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### **Risk Situations in Senior Age**

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#### **Abstract**

The authors deal with the topic of late age, a period of life in which biological, psychological and social consequences of aging can result in a risk situation, so called the crisis of living. Although the crisis affect human throughout life, in the late stage of age are more likely and tend to accumulate. For the growing number of elderly people in society is a life crisis situation often associated with the death of a life partner or partners, institutionalization, illness and limiting or lack of self-sufficiency. The paper focuses on life crises seniors, which is associated with (1) widowhood and (2) significant limitations of self-sufficiency of individuals due to illness.

It represents the project realized within specific university research students grant competition at the Faculty of Social Studies, entitled: “*Coping with the risk situations of old age*”. The paper contains information about the investigated issues that led to the formulation of the research project, the objectives and research questions. Within the proposed project the empirical research was carried out to understand the social situation of seniors facing life crisis and identify strategies to manage these crises.

#### **Key words**

age, seniors, crisis, widowhood, limitation or lack of self-sufficiency, empirical research

## Introduction

This presentation will describe a project of specific university research conducted at the Faculty of Social Studies of the University of Ostrava in Ostrava within a student grant competition, entitled: “*Ways of Coping with Risk Situations in Senior Age*”. This contribution specified the basic terms and a brief theoretical background, as well as information about the current situation in the Czech Republic. It shows the problems that led to the formulation of the research objectives and the selection of research strategy. The research focuses on seniors facing life crises of widowhood and limitation or loss of self-sufficiency. In fact, these are potentially the worst risk situation which seniors may face during their lives and the same time; these are social phenomena which authors of the paper deal with in their doctoral dissertations. At the end of the text describes the process of research and data collection that is currently in the analysis stage.

### The aim of the research

The objective of research is to understand the social situation of seniors facing a life crisis, i.e. to describe the situation of a life crisis from the perspective of seniors and to identify strategies by which they manage these crises. The notion of life situation is defined as an individual configuration of barriers and preconditions of social functioning of individuals or a specific group. (Musil, Navrátil, 2000) The term social functioning can be understood as an interaction taking place between the demands by the environment and the individuals concerned. (Bartlett, 1970 In Musil, Navrátil, 2000) Characteristics of social functioning consist in four dimensions: (a) the individual’s problem and their ability to cope with it, (b) demands and expectations by their milieu, (c) support by the environment, (d) interaction between the individual’s coping ability and the demands by their milieu. The final result of the mutual interactions is either a balance or an imbalance. (Bartlett, 1970 In Musil, Navrátil, 2000) The imbalance on the part of the individual is caused by lacking skills and on the part of the milieu by unreasonable demands on the individual or in case of insufficient support with respect to the expectations. (Musil, Navrátil, 2000)

The target group of seniors was selected with regard to demographic ageing of the population which makes the issue of old age and ageing increasingly topical. The main research question then is: (1) How do widowed seniors or ill seniors (seniors with limited self-sufficiency/self-insufficient) interpret widowhood/diseases/limitation or loss of self-sufficiency, their consequences, (2) what procedures or means (strategies,  *coping strategies*) do they use to cope with the consequences of these life crises, and (3) what place in the used strategies belongs to health and social services? The research procedures will depend on the intention to understand the experience of widowhood or illness (lack of or loss of self-sufficiency) and adaptation to these life crises.

### Excursion to the topic

In this part of the article we will focus on the theoretical bases of selected terms and summarize the findings that led to the formulation of research objectives, research strategy and research questions.

Age definition of old age is according to Langmeier and Krejčířová (2006) determined by the lower limit of 65 years. Vágnerová (2007) further states that during this period, an

individual's personality starts to change and some of their features are accentuated. The changes are mostly caused by worsened skills and declining tolerance to stress. With time, seniors withdraw increasingly into their private life and their need for social contacts outside their family decreases (Vágnerová, 2007). Old age is a period of life in which various consequences of ageing frequently intertwine with effects of life crises. Although crises may accompany humans throughout their lives (Špatenková, 2004), in the developmental stage of old age, they are more likely and have a tendency to accumulate. In old age, adaptive capacities and resistance to stress decline naturally – being one of the manifestations of biological ageing (Sýkorová, Chytil, 2004). Špatenková and Ivanová (2004) refer to a crisis as a loss while approaching a loss as a crisis at the same time. Brandtstädter, Bältez-Gotz classify with losses especially loss of self-sufficiency or autonomy, personal dignity, shortening the life time, significant is also the loss of life partners and loved ones (Brandtstädter, Bältez-Gotz in Sýkorová, 2007). In our case, we understand the life crisis as a risk situation which the senior cannot solve individually, but needs help to managing and adapting to new living conditions.

Seniors create a number of ways of coping with a crisis (Sýkorová, 2007), so-called coping strategies. The abilities or the possibilities of individuals to cope with a crisis situation depend on the type of crisis, the intensity of factors directly related to the crisis, on individual characteristics of the person who is experiencing the crisis occurrence, on their age, gender, and last but not least, on the social context of the occurrence (Špatenková, 2004, str. 34 – 65), that's mean on the degree of acceptance of the individual in crisis by social environment and the quantitative and qualitative characteristics of the help and support that it provides around (Cowles, 2003). If the senior is unable to deal with the crisis situation themselves or with the help of family, assistance of social work is applied. With respect to the trend of demographic ageing of the population, we assume that along with the increase in the number of old people in the society also the demand for a specific range of services and care which would adequately meet the needs of seniors facing the life crisis will increase. The life crisis include the death of life partner, retirement, serious illness and institutionalization (Špatenková, 2004). Based on Holmes - Rahe range of difficult life situations and subsequent resettlement, can be evaluated as the most stressful event in a person's life the death of life partner, - widowhood. On one of the leading places of "ranking" has also show an illness or an injury (Křivohlavý, 2001) associated with the lack of self-sufficiency and loss of self-sufficiency (disadaptability). Due to demographic aging of population, we expect number of seniors facing life crises will increase. Hand in hand with this will intensify the need for specific services and care (Jarošová, 2006, pp. 34-35) medical, nursing and social services should serve to satisfy a wide range of needs of seniors, especially for the prevention and mitigation of health and social risks due to widowhood and the reduction or loss of self-sufficiency (Jarošová, 2006, pp. 34-35).

#### *Crisis situation: the loss of a life partner*

The loss of life partner or widowhood is one of the mentioned crises of senior age. It is a natural load in senior age. According to Vymětal (2003), many widowed seniors die within two years after the death of their spouse or partner, due to social isolation, loss of meaning of life and failure to ensure basic needs. (Vágnerová, 2003) The main cause of the problem in the set group of bereaved people is the fact that the bereaved person gets from their original social role of a spouse to the role of a widow or a widower. The loss of partner due to death represents a permanent and definitive loss. (Špatenková, 2005) For this reason, the process of

adapting to the given change is difficult and often lengthy. The adaptation is primarily influenced by the quality of the remaining primary social relationships and the individual's ability to establish and develop new relationships. (Špatenková, 2004)

Circumstances of the partner loss affect the impact of the whole situation on the widow or widower. The basic loss determinants affecting the bereaved people can be divided into three groups: environmental factors, situational factors and individual factors.

*Situational factors* are the circumstances accompanying the death itself. Therefore, they concern what happened, to what extent the partner was prepared for the death of the other partner, how upsetting the death was for them, and of what influence other concurrent events were. (Relfová, in Payneová, 2007)

*Individual factors* result from life experiences, history and personality of the bereaved person. These factors include *the age* of the deceased, their *gender identity*, *the intensity of the relationship to the deceased*, *previous health situation* and *personality traits*. (Relfová, in Payneová, 2007)

The loss of partner has also an impact on the individual's bio-psycho-socio-spiritual component. In the social area, the loss affects several aspects of the bereaved person. Family whose basic unit is the husband and wife fulfils several functions and thus satisfies all the basic needs of the family members. These functions include the economic one to which belongs satisfying the needs of material and existential nature, such as food, housing, clothing, household equipment, costs of running the household and leisure activities. (Reichel, 2008) Upon the death of one partner, a significant upheaval on all of these levels of economic security may occur. Apart from being a source of security and safety, spouse is a source of sense of belonging and sharing, too. (Pichaud, 1998)

The period of loss and mourning is initiated at a clear point, which is the death of a loved one. However, can speak of conscious experiencing of the loss and subsequent grief at the moment when the bereaved person learns about the death of the loved one. Precisely in this period of loss and mourning, bereaved people need assistance so that they could restructure their life and create a new identity independent of the deceased. (Špatenková, 2008) The period after the death of a loved one can be divided into two phases, the first so-called initial phase is referred to as impact or shock, the second phase consists in adjustment. (Parkes, 2007) The initial phase of shock lasts from the time of death until the moment before the initial paralysis by the present change passes, i.e. from several hours to several weeks. It is characterized by a high degree of inability to believe and denial. (Shuchter, Zisook In Stroebe, 1999) At this stage, bereaved people accept help from strangers who they have not met with difficulties. The second phase of the period of loss is called adaptation, and is linked to the previous stage, continuing throughout the whole first year and possibly even further, depending on the context of the loss. At this stage, social support by others is most often needed. (Parkes, 2007) The second year after the loss is by many bereaved people called a year of loneliness. Life should return to the normal state, but only the second year shows to the bereaved person how loneliness and emptiness after the loss of a loved one can be burdensome. (Deits, 2004)

Turning away of the society from traditional sources of social support leads to situations that bereaved people remain with their problems alone and the only thing they can do is turn to professionals, from whom they often require assistance which they did not receive from their natural milieu. (Kubíčková, 2001) However, the form of professional help does not necessarily need to replace informal sources of help, but it may also try to motivate and support them to develop their own initiative of effort to help. (Baštecká, 2005)

The basic element of social help to bereaved people is consultancy and supporting their own abilities to cope with the problems associated with the death of a loved one. Social workers should help to solve social and economic problems of the bereaved person caused by the death and help towards independence and self-sufficiency in their next life. The main interest in the social area of the bereaved person is improvement of the quality of their life in the psychosocial context. (Matoušek, 2003)

*Crisis situation: loss of self-sufficiency*

The need to pay attention to seniors who are facing a crisis situation related to limitation or loss of self-sufficiency is considerable. Worsening of health situation and loss of self-sufficiency or autonomy belong to the greatest threats in old age (Kalvach in Sýkorová, 2003). In the case of impaired ability to manage self-care activities most commonly due to disability, chronic illness, trauma or acute disease we begin to use the notion of self-insufficiency. Although self-insufficiency can occur in people of all ages, most often it is exactly in people of senior age (Špatenková, 2003). According to the latest forecasts, it is estimated that up to a quarter of people aged over 65 require a certain form of assistance, from family to institutional one (Český statistický úřad, 2010). Social network plays an important role in crisis management. If a person cannot find assistance mechanisms in their environment, it is time for help by a social worker. Social workers help seniors cope with the current crisis situation, with adapting to new and changed conditions and with planning health and social care and services (Hrozenková et al., 2008).

One of the first places where seniors face a crisis of reduction or loss of self-sufficiency is a hospital in which they end up due to an illness or injury. Hospital is a symbol of help as well as a symbol of fear. In addition to losing their health, seniors also face there stress, anxiety and fear of future changes and impacts on their social life (Špatenková, 2003). Factors such as the health situation and level of self-sufficiency significantly determine the way of life in old age and the degree of integration of seniors into the society, therefore, help to seniors in such situations is unconditional.

The need for social work with the elderly occurs in emergency situations caused by social or health factors. However, not every senior who finds themselves in hospital due to acutely worsened health situation is a client of social work at the same time. Social workers focus primarily on vulnerable groups of seniors: those living alone, socially and geographically isolated, long-term and repeatedly hospitalized, with a significant decrease in functional abilities and self-sufficiency, etc. (Cowles, 2003; Janečková in Matoušek, 2005). Work with seniors requires differentiated approach. It is necessary to show them understanding, politeness, respect, empathy and esteem. The most important element is a comprehensive view of the senior – ensuring a holistic approach which apart from somatic aspects of the health situation also emphasizes the mental and social aspect. Thus, a senior is regarded as a bio-psycho-social and spiritual being (Havrdová, 2010). Providing a holistic view of the elderly is one of the tasks of social work in health care. Doing this social work in a hospital environment contributes to the humanization of healthcare so that services within the basic provision as well as professional medical services are performed with regard to autonomy, meaningfulness and dignity of patients. Social workers know how the environment of a health facility and subsequent impacts of hospitalization can determine the clients, their experience and behaviour, and also how to help eliminate these negative effects and resocialization of seniors (Přehnal, 2001). Even then, when the patient's condition has been medically stabilized and acute medicine cannot contribute more to improvement of health at that stage, it is

necessary to ensure sufficient required health and social care for the patient, suitable environment and adequate social support so that they could cope with the convalescence process and return to their natural environment or to another institution. The process of discharge of the senior from hospitalization becomes essential and social worker should be involved (Cowles, 2003). Cooperation of the medical team with a social worker in planning of discharge decreases the patient's feeling of insecurity and stress levels by helping them understand what will follow. In the future, we can expect that for work with seniors with limited self-sufficiency, social work in health care will be indispensable. Yet the question remains, what procedures or means seniors facing limitation or loss of self-sufficiency use to cope with the consequences of these life crises, and what (if any) place in the used strategies belongs to social workers in hospitals.

### **Design of the research**

The field of research - ways of coping with risk situations in old age, for the purpose of the project was developed in two themes: life crisis (I) widowhood and (II) a substantial reduction of self-sufficiency of individuals due to illness. As mentioned in the introduction, we were interested in interpretation of crisis and ways how seniors cope with the situation if and possibly how the health, social and care services they use and how important these services are.

The research is framed by interpretive sociology paradigm in the centre of which stands modes of perception, interpretation of the "state of affairs" of individuals - actors (Petrušek, Miltová, Vodáková, 2000). With regard to the set objective, a qualitative research strategy has been chosen. Qualitative research leads to a deeper insight into the social reality under study and to achieving a high degree of validity (Hendl, 2005; Miovský, 2006; Disman, 2007).

#### *Theme I.*

This partial research aims to understand how seniors cope with the life crisis – widowhood. To enter into the social reality of widowed seniors, was used the method of biographical research, which can be regarded as a particular version of case study (Hendl, 2005). The target of the biographical method in research is to capture the experience of an individual. Within the stated research we will focus on three research areas: *the individual's internal perspective, the individual's interactions in the social context and the individual's experience in the changed life role*. The individual's internal perspective would consist in recording seniors' interpretation of themselves in the process of adapting to widowhood. The individual's interaction in the social context concentrates from the perspective of my research on interpreting the seniors' interactions with their surroundings since the moment of being widowed, focusing on changes and differences in the interactions perceived by them in relation to the time before losing their life partner, and the third area means focusing on the experience of widowed seniors with the transformation from the role of a husband/wife into the role of a widower/widow.

Within biographic research, we used the technique of narrative interview.

#### *Theme II.*

The research survey in the field of lost self-sufficiency aims to understand the experience of limited self-sufficiency/self-insufficiency and adaptation of seniors to this life crisis. In this research was used the method of case study, which can be defined as a strategy emphasizing detailed studying of one or a few cases in order to gain a better understanding of other similar

cases and to capture their complexity (Hendl, 2005). The research sample consists of seniors who were hospitalized in the geriatric ward of a hospital with resulting limitation or loss of self-sufficiency and who were willing to participate in this survey. Data were obtained using an unstructured interview, during which the communication partners were encouraged to narrate completely freely (Hendl, 2005, Miovský, 2005). The interviews were supplemented with unstructured observation and an analysis of file documentation and other texts.

#### The course of the research

The survey was carried out in the above two issues separately, so even in this part of the paper we will describe each course individually.

#### *Theme I.*

The course of the research in the field of losing life partner (life crisis – widowhood) can be divided into four stages. In the first stage it is essential to set the research objective and then to determine the life stage of an individual representing the research subject. In this partial research, the life stage is a period from being widowed up to the present (still in the process of adaptation), but it may also cover the period before being widowed, such as the period of marriage if the communication partners mention this period themselves, there may be clarification for experiencing the life stage under study. The second stage is gathering specific materials, such as narration, thus this stage can be referred to as data gathering, i.e. interviews with communication partners, ongoing analyses and concurrently continuing interviews. This second stage is the phase in which we presently are. It should be followed by the third stage: researching by topics, which means that based on an analysis, searching for topics, constructs, concepts of the way of coping with widowhood in the individual stories should be carried out. Then there should be the fourth and final stage which should focus on researching meanings within the stories, to find out how these topics are important in the narrative by the communication partner.

It is also necessary to mention the criteria for selecting the communication partners, which are the following: a senior of a minimum age of 65, living in their home environment, in a period after the death of their husband or wife of not more than five years – which is the period corresponding to the length of adaptation to loss of life partner. Communication partners meeting these criteria are searched for through health or social organizations working with dying or bereaved people (e.g. a hospice). Further, the method of wrapping up, the so-called snowball, is applied, which means searching for communication partners also using informal networks of researchers – e.g. an acquaintance of their acquaintances, etc. In addition to these “hard” criteria, also the question of ability and willingness of the communication partner to tell their story concerning the experience of losing a loved one is important.

#### *Theme II.*

The research survey in the field of lost self-sufficiency was carried out in the months of July and August of this year in a hospital in the Moravian-Silesian Region which has a geriatric ward and where daily presence of researcher within a professional practical course was possible. The first days were devoted to observing the ward functioning and studying of texts, whether medical, nursing or social documentation, operating rules, history of the hospital, including the characteristics of the ward concerned, job description of the individual members of the geriatric team, etc. Upon consultation with the doctor and the social worker, patients who due to an illness or injury partially or completely lost their self-sufficiency were

designated. Out of these, three seniors who agreed to participate in the research were randomly chosen. These were women aged 78, 86 and 87, in all cases they were widows with more or less non-functional families. The patients concerned were admitted with previously relatively self-sufficient state and as a result of an injury, they had to cope with reduced self-sufficiency and the need for ensuring follow-up care after discharge from the hospital. Within the case study communication partners were also the attending physician, chief nurse and social worker, with whom we conducted interviews both on general issues of hospitalized seniors and the specifically selected cases. Individual interviews lasted between 25-82 minutes. Unfortunately, we did not manage to get any interview from family members. Into the data analysis we will include not only the file documentation and transcripts of the interviews but also records of observation and other findings which we gained during the survey.

### Conclusion

The paper was intended to inform the research plan of specific university research at University of Ostrava and inform about research – “dealing with risk situations widowhood and loss of self-sufficiency in old age”. In the empirical research, the authors of the text are currently in the stage of analyzing the research data. Final interpretations and outcomes of analyses of the qualitative study will be available to persons interested in the coming year as we are going to defend our project in January 2014. We hope that the results of the survey will provide a comprehensive insight into the issue of crisis situations in senior age. We also believe that the current work on the project will contribute to enhancing the prestige of the social work profession and that foundations for further research activity in this area will be laid.

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