

FACT OR FICTION: THE "FOUR-UNS" OF GERIATRICS†

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SUMMARY

An edited version of a paper presented to the SASP whilst the author was Guest Lecturer at the University of Stellenbosch, this article presents a positive viewpoint about physiotherapy services for elderly people. There is a great deal of challenge, and potential reward, in geriatric physiotherapy, but therapists must be appropriately educated, creative and enthusiastic. A rapidly increasing elderly population, which will include physiotherapists, demands a more active contribution from physiotherapists if unnecessary dependency is to be prevented or ameliorated.

Geriatrics is not a sought-after work role for physiotherapists. Indeed, many who choose it have motivations other than a burning ambition to improve the lot of elderly people. For example, part-time hours are a common stimulus. That many of these therapists provide dedicated and enthusiastic service cannot be questioned. However, there is probably little doubt that, given an alternative, geriatrics would not be the work of choice for the majority.

There are a number of reasons for this current, apparent, lack of attractiveness. Generally, the role is not considered or, if thought about, is rejected because of the 'Four-Uns'—Uninteresting, Unexciting, Unchallenging and Unrewarding.

In a survey of forty-one senior physiotherapy students at the University of Stellenbosch the following was one of the questions asked:

"Do you wish to work with old people? Why, Why Not?" Twenty-eight or sixty-eight percent of the students replied in the affirmative with such comments as:

- They often appreciate the efforts.
- It is very rewarding.
- They are thankful for every small deed.
- It is interesting.
- I may be able to make their lives worth living.
- They have experience from which I can benefit.
- They don't take everything for granted.

Thirteen or thirty two percent of the students did not wish to work with elderly people. Seven of these indicated that they preferred to work with younger people — a choice which cannot be argued or condemned. The remaining six students gave the following reasons for not wishing to work with elderly patients:

- I don't think I am able to be patient enough with them.
- I don't like it, they are too fragile.

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OPSOMMING

As 'n geredigeerde weergawe van 'n referaat voorgedra aan die SAFV terwyl Ere-lektise te Universiteit Stellenbosch, stel hierdie artikel 'n positiewe siening van fisioterapeutiese dienste vir bejaardes. Daar is 'n groot uitdaging, en potensieële beloning, in geriatrisse fisioterapie, maar terapeute moet toepaslik opgevoed, vindingryk en entoesiasies wees. 'n Vinnig toenemende bejaarde bevolking, wat fisioterapeute sal insluit, verg 'n meer aktiewe bydrae van fisioterapeute indien onnodige afhanklikheid voorkom of verbeter sal word.

- With older people you must have more patience and give a lot of encouragement. I'm afraid I just don't have the patience.
- It's not easy to communicate with them.
- Most of the time you can't set high goals for them, you must just get them active and functional again.
- Their pathology is too extensive and their prognosis for full recovery is not very good. I like to see results and do not like long-term work.

These six students are a source of particular concern. Certainly, they only represent fifteen percent of the total students surveyed. However, their reasons reflect an attitude which cannot be based on any depth of work experience. Their negative approach has, perhaps, been learned from other negative people.

While these six students have been quite definite in rejecting the idea of working with elderly people, it is doubtful if many of the sixty-eight percent more positive students will opt to work in geriatrics. Senior physiotherapists will discourage them, anyway, by counselling the dangers of specialization for a young graduate. This is a perplexing attitude because geriatrics is not a speciality. It is really the only general practice area of physiotherapy left. The patients' ages range over forty or more years, so it can hardly be called age specialist. The conditions treated range through the entire adult spectrum with, perhaps, the exception of obstetrics, but certainly not sexuality. So, on the basis of diagnosis it is difficult to justify the label, specialist. The treatment techniques required by the physiotherapist who works with elderly people derive from just about everything the student has been taught so it is not technique specialist. Just how it has come to be designated a specialist service is difficult to determine.

Most young physiotherapists will opt for acute hospital work because it is more interesting, exciting, challenging and rewarding. Strangely, the majority of their patients will probably be elderly but that is not seen as a major problem because it is acute care, not geriatrics. Sadly, though, the fragmented acute hospital service system leaves the young physiotherapist feeling inadequate in dealing with the problems of elderly people. Quickly, caring for elderly people becomes uninteresting, unexciting, unchallenging and unrewarding.

Still, that is the fault of the old people. We blame them for their apparent lack of potential. We never blame the

education programme which spent hundreds of hours teaching students techniques but not even minutes teaching them about ageing itself. We never blame the inadequate acute hospital system which is more concerned with diagnosis and crisis intervention than it is with people and their problems. We never blame ourselves and the uninspired professional leadership in geriatrics we provide. We blame the old person who lacks potential.

Unless physiotherapists, indeed members of all health care disciplines, begin to come to terms with the appropriate care of disabled elderly people, society will become overwhelmed by the magnitude of the consequent dependency. By the turn of the century South Africa will have a population which is currently estimated to become fifty million, of whom ten percent or five million will be over sixty-five years of age. It must be realized that this represents a doubling of the old age population in the next eighteen years. (Remember, physiotherapists who graduated prior to 1960 will be part of this old age population!).

If present disability trends continue, we may anticipate that some twenty percent of the elderly people will have problems which hamper independence, that is one million people. Of these, some five percent may become dependent to a degree that full-time nursing care is required — two hundred and fifty thousand people.

For those who tend to see old age in itself as a problem, it should be stressed that some eighty percent of elderly people will remain relatively fit, well and independent throughout their lives. If social attitudes remain positive, the majority of elderly people will not need significantly more from society than in their earlier adult years. A positive social attitude is, however, essential. Physiotherapists, with their expertise in movement and mobility, have an important role in developing this attitude, but only if they are prepared to participate appropriately.

One of the myths which is prevalent in society, and in physiotherapy, is the notion that frailty, leading to senility, is an inevitable consequence of ageing. An understanding of normal physiological ageing is essential if this myth is to be dispelled. Many of the body's systems require activity — stress and exercise — to maintain maximal function. Unnecessary rest is more an enemy than a friend to elderly people. Encouraging the individual to maintain, or develop, a life-style which promotes the retention of movement skills, is a very valuable contribution which physiotherapists may make, especially in the pre-retirement years. It ought to be remembered that rarely is it too late to introduce an elderly person to a beneficial, progressive activity or exercise programme. Physiotherapists need to realize, however, that activity can be as effective as formal exercise. Work, sport and recreation may prove to be more acceptable than exercises.

Another myth which is commonly held, is that elderly people cannot learn new skills. Thus, many physiotherapists view geriatric rehabilitation as an unrewarding activity. Normal physiological ageing does, indeed, place difficulties in the way of learning. However, herein lies the challenge of geriatrics. The physiotherapist needs to be able to assess the situation competently to discover exactly what hampers the learning process and then attempt to modify the situation. For example, if learning to walk after a fractured femur is complicated by a poor short-term memory, slowed speed of response to stimuli and deafness, the re-education techniques must be adapted to facilitate compliance with instruction. Abandonment of the elderly person usually signifies lack of knowledge and skill on the part of the therapist, not necessarily lack of potential in the patient.

Geriatrics can be interesting and rewarding if

physiotherapists are prepared to consider the total person. A medical diagnosis does not present enough information to plan appropriate physiotherapy intervention. An assessment built around tests and measurements of joint range and muscle strength is, usually, quite inadequate. A brief case history may serve to illustrate this point.

Patient 78 year old lady, normally lives alone, only daughter lives 1 000 km away.

Diagnosis Fractured neck of femur, Moore's prosthesis.

Initial assessment Patient refuses to co-operate, is confused and weepy. Sitting and standing balance poor.

Progress Does not make any effort to work.

Discharge recommendations Wheelchair dependent, to go to an old age home.

If the physiotherapist had pursued the initial assessment fully she may have found:

- Depression resulting from fear of the future, the presence of a urinary catheter and urine bag; the detached maternalism of the staff.
- Confusion resulting from a slowed speed of response to stimuli; from high tonal deafness; from unfamiliar surroundings and from the anaesthetic; all compounded by depression.
- Postural hypotension causing the balance problems, originating in the anaesthetic, prolonged bed rest and inappropriate drug therapy.
- Diminished proprioception, especially kinaesthesia in feet, which is a common normal physiological ageing phenomenon.
- Muscle weakness resulting from bed rest.
- Fear of pain.

All of these problems can be managed by the physiotherapist directly or by referral to others. A competent geriatric physiotherapist will discover and deal with these problems and then, possibly, successfully institute a walking re-education programme.

It is essential for the future of physiotherapy as a profession that physiotherapists become more active and more effective in the care of elderly people. Most societies are being confronted with a rapidly growing elderly population. Governments are beginning to view the future with serious concern as more and more financial resources are diverted into the care of dependent elderly people.

The period of unrestrained growth in acute hospitals is coming to an end, if it is not over already, because of the population explosion and the realization that expensive hospital care cannot be the first priority in the health budget. "Fiscal restraint" is a common phrase in hospital management today. Hospital-based physiotherapy services will not escape the budget restrictions. Competent physiotherapy can make a definitive contribution to the control of dependency in old age. It will, however, be an essential service only if there is a concerted attempt to respond actively to the challenge.

There can be little doubt that effective physiotherapy in the care of disabled elderly people, especially the prevention of much unnecessary dependency, will require the physiotherapist to move out of the hospital and into the community. Many senior physiotherapists do, in fact, realize this and have motivated for home or community care positions. It must be recognized, however, that it is most unlikely that there will be approval granted to the creation of many new positions, because there is not the money to pay for them, even if the personnel were available. Thus, heads of departments need to consider ways of re-allocating current staff resources. This is not easy because we "believe" that what is being done at present is too important to relinquish.

South African physiotherapy, like physiotherapy in most countries, is being confronted with a great challenge. The response of the profession, now, will determine its future. The education programmes have a significant responsibility for developing curriculums which will produce graduates who are able to respond to the challenges.

Perhaps we need a little less physics and a little more

economics, political science and communication skills to name but three areas in which we tend to display inadequacies. Undergraduate education programmes, however, depend greatly on the hospital models to set the pattern. Without positive responses here to the challenges inherent in an increasing dependent population, little will happen.