical, mental and psychological changes that occur during the life cycle, and in the last third of life they intensify significantly. Then begins the process of greater dependence on others, and often ends with the inability to meet one's own biological and social needs.[1]

For a comprehensive assessment of the health status of the elderly, it is crucial to take into account the overall situation of the elderly and their quality of life. It is necessary to assess the problems related to the health status of all domains, which in turn reflect the quality of life of the elderly.[2]

It is very important to early detect an elderly person who is in the social risk zone. The role of the living environment is growing (age-friendly environment) in keeping the elderly in their homes. All urban and rural environments can potentially be places to include and exclude the elderly from the social environment.[3]

According to the World Health Organization, families and communities are key places where care for the elderly can be established.[4]

Social changes such as: population aging, increasing employment of women, changes in the structure and role of the family, migration, shifting the age for retiring, and changed values regarding the responsibility of caring for the elderly lead to a greater deficit of care, and it is likely that more and more people will need long-term care.[5]

The percentage of the elderly who need home services varies in early, middle and old age and is twice as high in old age, 85 and older. This is because among the oldest is the largest percentage of those who need home health services due to the reduction of their functional capacity, and due to the higher frequency of loneliness.[6]

Therefore, care for the elderly requires greater government intervention, which is at odds with current pressures on public finances, and demands to reduce social costs.[5]

Caring for the health of the elderly requires a multidisciplinary approach of professionals, because the quality of their lives depends not only on the health system but also on social protection, education and science, pension and disability insurance, economy, the

work of various associations of pensioners, youth, religious and humanitarian organizations.[6]

It is important to ensure wider availability of services in the community, to support the social inclusion of vulnerable groups, to ensure a higher level of social security for the elderly while improving access to sustainable and high quality social services, including support for the deinstitutionalization process. The increase in the number of the elderly at social risk and the needs arising from their dependence on other people and the community in general, encourage the development of new direct and multidisciplinary non-institutional models of social services.[3]

Addiction in old age was recognized as a social risk for two decades ago, when more intensive consideration and implementation of reforms leading to the formalization of care started, i.e. public involvement in regulating, financing, organizing and providing care for the elderly started to grow.[5]

Non-institutional care for the elderly, in the form of "the Service for the care and assistance to the elderly" was initiated and designed by a social worker. He mobilized relevant physical and legal entities in the local community. The Service provided medical care, general care, home help and provided lunches to pensioners and other elderly people.[7]

Non-institutional services began to be advocated in the 1960s, and the first Social Welfare Act provided home help and care, and in the late 1970s, day care centres were established. Although non-institutional services were advocated as better and more humane for beneficiaries, and more economical for the society, their development was slow, which was attributed to financial difficulties, and the rare participation of pension and disability insurance in its financing. We recorded more intensive development of non-institutional services in the last decade of socialism, when their capacity grew from 2,200 to 8,127 beneficiaries.[5]

According to various available sources, until 2000, home help service was significantly present only in Belgrade and in several larger cities in Vojvodina. In other parts of Serbia, it practically did not even exist. Over the past few years, there has been a strong development of this service, primarily thanks to donor assistance and special reform mechanisms, such as the Social Innovation Fund.[8]

Institutional care for the elderly in UNECE member countries

The United Nations Economic Commission for Europe (UNECE) estimates that the Nordic European countries provide support to the largest share of “helpless elderly people”, based on the model of decentralized public care services in their own homes. Norway, Finland, Sweden and Switzerland have a percentage of institutional care beneficiaries between 5 and 7%. In all UNECE countries, for which data are available, the percentage of beneficiaries of long-term institutional care is much lower than the percentage of care in their own home.[9]

Institutional and non-institutional care for the elderly

The institutional environment itself is such that it creates additional inconveniences that can follow a person staying in the institution for the rest of his/her life. Lack of private life, autonomy and disrespect for a person's personal integrity can jeopardize his/her emotional and social development and worsen his/her psycho-physical condition. Expressions such as "social deprivation" and "learned helplessness" have just been coined to describe the psychological effects of being in an institution.[10]

In relation to institutional accommodation, non-institutional care for the elderly has many advantages by enabling the elderly to stay longer in their own home and to meet specific needs in the local environment.[3] Non-institutional models of care for the elderly emphasize the importance of strengthening the individual's ability to take care of him/herself, strengthening the role of the family, all with strong support for the elderly and his/her family through a developed service system to provide many different types of help and support in the local community. Non-institutional care programs for the elderly that rely on the active role of the family in supporting the elderly have the advantage of meeting the needs of the largest number of the elderly.[6]

Non-institutional care for the elderly refers to the provision of services such as home help in the beneficiary's home, long-term accommodation services in the family home, organized accommodation and a foster family. Home help is primarily provided by home help centres, but it can also be provided by community service centres, homes and other service providers (without establishing a home) and natural persons who independently provide home help services as a professional activity. Catering is a home help activity provided by homes, community service centres and service providers without establishing a home.[11]

The development of a strategy and action plan for deinstitutionalisation and community support services should be based on an analysis of the situation. Once a decision has been made to move from institutions to family and community support services, it is important to build legislative support to include all beneficiary groups in the community. The development of quality community services is a matter of respect for human rights and a good quality of life for all those who require care and/or support. Prevention is an integral part of the process of transition from institutional to community care. In the case of adults, prevention refers to a wide range of support services for individuals and their families, with the aim of preventing the need for institutionalization. With regard to the elderly, the emphasis should be on prevention of health problems,

loss of function and the restoration of independence. Prevention should be accompanied by both regular and specialized services.[9]

Improving the quality of life of the elderly in Bosnia and Herzegovina and the countries of the region

The position of the elderly in the society tells us that in the last few decades there have been important changes and processes such as the single life of the elderly. Over the past few years, various forms of non-institutional care have become increasingly important (intergenerational solidarity programs, foster care and gerontology centre).[3]

Centres for healthy aging have been opened in Sarajevo, Modriča and Bosanska Dubica with the support of the Federal Ministry of Health, where various activities aimed at healthy aging and preservation of mental health and physical activity take place. The potentials of the elderly are used in these centres and they are involved as coordinators of many sections. Also, intergenerational solidarity is created through centres for healthy aging, which is especially visible in the support of people who are socially disadvantaged or immobile. Good cooperation has been created between schools and the centres, which contributes to a better understanding of different generations, but also encourages the development of various skills in both young people and the elderly. There are 40 community mental health centres in the Federation of Bosnia and Herzegovina. A number of prevention programs are programs of promotion and prevention, and in areas where there are centres for healthy aging, a link has been created between these institutions, which especially contributes to the prevention and reduction of depression in the elderly. Regular physical activity takes place in the centres for healthy aging, so that the elderly are organized into groups and do gymnastics that is adapted to their age and health condition.[12]

Home help includes various services that provide help and facilitate life in old age, i.e. household help in terms of providing hygiene services for the space in which the beneficiary lives, laundry and ironing services, preparation or delivery of meals, food delivery, hairdressing and barbering services, various home repair services and other necessary services. The scope and type of home care services at home depends on the needs of service beneficiaries, the level of impairment of their health, family circumstances, as well as the level of development of social protection in the Sarajevo Canton.[13]

Although all policies emphasize that home care is preferable to institutional care, very few initiatives achieve the necessary increase in public spending in favour of integrated community care, greater coordination of health and social care, and further reduction of institutional care for the elderly. With the exception of Denmark, where the construction of homes for the elderly and infirm was banned by law in the late 1980s, all EU Member States spend a large part of their budgets, intended for long-term care, on institutional protection.[14]

Non-institutional models of care for the elderly in Croatia are completely underdeveloped, although in the Western countries they have long been known and recommended in Gerontological Theory, and have long been established in everyday care.[15]

Nursing care in the community

Home health care facilities, if viewed as centres of excellence, should provide their beneficiaries with continuous and integrated care either through the prevention of complications in chronic diseases, improving or preserving the quality of life through continued care after discharge from hospital, care in relapse of terminal conditions through palliative or hospice care. Community-based nursing care is beneficiary-cantered, and the beneficiary can be an individual and/or a family where he or she lives, works, or resides. The beneficiary can also be a community. All of them are assisted by a nurse in meeting basic human and life needs with the aim of improving health, preventing loss of health, preserving health and restoring impaired health. The nurse does this through many and varied roles applying a variety of professional skills.[6]

Research by other authors

Wiles and other authors examined how the elderly perceive aging in the place where they live, and found that the elderly perceived the concept as having a choice about their own life arrangements, good access to services and facilities, maintaining social connections and interaction with local residents, they feel safe at home and in the community, and have a sense of independence and autonomy. Relocation means losing social relationships, changing daily routines and lifestyles, leaving behind personal belongings that cannot be taken away due to small spaces in housing units and loss of independence. In his research, Živoder I. states that numerous services and programs are established in the community in order to enable the maintenance of the quality of life, leaving the possibility of remaining in one's own home and close community. Monitoring the availability, quality and prevalence of these services is becoming a priority in the society.[14]

In their work Van Leeuwen K.M. and other authors through the analysis of social care measures for the elderly in the context of home and community on the example of Great Britain show the model of development of occasional care of social services, as follows: providing services related to performing certain household chores, purchasing groceries and visiting friends and neighbours. The main goal is to keep the elderly person in the primary, family environment for as long as possible and thus contribute to the highest possible quality of life.[3]

Authors Jaswal and Singh believe that people placed in an institution are more exposed to psychosocial stressors than people living in their own household. The reason for the high social support of people outside the institution, the authors associated with marital status, continuing work after retirement and inclusion in various social clubs. A person's social support shows how the social environment or the support of significant others can have an impact on an individual's well-being. Subjective support can affect an individual's health and well-being.[14]

The research of the authors Satarić and Rašević, in which 826 people over the age of 70 participated in the research on non-institutional protection, shows that there is a large number of elderly people who need help to go to the doctor and purchase medicines, for household maintenance or bill payment (over 33%), or for food preparation or feeding (26%). Every seventh person over the age of 70 needs help to maintain personal hygiene (15%), and every tenth person needs help to move around the household (10%). In absolute numbers, it could be estimated that some kind of support in the form of home help is needed for approximately 280 thousand people over the age of 70, and that it is necessary for the daily functioning of about 78 thousand elderly people.[8]

CONCLUSION

Non-institutional health care by providing planned health care services significantly contributes to improving the quality of life of the elderly.

Non-institutional health care enables the preservation of physical and mental abilities, contributes to the preservation of social well-being and the sense of belonging of the service beneficiaries.

REFERENCES

1. Bouillet D. Mogućnosti izvaninstitucionalnih oblika skrbi o starijim osobama/Possibilities of non-institutional forms of care for the elderly. Rev. soc. polit., 2003; 10. 321-333.
2. Kumar PBA, Udyar SE, Arun D, Sai S. Quality of Life of Elderly People in Institutional and Non-Institutional Setting: A Cross-Sectional Comparative Study. Ntl J Community Med., 2016; 7(7): 546-550.
3. Župan A. Socijalna skrb u zajednici za starije osobe u socijalnom riziku – pregledni rad/ Community social care for the elderly at social risk - a review article. J. appl. health sci., 2019; 5: 97-103.
4. Sam Sangeeth G, Daniel Solomon M. Quality of Life among Elderly in Non-Institutional Care. IJSR., 2015; 4. 1462-1465.
5. Dobrotić I. Razvoj i poteškoće sustava skrbi za starije osobe u Republici Hrvatskoj/ Development and difficulties of the care system for the elderly in the Republic of Croatia. Druš. Istraž. Zagreb, 2016; 1: 21-42.
6. Horvat Stiplošek B. Kvaliteta života starijih osoba i korištenje usluga skrbi u zajednici/ Quality of life of the elderly and use of community care services. Varaždin. University North. 2017. Final Thesis.
7. Miletić M. Izvaninstitucionalna skrb za starije osobe u Dubrovniku. Zdravlje u Dubrovačko-neretvanskoj županiji/Non-institutional care for the elderly in Dubrovnik. Health in Dubrovnik-Neretva County, 2007; 3(10): 1-10.
8. Matković G. Dugotrajna njega starih u Srbiji – Stanje, politike i dileme/Long-term care of the elderly in Serbia - The situation, policies and dilemmas. ISSN., 2012; 1: 1-18.
9. Anonymous. Common European guidelines for the transition from institutional care to community life support services. Belgium., 2012.
10. Ćirić Milovanović D. Modeli deinstitucionalizacije i zaštite mentalnog zdravlja u zajednici/Models of deinstitutionalization and mental health care in the community. Podgorica. Akcija za ljudska prava/Human Rights Action (HRA), 2017.
11. Gorišek S. Primjena četiri stupnja gerijatrijske zdravstvene njege u domu za starije. Varaždin Sveučilište Sjever. 2017. Završni rad/Application of four levels of geriatric health care in a nursing home. Varaždin. University North. 2017. Final paper.
12. Anonymous. Inicijalni izvještaj Bosne i Hercegovine o primjeni Madridrskog akcionog plana za starenje/Initial Report of Bosnia and Herzegovina on the Implementation of the Madrid International Plan of Action on Ageing. Sarajevo, 2017; 4-26.
13. Vlada Kantona Sarajevo. Program rada Kantonalne javne ustanove „Gerontološki centar" Sarajevo za 2016. godinu/Government of the Sarajevo Canton. Work program of the Cantonal Public Institution "Gerontology Centre" Sarajevo for, 2016; 2015.
14. Živoder I. Percepcija kvaliteta života starijih osoba u institucionalnoj i izvaninstitucionalnoj skrbi u gradu Zagebu/Perception of the quality of life of the elderly in institutional and non-institutional care in the city of Zagreb. Maribor. Alma Mater Europaea - European Centre Maribor, 2019; Doctoral Thesis.