

## INSTITUTIONALIZATION AND THE SOCIAL ASSISTANT'S INTERVENTION TO SUPPORT THE ELDERLY

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**Abstract:** *Social care for institutionalized aged people refers to the services and support provided by social care professionals in care centres and homes for the elderly. The main aim of social care in this context is to improve the quality of life and well-being of the elderly by providing appropriate care and support. The quantitative research was carried out in the residential centre "Bocsa Home for the Elderly" with the aim of analysing the quality of social services in the centre, as well as the social worker activity and the interaction with the institutionalized elderly. The purpose of the qualitative research was to underline the social workers' opinions regarding the quality of social services offered at the Bocsa Home for the Elderly, according to their needs, as well as the collaborative activity of the social worker in relation to the elderly. The social worker's role in nursing homes is essential in ensuring the well-being and quality of life of their residents. A well-designed individualized plan can ensure adequate care and support, while also respecting the individual preferences of the institutionalized elderly and promoting a higher quality of life at this stage of life.*

**Keywords:** elderly, social worker, institutionalization, quality of services, multidisciplinary team.

### 1. Introduction

Becoming old is as a natural and inevitable biological transformation, where each individual has a rhythm of aging (Sorescu, 2010: 327).

Old age refers to "the final period of life, which begins with the age of 60-65 years, after the adult period, the period of old age is obviously characterized by the gradual decrease of physiological functions, with its particularities and characteristics" (Bodi, 2017: 41).

Age and aging are discussed by specialists from different points of view. The dimension we think of most often is chronological age, defined as the number of years since birth. A second dimension is biological aging, which refers to the physical changes that "slow people down" as they enter middle and older years. A third dimension, psychological aging, refers to the psychological changes, including those involving mental functioning and personality, that occur as people age. Gerontologists point out that chronological age is not always the same as biological or psychological age. Some people who are 65 years old, for example, may look and act much younger than others who are 50 years old (Rowe and Kahn, 1998: 88-89).

According to a definition provided by the World Bank, the social protection system is the one responsible for capital improvement and protection measures, the one that intervenes in the labour market and in the case of public unemployment or old age insurance. The International Labor Office refers to the public measures that society must take in Favor of its members, so that they are protected against economic, social or medical problems (Enache, 2019: 9).

### 2. Theories of aging

There are several theories that address aging and the aging process of the human body and mind. Here are some of the most popular theories:

*a. The theory of disengagement* takes into consideration the withdrawal of the person from the field of work and the focus on one's person (Potâng and Popescu, 2022: 115).

According to this theory, society withdraws some social roles from the elderly, a fact due to the decrease in their functionality, giving the elderly more time to enjoy life.

*b. The continuity theory* shows that the adult's progress is a continuous process, without interruption, not very well understood. It is shown that the elderly have a habit of engaging in similar activities to those realized before retirement. The solution to being able to stay within society is to stay active by practicing a hobby (Bodi, 2017: 77-79).

*c. The transpersonal theory* according to which the human personality in social care covers, in addition to the biological, the cognitive, moral, social and the spiritual dimensions. It focuses on the human soul, on the spirit; its ultimate target being the relation between the personality and the total self. People are a build of a mixture of important elements: emotional, physical and spiritual that bring a state of balance and understanding to the human being (Măța, 2018: 57).

*d. The activity theory* is based on the premise that older people must remain active and engaged in social and productive activities to maintain their satisfaction and well-being. According to this theory, engaging in physical, intellectual and social activities can contribute to healthy aging and a high quality of life. Some of the authors claim that a lot of factors can influence the relationships of dynamism and lifestyle: socioeconomic status, personality traits, etc. (Bodi, 2017: .74-75).

*e. The Biological Aging Theory* focuses on the biological and genetic processes that underlie aging. Biological aging occurs with aging and is due to the changes that occur at the level of all organs (Stanciu, 2016: 508).

*f. The role theory*, when it comes to the elderly, transposes this age as a subject or theme of adaptation to role changes (Curaj, 2010: 283).

*g. The Cognitive Reserve Theory* suggests that the individual can develop and accumulate cognitive reserves throughout life, which can provide protection against cognitive decline associated with aging. Cognitive reserves can be built by engaging in intellectual activities, continuing education, cognitive stimulation and maintaining a healthy lifestyle.

*h. The theory of social change* has very important contributions in the social status and in the expectations of others towards the roles of the person analysed. The social and economic status lead to the exclusion of the elderly population, where economic infrastructure and social class, through limited access to matter, make the difference (Curaj, 2010: 284-285).

### **3. The causes and effects of institutionalization**

There are several causes that can lead to the institutionalization of elderly people. These include (Măța, 2018: 73):

- The loss of health and the inability to live independently: health problems, such as chronic diseases, physical or cognitive disabilities, can make an elderly person no longer able to care for themselves or live independently.

- The lack of family or social support: sometimes elderly people may face the absence of family or social support networks. Lack of emotional, financial or physical support may result in the need to be institutionalized to receive adequate care and assistance.

- The lack of financial resources: The high costs of home care services or care in a community can exceed the financial resources of an elderly person. In such cases, institutionalization may become a more financially affordable option.

- The lack of adequate care services in the community: Some communities may have a limited offer of home care or support services for the elderly. The lack of these services may cause the elderly to turn to institutions where they can receive adequate care and assistance.

Institutionalization of the elderly can have various effects on them. Some of the most common effects include (Bucur and Bucur, 2011: 1047):

- The impact on the emotional and psychological state: institutionalization can have a significant impact on the emotional and psychological state of the elderly. Separation from the

familiar environment and usual routine can cause feelings of sadness, loneliness, anxiety and depression. Adapting to a new environment and interacting with other residents can also be challenging.

- Declining health: institutionalization can be associated with a deterioration in the general health of the elderly.

- Loss of autonomy and independence: institutionalization can lead to a loss of autonomy and independence. Elderly people may be subject to strict rules and a predetermined routine within the institution. The ability to make decisions about their own lives may be limited or diminished.

- Changing social relationships: Institutionalization can affect the social relationships of the elderly. Separation from family and close friends can lead to isolation and lack of emotional support. At the same time, interaction with other residents and facility staff can provide opportunities for socializing and creating new social bonds.

- Quality of medical and social care: Nursing facilities can vary in the quality of medical and social care provided. The quality of services and the attitude of staff can influence the well-being and satisfaction of older people. Access to appropriate medical services and specific treatments can also be an important factor.

- Increased risk of abuse and neglect: In some cases, institutionalized elderly people may be exposed to the risk of abuse and neglect. Lack of proper supervision or physical, emotional or financial abuse can have a negative impact on their health and well-being.

Due to these causes and effects, creating an individualized plan for an institutionalized elderly person is essential. This is an important tool for ensuring personalized care and assistance tailored to the resident's individual needs and preferences. This plan should be developed in collaboration with the older person and take into account the initial assessment of needs and resources available in the facility.

#### **4. Quantitative research**

The investigation consisted in carrying out a quantitative research at the residential centre "*Bocsa Home for the Elderly*". To further analyse this theme, an opinion survey was applied to the elderly, which is a specific form of sociological survey.

*The purpose* of this research was to find out the opinion of the beneficiaries of "*Bocsa Home for the Elderly*" about the quality of social services offered within the permanent centre, as well as the activity of the social worker and the interaction with the institutionalized elderly.

##### *Objectives:*

- the care provided by "*Bocsa Home for the Elderly*" ensures the continuation of life in a decent manner;

- the duties and activities of the social worker are consistent.

##### *The starting assumptions were:*

- If the services quality standards are respected, then the elderly will integrate more easily to the conditions in the home;

- If the social workers carry out their activity according to their duties, then the elderly will be satisfied.

The questionnaire was applied to a number of 50 beneficiaries, aged between 64 and 87 years, from the "*Bocsa Home for the Elderly*", it includes a number of eleven closed questions.

Following the application of the questionnaires and the quantification of the data gathered, one can observe the validation of the hypotheses as follows:

- 91% of the elderly declared that they had received informative materials presenting the residential institution;

- the home services provided by nurses are appreciated by 55% of the beneficiaries;

- over 65% of the beneficiaries were accompanied by their family at the time of institutionalization;
- regarding the living conditions in the dormitory, the majority of the elderly (90%) are satisfied;
- the beneficiaries of the centre are satisfied with the hygiene and food conditions in the dormitory (52% are very satisfied and 46% are satisfied);
- according to the quality of the services offered by the Bocsă Home for the Elderly, 52% of the beneficiaries are very satisfied and 42% of them are satisfied with the quality of the services offered in the home.
- the elderly know the assessment of individual needs which is carried out by the multidisciplinary team in proportion to 94%;
- when analysing the identification of the activity to adapt to the home, a percentage of 92% of those questioned believe that the social worker has identified the individual needs during the adaptation period;
- the social worker encourages the beneficiaries to live an active life (88%), activities in which the elderly from the residential home take part;
- all the social workers support the beneficiaries in their relationships with the family (94%);
- the elderly are satisfied with the activity of the social worker, as well as with the interaction the social worker (60% very satisfied, 36% satisfied).

## 5. Qualitative research

Qualitative research is a research that is based on the appropriation of social facts. It supervises the processing of data that is used in achievements rich in content. (Chelcea, 2022: 55)

The purpose of the qualitative research was to identify the social workers' opinion regarding the quality of the social services offered at the Bocsă Home for the Elderly, when discussing the needs of the elderly as well as the collaborative activity of the social worker in relation to the elderly.

### *Objectives of qualitative research:*

Objective 1: The offer of the home for the elderly and their relatives;

Objective 2: Quality of social services offered at “Bocsă Home for the Elderly”;

Objective 3: Socialization and active life of the elderly.

The interview guide was applied to two social workers from the “Bocsă Home for the Elderly”. The interview guide was applied through the interviewing technique and its structure was based on three thematic units and ten supporting questions.

**Thematic unit 1:** The offer of the home for the elderly and after institutionalization, maintaining the connection with the family.

Support questions: *Does the centre have information materials for the elderly and their relatives?* (question no. 1)

Social worker (SW) 1: *We present to the elderly, as well as to their relatives, the offer of this home, the service contract and the contribution of the beneficiary.*

SW2: *Yes. At the level of social services, there must be informative material about and for the elderly, and this consists of information on the activity and services offered, the organization and operation of the centre, the purpose, function and admission to the re and last but not least, the obligations and rights of the beneficiaries .*

Support questions: *Does the home support beneficiaries in maintaining contact with family?* (question no. 4)

SW1: *Our support in maintaining the relationship between them and their families, where appropriate is represented by immediately carrying out an assessment of the existing*

*relationships and making available a visiting program within the home, public phone in the unit where they can call their close people without restrictions.*

*SW2: Family members and friends can visit the beneficiary during the time interval set by the centre.*

**Thematic unit 2:** The role of the social worker in increasing the quality of social services offered at the Bocsa Home for the Elderly

Supporting questions: *How is care for beneficiaries done? (question no. 2)*

*SW1: When we talk about the care offered to the beneficiaries, I can say that in our home it is done with great professionalism. Care takes place on three broad levels: social, socio-medical and nursing. The medical ones include primary medical care, recovery and rehabilitation, body care services, hygiene, feeding, mobilization, movement, dressing and undressing, etc. and social activities are cultural, sports, artistic, recreational, socializing and many leisure activities.*

*SW2: Each of the beneficiaries is assisted and cared for in the centre based on an assessment of individual needs.*

Support questions: *“What are the biggest problems of the elderly in the home?” (question no. 6)*

*SW1: Lack of affection, various pathologies, feeling of uselessness.*

*SW2: The problems of the elderly are diverse, but the biggest ones are of a medical nature, loneliness is also present, we are talking about the feeling of “abandonment” by the family and relatives, the lack of living at home, that is, the environment they were used to being a part of and he from the problems of the elderly in the institution.*

Support questions: *“What is your involvement in improving the quality of social services?” (question no. 7)*

*SW1: The home involvement in increasing the quality of the social services provided is according to the needs of the beneficiaries, according to the individualized care plan.*

*SW2: It is a major involvement, according to the individualized care plan.*

Support questions: *“What do the elderly in the centre mean to you?” (question no. 8)*

*SW1: The elderly are a source of wisdom, love and maturity.*

*SW2: We love them, we respect them and we want to help them in the last period of their lives.*

Support questions: *“How important is the intervention plan drawn up by the social worker, together with the multidisciplinary team?” (question no. 9)*

*SW1: The intervention plan is developed based on the evaluation/re-evaluation of the beneficiary's needs, the data contained in the documents issued by the structures specialized in complex evaluation, in the medical evaluations and recommendations, in the documents issued by other specialized structures, carried out by the social worker together with the multidisciplinary team in a mandatory manner.*

*SW2: The total evaluation of the elderly is carried out by the multidisciplinary team and the beneficiary admitted to the centre is evaluated from the point of view of physical and mental functional status, health status and degree of preserved autonomy, family and social relationships. The re-evaluation is carried out annually, as well as when necessary, when there are significant changes in the physical and/or mental health of the beneficiary.*

Support questions: *“Does the centre provide services to each beneficiary according to an individualized assistance and care plan?” (question no. 10)*

*SW1: The residential centre provides services to each beneficiary according to an individualized assistance and care plan, an intervention plan that is developed based on the needs of the beneficiary, the data contained in the documents issued by the structures specialized in complex assessment, in the medical assessments and recommendations and includes information such as : name and age of the beneficiary; the name and profession of the people who developed the plan; the name of the case manager; the activities carried out or the services provided to cover personal care needs, maintaining and/or improving health and physical and*

*mental autonomy, functional recovery needs, social integration/reintegration needs; scheduling activities and services: daily, weekly or monthly; plan review deadlines.*

*SW2: The intervention plan that is developed based on the evaluation/re-evaluation of the beneficiary's needs and represents the monitoring of the beneficiary's situation and the application of the individualized assistance and the care plan is carried out by a case manager, who in our centre is the social worker.*

**Thematic unit 3:** *“The importance of socialization and maintaining an active life among the elderly”*

Support questions: “Are there socializing activities in the centre?” (question no. 3)

*SW1: Social activities are our high point. Some of these are: interactive games, sports, household, trips, birthdays of each senior, reading hours, watching movies and documentaries, receiving visitors, etc.*

*SW2: Yes, there are socializing activities, we celebrate seniors' birthdays, March 8<sup>th</sup>, religious holidays, etc.*

Support questions: “Does the centre encourage the active life of the beneficiaries?” (question no. 5)

*SW1: The centre develops a monthly program of activities to promote active living.*

*SW2: We have different programs of activities for all categories of beneficiaries, projects with direct involvement in the community, participation in a healthy lifestyle (sports, gardening, volunteering) and we encourage an active aging of the beneficiaries.*

### **Conclusions of the interview guide**

An elderly person adapts more easily to the conditions of a residential home if the quality of services reaches high standards. Involvement in increasing the quality of services is done according to the needs of each person, according to the individualized support and care plan.

From the dialogue with the two social workers, one can say that the social workers contribute to informing the elderly with explanations and informative materials that include: a brief description of the centre and the services offered, other services and facilities offered, the manner in which the contract can be concluded and, as the case may be, the method of calculating the beneficiary's contribution.

The elderly were satisfied, the social worker performed activities according to the duties. The active life of the elderly is encouraged by social workers, with participation in a healthy lifestyle and a monthly program of activities. Family members can visit the beneficiaries after a well-established schedule by the centre, with the beneficiaries having a public phone where they can call their relatives.

We can state that the care offered to beneficiaries is done with great professionalism, it is executed in three directions and the care is done based on an assessment of individual needs.

Family members can visit the beneficiaries after a well-established schedule by the centre, with the beneficiaries having a public phone where they can call their relatives.

Some of the problems identified in the elderly are uselessness, lack of affection, lack of living at home, abandonment, etc.

Involvement in increasing the quality of services is done according to the needs of each person, according to the individualized assistance and care plan, which is carried out by a case manager, in this case the social worker.

The intervention plan is developed based on the evaluation/re-evaluation of the beneficiary's needs, the data contained in the documents issued by the structures specialized in complex evaluation, in the medical evaluations and recommendations, in the documents issued by other specialized structures, carried out by the social worker together with the multidisciplinary team and which is mandatory.

Various socializing activities, interactive games, birthdays and religious holidays are celebrated in the centre.

The active life of the elderly is encouraged by social workers, with participation in a healthy lifestyle and a monthly program of activities.

For social workers, the elderly, the beneficiaries of the institution, represent sources of wisdom, love, respect and help them in their last period of life.

## 6. General conclusions of the paper

The situation of institutionalized elderly people in Romania can be influenced by several factors, including the financial resources available for social assistance, the quality of the services offered and the infrastructure of the institutions. These care facilities for the elderly are mainly intended for elderly people who need constant assistance and care, either due to health problems or due to the absence of a family support network.

Nursing home social care management involves planning, organizing, coordinating and monitoring the activities and resources needed to provide adequate care and support to institutionalized older people. It involves managing both administrative and operational aspects as well as aspects related to the care and well-being of residents.

The multidisciplinary team in the context of nursing home social care services is made up of different people with complementary expertise and skills who work together to ensure appropriate care and support for residents. Each member of the team has specific role and responsibilities, contributing to the overall goals of care and well-being of older people.

The role of the social worker is to assess the residents' social and emotional needs, provide support and counselling, coordinate social assistance services and facilitate the integration of residents into the community. Its activities include initial and ongoing assessment of residents' needs, development and implementation of individual care plans, support in solving social problems and organization of recreational and social activities.

The quality of services in care facilities must be an important concern. A person-centred approach to elderly care is important, focusing on their individual needs and preferences and actively involving them in the decision-making process. Ensuring adequate living conditions, well-trained and sufficient staff, and adequate social and medical assistance is essential. Strict supervision and regulation of care facilities is necessary to ensure that quality standards are met.

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