

## **An Evaluation of Challenges Faced by Geriatrics When They are on Institutionalized Institutions**

**Webster Chihambakwe**

Faculty of Applied Social Sciences, Department of Counselling, Zimbabwe Open University, Zimbabwe

**\*Corresponding Author:**

Webster Chihambakwe

Email: [chihambakwewebster71@gmail.com](mailto:chihambakwewebster71@gmail.com)

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**Abstract:** The study sought to evaluate the challenges faced by geriatrics when they are on institutionalised institutions. A representative sample of twenty (20) participants was used in the study. Qualitative research methodology was used. Case study design was also used as a guide to the methodology. Data was collected using the interview schedule guide and a questionnaire. The results showed that females had the highest rate of geriatrics that was institutionalized; and male geriatrics suffers more physically and emotionally. This was attributed to the cultural upbringing of such a geriatric. Recommendations made includes that families and relatives should also take time with their elderly relatives in order to cultivate moral support to geriatrics; government should set aside funds to cater for the elderly and built more institutions for geriatrics who might have been neglected by the families; and professional counselling services should be availed to geriatrics as a way reducing stress and traumatic experiences.

**Keywords:** geriatrics; counselling; institutionalized; family and stress.

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### **BACKGROUND TO THE STUDY**

Geriatrics have been in existence since time immemorial and their plight have been perceived in various ways by the communities where they reside. Governments in the world have taken certain measures to protect geriatrics from further stigmatization and discrimination within their communities. In light of such developments the Salvation Army Church in Zimbabwe took a position to build Bumhudzo old people's home in Chitungwiza. This was in recognition on the varied plight of geriatrics which they were experiencing. Zimbardo [1] postulated that the beginning of old age starts at the age of sixty five (65) years. When people get old health problems start to creep in. These problems might end up restricting an individual from mobility, vision, hearing problems, dementia, alzheimer, diabetes, heart problem, arthritis and many more other diseases. Close relatives might find it difficult to take care of the elderly for various reasons. According to Gutsa [2] colonialism and its legacy of migration, education, urbanization and industrialization brought into the force breakdown of the extended family which had all along had acted as social security mechanism for the elderly. This modernization did not favour the geriatrics. Gutsa [2] believed that unlike the yester-year's, geriatrics were of necessity as they acted as the conservators and transmitters of culture.

In our African society it used to be seen as a taboo to let your parents being put into institution while

the children and relatives are still able to take care of the elderly. Unlike in western culture the aged might be put into an institution because the children might not be able to cope during his or her presents, or the aged might be seen as a nuisance. People have been advised to take good care of their elderly relatives'. These high rates of institutionalized institution might be an indicator that society, community and the government no longer have the elderly people at heart despite education given by stakeholders and other nongovernmental Non Governmental Organizations, thus becoming a worrying phenomenon to researchers. Dr Lieberman [3] believed that the effects of institutionalization on the psychological well-being and physical integrity of aged adults has been a question of humanitarian interest since the late nineteenth century and scientific enquiry for thirty years.

Although the geriatrics might be institutionalized and taken care of, they still have their physical, psychological and emotional feelings that need to be addressed. This can only be achieved through counselling by observing the special circumstances in the living environment of the elderly, to be able to build a trusting counsellor client relationship and to be sensitive to their needs. Mberi and Makore-Rukuni [4] noted that in Zimbabwe the population of the aged is gradually increasing because of improved living standards although the HIV/AIDS pandemic has drastically reduced the life expectancy of the majority of the young people. Within the western

countries the plight of the geriatrics is being taken care off because of their social security schemes which cater for the elderly who are mainly at the age of sixty five and above and those with disability. Unlike in some countries in Africa the Older Persons Act has not yet been implemented and the number of old people who are destitute and living beyond the poverty datum line has been increased.

#### **STATEMENT OF THE PROBLEM**

What challenges do geriatrics face when they are placed in institutionalized institution?

#### **RESEARCH QUESTIONS**

How can challenges faced by geriatrics be overcome?

Does counselling work with geriatrics?

What are community perceptions towards geriatrics?

#### **LITERATURE REVIEW**

Andrea [14] proclaimed that geriatrics is the medical specialty which focuses on the care and treatment of the elderly, usually people who are sixty-five (65) years of age and above. He further said that a physician who practices geriatrics is sometimes called a geriatrician. Cox [5] alluded to the fact that geriatricians have trained as family practitioners or as internists initially. Geriatricians may work in a hospital, hospice, medical office, nursing home, or in a combination of several of these medical facilities. Mental Health Foundation [6] cements this argument by stating that geriatrics is the care of aged people, which differs from gerontology, which is the study of the aging process itself. Zuniga [7] also proclaimed that geriatrics is best described as the branch of medicine that focuses on health of elderly patients. Its focus is to prevent and treat disease and disability, as well as promote general health of older people. He further outlined that there is no specific age at which a patient is prescribed geriatric treatments, as this is generally determined by the patient's profile, and the symptoms that the patient suffers from, with some of the most common treatments being for immobility, incontinence and degradation of memory. Scholar, Himes [8] defined that geriatrics is a branch of medicine that focuses on health promotion and the prevention and treatment of disease and disability in later life. They alluded to the fact that, a geriatrician is a medical doctor who is specially trained to prevent and manage the unique multiple health concerns of older people. Andrea [14] substantiate this concept by saying older people may react to illness and disease differently than younger adults. In that respect geriatricians then treat older people, manage multiple disease symptoms and develop care plans that address the special health care needs of older adults.

Mental Health Foundation [6] explicitly outlined that not everyone over the age of sixty-five

(65) years needs to see a geriatrician, people over the age of 65 have different degrees of disability and illness. Cox [5] asserted to the fact that regardless of an older person's age, a geriatrician should be consulted when an older person's condition causes considerable impairment and frailty. Cox [5] also defined geriatrics as a branch of medicine which deals with the diseases and care of the aged. According to Goldstein [9] in western countries societies, the onset of old age is usually considered to coincide with the age of retirement that is 60 or 65 years of age. However Goldstein [9] alluded that in most developing countries, this socially constructed concept based on retirement age has little significance. Nyaguru [15] agreed that of more significance in these countries and Zimbabwe are the roles assigned to people in their life time, thus old age is regarded as that time of life when people, because of physical decline, can no longer carry out their family or work roles. Mafunga, Mutswanga, Gandari, Mafumbate and Rugonye [10] acknowledged that being geriatric is in the eye of the beholder, meaning that old age is an individual matter. They alluded that history supports this assertion as it acknowledges the artist Georgia O'Keeffe and Marianne Moore's who continued to be productive in their eighties.

#### **CAUSES OF GERIATRICS TO BE INSTITUTIONALIZED**

According to Nyaguru [15] life expectancy has increased and the proportion and the number of elderly people have also grown up. He went on to say that in the elderly Zimbabwe was estimated at 213 000, some 2.8% of the total African population, where as the white elderly were 24 500, or 13. 3% of the total European population and yet a sizable percentage of the population is institutionalized. Gutsa [11] postulated that in Zimbabwe old age social security has undergone transformation due to various factors, such as elders' lack of control of essential resources that were scarce and hence considered strategic, like land, live stock, and the skills they imparted to the young. Control of these resources enable the elders to lay claim to care from the young in society. Clack sighted by Gutsa [11] acknowledged that elders' lack of control of these assets has significantly transformed the power relations and hence threatened old-age social security. Gutsa [11] proclaimed that the extended family ties and the weakening of the family structure was ongoing due to the factors such as urbanization and the increase in geographical spread of relatives and children. These changes might affect the systems of traditional nuclear and extended families and it also undermines the process for the old age social security. Galloway [16] alluded that older women are murdered each year following accusations against them of witchcraft, a large number of old women are being driven from their homes and communities in fear of being accused of

witchcraft and end up living as destitute in urban areas. Myths about the physical appearance of witches, that they have red eyes also give rise to accusations of witchcraft.

Zimbardo [1] asserted that economic dependency can be generated by other kinds of dependency that appear in old age including physical and mental dependency. Physical dependency results from illness or injury which might require a nurse or housekeeper. Physical and mental dependency is dealt with in different ways depending on the resources available. If the income is sufficient the geriatric may continue to live independently in his or her own home. If the monetary funds are too low the old person might move in to stay with relatives or children. If the resources are unavailable because no children are willing to stay with the aged and ailing parent, or the old person did not bear any children then the only recourse available is institutionalization. Nyaguru [15] contended that the extended family and the community still constitute the primary source of care for the elderly, maintaining traditional responsibility for providing the elderly with necessary shelter, clothing, food and health care. Nyaguru [15] posits that trends such as urbanization, industrialization and modernization are progressively weakening those traditional support systems.

#### **COMMUNITY PERCEPTIONS ABOUT GERIATRICS/STEREOTYPING**

Aging is a complex process that can be described chronologically, physiologically, and functionally. Authorities use various systems to categorize the aging population. We all have a different view of what getting old means. Before we look at the attitudes of others, it is important to examine our own attitudes, values, and knowledge about aging. Our attitudes are the product of our knowledge and values. Our life experiences and our current age strongly influence our views about aging and old people. Cox [5] believed that if we view old age as a time of physical decay, mental confusion, and social boredom, we are likely to have very negative feeling toward aging. It is important to separate fact from myth when examining our attitudes about aging. It is hard for young people to imagine that they will ever be old. According to Gutsa [11] despite some cultural changes, becoming old retains many negative connotations and many people do not know enough about the realities of aging and because of ignorance they are afraid to get old. Gutsa went on proclaiming that this fear of aging and the refusal to accept the elderly into the mainstream of society is known as gerontophobia. Mupila [12] acknowledged that elder abuse is a growing problem in Zambia. Elder abuse is often directed especially at women, as a result of witchcraft allegations. These accusations are common in a number of our

communities in both urban and rural. Accusations have often been connected with unexplained local events, such as sudden death, crop failure or have been a response to a rapid social and economic change. A more recent feature however is that the huge number of deaths from HIV/AIDS has begun to be blamed on witchcraft. Galloway [16] alluded that older women are murdered each year following accusation against them of witchcraft, large numbers of old women are driven from their homes and communities in fear of being accused of witchcraft and end up living as destitute in urban areas. Myths about the physical appearance of witches, that they have red eyes also give rise to accusations of witchcraft. Where community violence is common, older people often become victims because of their greater vulnerability. Abuse can take a number of physical forms. Psychological abuse may occur in the form of threats, verbal harassment or isolation.

#### **THE ROLE OF COUNSELLING**

It was revealed by Srinivas [13] that nurses and caregivers must possess knowledge about common physical changes of aging systems and their implications for health. According to Nyaguru [15] psychological status of geriatrics may be affected by abuse or neglect by family members through poor hygiene, poor nutritional status, social isolation, lack of needed assistance with daily living, evidence of tampering with the aged finances, and failure to assist the older person to maintain his or her independence. Counsellors and caregivers can help to reduce problems of the elderly patients by communicating with them thereby gaining more in-depth information regarding their physical and emotional needs. Kovach [17] articulated that counsellors should provide emotional support, enhance personal control, and promote self-esteem when caring for the elderly. Counsellors, nurses and physicians must be mindful to involve older patients and their families in the planning of how care could be done to them. Patient involvement in planning is also likely to enhance compliance with the plan. The British Medical Journal also alluded to the fact that noncompliance should be suspected when a person doesn't show the expected amount of progress toward wellness, or gets worse instead of better, or develops repeated or unexpected complications. The British Medical Journal further states that cognitive impairment, inadequate knowledge, inadequate resources, lack of transportation, fear, anger, decreased self-esteem, substance abuse, and conflict of beliefs or values are the factors related to noncompliance. The main aim of counselling is to ease the mental sufferings of the patient as most of the old people have nobody to listen to them. Mental Health Foundation [6] acknowledged that another aspect is that elders get opportunity to meet regularly with each other when they come to the hospital and share their concerns. This

helps them psychologically to unleash the trauma of loneliness and tensions.

### RESEARCH DESIGN

For the purposes of this study, qualitative research methodology was used. Qualitative research was able to bring out data on challenges that might be faced by institutionalized geriatrics' experience, their feelings and emotions. The relevance of qualitative approach in this study is that it examines human behaviour in the social, cultural and political contexts in which they operate. In this study ethnographic was also employed. The case study design was the most appropriate design for the study since it gave an opportunity for certain aspects of the problem to be studied in depth within the limited time and location. These included geriatrics behaviour, attitude, beliefs and opinions about life experiences and expectations.

### RESEARCH INSTRUMENTS

- Questionnaire
- Interview

### RESULTS

- The highest chronological age of most geriatrics ranges from 76 to 85 years of age which shows that at this age it would be very difficult for a person to take care of himself or herself, they have to rely on other people financially, physically and socially.
- Females had the highest rate of geriatrics that was institutionalized.
- Male geriatrics suffers more physically and emotionally. This was attributed to the cultural upbringing of such a geriatric.

### CONCLUSION

This study evaluated on challenges faced by geriatrics who are on institutionalized institutions. Semi structured interview were used to collect data. Findings from the participants suggested that living in an institutionalized institution where there are no recreational facilities such as gym, swimming pool, tennis courts, enough medical facilities, physiotherapy and self belongingness was emotionally and physically draining. The findings of this research strongly support previous research and highlight on issues that were observed positively as being negatively observed. This study suggests that more training and education is needed for counsellors, government, community and other stake holders to be able to deal with the challenges being faced by institutionalized geriatrics.

### RECOMMENDATIONS

- Families and relatives should also take time with their elderly relatives in order to cultivate moral support to geriatrics.

- Government should set aside funds to cater for the elderly and built more institutions for geriatrics who might have been neglected by the families.
- Professional counselling services should be available to geriatrics as a way reducing stress and traumatic experiences.

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