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RETIRED ELDERLY IN A CARE INSTITUTION – THE PROCESS OF ADAPTATION TO LIFE IN A SOCIAL CARE HOME

Retirement is a new stage in every person's life. It is undoubtedly a transitional period of change and new challenges. It should be noted that it will take different forms, depending on where the elderly go to spend their retirement. Will it be their own apartment, a relative's house, or a social care home? This article addresses the problems of spending one's old age in a retirement home. The main subject is the process of adaptation of the elderly to life in an institution and the factors influencing it.

Keywords: retirement, elderly, old age, care institution, adaptation

INTRODUCTION

Retirement is a new stage in every person's life. Some await it eagerly, while others cannot accept the passage of time and have trouble adapting to their new reality. Nevertheless, it seems that for everyone this is a difficult time, full of new challenges and needs arising from the new situation. Research conducted by Jerzy Halicki reveals that there are two attitudes towards retirement. The first is a feeling of change and breakthrough and the necessity to adapt to a new situation. Other respondents did not notice significant changes (Halicki 2010: 93). However, one should remember that the lives of relatively fit and healthy pensioners who live in their own homes are very different from the lives of those who decided to or were forced to live in a nursing home. The aim of this work is to illuminate the process of adaptation of pensioners to living in an institution and analyse the factors surrounding it.

Retirement is a rite of passage, which should be identified with more free time, doing things one did not have time to do before, happiness, peace, grandchildren, and a well-earned rest after years of hard work. It seems however, that these elements are associated mostly with the elderly who spend their retirement in their own homes. One wonders to what extent the elderly who, under the pressure of circumstances, decide (independently or not) to move to a retirement home are able to enjoy their retirement. Many elderly are very attached to

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their environment, including their own home. Therefore, discussing the problem of living in a retirement home seems justified. One of the reasons is to show what new problems the elderly experience at a time when they should be focussing on their health, family and peace.

So how do people perceive an elderly person's stay in an institution? What are the first things which come to mind when we think of an elderly person who has come to live there? Jan Gielas points out that it is not seen as the perfect way to live out one's old age. "The young do not want this, the elderly do not plan for this" (Gielas 2006: 14). This statement seems to reflect society's attitude towards nursing homes. It is very likely that this sentiment is shared by many adult Poles reflecting on their future. Some of them may face these conditions in old age.

METHODOLOGY

In 2011 and 2012 research was conducted in three nursing homes in Podlasie. The research was conducted in institutions for the chronically ill. The following criteria were considered: location (urban, suburban, rural), age (only institutions for the elderly were included) and number of residents (because of the residents' health problems and the necessity to obtain their consent to participate in the interview, only larger institutions were considered). These considerations led to the selection of three institutions that met all the criteria: a social aid home in Jałówka (a rural area), a social aid home in Uhowo (in the vicinity of a city) and the social aid home in Białystok on Świerkowa St. (urban area). The aim of the research was to diagnose the problem of violence in institutions. One of the aspects of the research was analysis of the reasons why the pensioners were living in institutions and how they adapted to their conditions. The method used was a multiple case study in the form of interviews, based on two complementary scripts.

The research was conducted on a group of 90 people¹: 60 of the interviewees were pensioners (20 from each institution) and 30 were employees (10 in each institution)². The respondents (pensioners) were people aged 60 or older and purposive sampling was used – the interviewees had no mental disorders, had been living in the nursing home for at least a year, and agreed to be interviewed. One of the reasons for choosing these criteria was that pensioners who had been living in the institution for some time had already been through the difficult period of adaptation and could talk about it without unnecessary emotionality.

¹ In this publication the focus is on an analysis of the statements made by the residents. Therefore, it is worth noting that the research also included 10 employees from each institution: director, social worker, priest, nurse(s), carer(s). As for the other employees (to fill out the required number of 10 interviewees), researchers relied on earlier participants to indicate other staff members who would be willing and able to share their knowledge and experience, not only concerning violence in institutions, but also the process of adaptation of elderly residents to living in an institution. Therefore, apart from these people interviews were also conducted with nurses and carers, as well as physical therapists and a psychologist.

² Quotations from interviews are annotated as follows:

- resident: ([interview no.]; [gender: [M:][ale]/[F:][emale], [age], [locomotion: walks, [uses a] walker, in a wheelchair, bedridden], [source of income: retirement pension, disability pension, social benefit], [years spent in the nursing home]),
- employee: ([interview no.]; [gender: [M:][ale]/[F:][emale], [age], [years spent working in the nursing home]).

REASONS FOR LIVING IN AN INSTITUTION

Rarely does one plan to live in a nursing facility. The course of life, the passage of time and numerous other factors motivate, or sometimes force, one to make this decision.

The decision to move to a nursing home is motivated by many different factors. The key question is what institution directed the resident to the nursing home. It is worth noting that old age in an institution is seen differently by an ex-convict, a homeless person, someone who moved there from their family home, or someone who was placed there against their will.

The interviewees gave many different reasons, as shown in Table 1.

Table 1. Reasons for living in a nursing home, divided by gender

Reasons	Gender		Overall
	Women	Men	
Poor health, living alone	9	15	24
Poor health, living with family	3	2	5
Family problems (including domestic violence)	3	5	8
Homelessness	1	12	13
Spouse's illness	2	1	3
Poor housing conditions	2	–	2
Comfort	1	–	1
Conflicts with neighbours	1	–	1
Alcoholism	–	1	1
Loneliness	1	1	2
Overall			60

The most frequent reason for moving to a retirement home was poor health, which was indicated by 17 men and 12 women, both living alone and with families. However, one should note that it was more frequently the deciding factor for people living alone. Only in five cases were health issues indicated by elderly living with families. It would be interesting to know how independent their decisions were. Perhaps it was decided for them by others? This question will be addressed in a latter part of this article.

The second most frequently given reason motive was homelessness (14 respondents). That this applied mostly to men warrants mentioning. Another important reason for living in an institution was family problems, including domestic violence (eight respondents). This motive was more frequently indicated by men. Other reasons were illness of a spouse and loneliness.

Before all these motives are described in detail, it is worth relating, for comparison, results obtained in other nursing homes by other researchers.

Research conducted by Małgorzata Halicka and Joanna Wojtecka in a nursing home in Mońki indicates that the main reasons for moving to a nursing facility were housing problems

and deteriorating health. Other motives were living alone and mistreatment by the family. Women more frequently mentioned living alone and difficulties in receiving proper care at home, while men more often pointed to poor housing conditions and deteriorating health (Halicka and Wojtecka 2004: 281–283).

According to the results obtained by Anna Leszczyńska-Rejchert the main reasons why elderly live in a nursing home are health problems, death of family members, loneliness, and conflicts in the family. She also mentions such motives as housing problems, dependence, helplessness, lack of support from the family, wanting to ease the burden on the family, wanting to leave the house to a family member, alcoholism in the family, financial problems, feeling useless at home, and disrespect from the family (Leszczyńska-Rejchert 2008: 159).

Finally, research done by Marzena Binczycka-Anholcer found that the most common reasons for being admitted into a nursing home were lack of support from the family (73%) and illness (60%). In most cases the decision was made by the elderly person (79.6%) and in 20.4% of cases by the family (Binczycka-Anholcer 1998: 294–295).

Results obtained from the research described here is partly consistent with these results. The most common reasons for moving into a nursing home were health problems and housing conditions (homelessness). It seems that, at least for some respondents, this was not an easy decision to make. Their complex biographies are of significance here.

The motives of the elderly with severe health problems who live alone are fairly obvious, yet some of them do have families. So the question arises: why could the families not take care of them? Łukasz Krzyżowski points out in his 2007 research on familial obligations (Poland in Comparison to Europe) that as many as 47% of Polish respondents declared that looking after the elderly should be first of all a task for the family (Krzyżowski 2011: 283).

Our results show that one reason why an elderly person is placed in a nursing facility is (as is the case with one of our respondents) a complete breakdown of family relations (62; M: 64, walker, disability pension, 1)³. However, there were also situations where children did not want to or could not take responsibility for their sick parents. One of the respondents confessed that when she was taken to a hospital, she was happy because she believed her daughter would take her in after she was discharged. She did, but only for 3 weeks, after which the mother was placed in a nursing home, without a word of explanation (74; F: 82, in a wheelchair, retirement pension, 3). Another woman said that her son placed her in a nursing home because he did not want to look after her (1; F: 65, walks, disability pension, 6).

There were also cases of elderly who had no spouse or children, while their extended family lived far away and could not look after a seriously ill relative. In those cases a nursing facility was the only reasonable option: “I had nothing to say at the time. After the accident I was unconscious for 9 weeks [...] My sister from Chicago worked it out, that this would be the best place for me” (77; M: 79, walks, retired, 2). In this case, the decision of the family seems fully justified.

³ To remind: quotes from interviews are signed as follows:

- resident: ([interview nr]; [gender: M[ale]/F[emale]: [age], [locomotion: walks, [uses a] walker, in a wheelchair, bedridden], [source of income: retirement pension, disability pension, social benefit], [years spent in the nursing home]),
- employee: ([interview nr]; [gender: M[ale]/F[emale]: [age], [years spent working in the nursing home]).

Interviews with the staff indicate that usually the family starts organising a place in a nursing home as soon as the health of an elderly relative starts to deteriorate. One of the respondents, suffering from Parkinson's disease, justified the decision like this:

...my daughter decided and organised it through her doctor [...] Frankly, there was no room for me [in the daughter's flat], just 42 square meters and four of them. And I was the fifth and sick too [...] There is no bed to sleep on and they also have a dog, she gets on the table [...] They spend more money on her than on themselves. I can't go back there, if only because of the dog. They have such a small flat (7; F: 69, walks, retired, 6).

This quotation shows, albeit subtly, that it is not always the benefit of the elderly that motivates families to place them in a nursing facility.

There are, however, cases of elderly people who themselves request to be placed in a nursing facility because they want to spare their families the trouble of caring for them. One interviewee suffering from multiple sclerosis stated that, living alone, she could no longer take care of herself, but did not want to burden her children with having to look after her all the time. She could not ask them to give up their jobs. Neither did she want them to become embittered by that. Therefore, she preferred to move into a nursing home (67; F: 60, in a wheelchair, disability pension). A very different situation was described by another woman. She wanted to be free, but not so much of her family as of the household chores she had had to perform. She said that before moving into the nursing home, she lived with her granddaughter. With time, her health began to deteriorate, yet she still had to look after the household, do shopping, and take care of her great-grandchildren. Because she no longer had the strength to perform the everyday household chores, she herself suggested moving into a nursing home (63; F: 85, walks, retirement pension, 8).

Another frequent motive for moving to a nursing home is homelessness and poor housing conditions. Interviews indicate that homelessness was usually caused by previous alcohol problems or a criminal past. It should be noted that this reason was mostly given by men. Usually, the person was evicted after a divorce or the death of a spouse or parents.

Homelessness was usually caused by earlier alcohol abuse: "I was homeless, I drank too much. When I didn't drink I abused [...] I blacked out, my lovely booze, I survived and now I'm here" (36; M: 62, walks, social benefit, 1). Another reason was serving a prison sentence. The respondents explained that when they came out of prison they no longer had any family or friends and had nowhere to go. One of the interviewees explained it as follows: "I was homeless [...] I had nobody [...] because I was on probation and the officer made a motion and the court decided" (13; M: 76, in a wheelchair, social benefit, 16).

The residents also listed other reasons which led them to living in a nursing facility. Of these, particular attention should be paid to conflicts or domestic violence.

Research done by Zofia Szarota indicates that as many as 70% of respondents ended up in nursing homes as a result of domestic conflicts. For example, one of them explained: "my daughter-in-law dislikes me, my daughter turned me out, my children abandoned me". (Szarota 1998: 46–47). As already noted, eight of the respondents ended up in a retirement home due to family issues. In two cases it was not a severe conflict, but rather neglect, lack of care and conflicts arising from this state of affairs. In the other six cases the elderly were

victims of domestic violence. They moved to a nursing home to escape the violence. The respondents were abused by their intimate partners, a daughter-in-law and a son.

One of the interviewees, abused by her second husband, explained that she was admitted into the nursing home thanks to her neighbour, who delivered her application. Her husband was against it, because it meant that he lost control over her retirement pension. He said she would not have enough time to move to the nursing home, because he would kill her first. Nevertheless, she moved into the nursing home, even though her husband would come to her and urge her to come home (6; K: 73, retired, walks, 11).

The last case, that of a respondent who moved into the nursing home motivated by a situation of domestic abuse, is more complex. He claimed that he was abused by his children and wife, but he also admitted that he was himself sentenced to prison for domestic abuse. After his release from prison he had nowhere to live and decided to move into the nursing home, but he remained convinced that this course of events was the result of the violence he had experienced:

My wife said they would finish me off [...] I never hurt anyone, but I got my teeth knocked out, they broke my hand, broke my nose. And I got punished, I got punished, and what for? [...] They beat me and I couldn't do nothing, there's no law in this country. They had the right, they did to me what they wanted, I don't know how I am still alive (33; M: 73, walks, retirement pension, 3).

However, the staff at the nursing home did not believe these stories. Because they do not have access to court files it is impossible to verify his tale.

INDEPENDENCE IN MAKING THE DECISION TO MOVE TO A NURSING FACILITY

These examples show that the residents have varied and sometimes very complex life histories. Thus the reasons why they decided (or it was decided for them) to move into a nursing home are equally varied.

Therefore, the question should be asked: how independent was the decision to live in a nursing home? It is usually assumed that an elderly person (except in cases of incapacitation) makes an independent individual decision. However, Olga Czerniawska stresses that one of the main elements of discrimination against the elderly is depriving them of maturity. The elderly are adults, but deprived of the attributes of adulthood, self-determination and freedom of choice (Czerniawska 2011: 165–166). Teresa Zbyrad notices that researchers interested in these problems do not draw hasty conclusions. They point to the encouraging role of the family in the making of such decisions. The forms of pressure used by families include manipulation, subterfuge and incapacitation (Zbyrad 2010: 47–48). This is confirmed by research results. The story of one man can serve as an example – not only did his family convince him to move to a nursing home, but also a friend of the family, a local official, stressed the advantages of living in such a facility (68; M: 60, walks, disability pension, 1). There was a similar situation in the case of a woman who was convinced by her sons and husband (67; F: 60, in

a wheelchair, disability pension, 5). Such actions can constitute violence against a person, because they reduce their freedom to make their own choices.

Research reveals that 42 respondents confirmed that they made the decision independently and no one pressured them. Some of these people were homeless or in the care of social services, so in some cases the decision about moving into the institution was made after consulting with a social worker, a doctor, or some other person working for the social services. The respondents stressed that even if such conversations took place, they were only presented with alternatives. The final choice was always left to them. One of the residents reported how after eye surgery he was taken home. Although he lived with his brother-in-law, he could not count on his help. So a nurse would come every day to help him with daily tasks. She told him that there was a facility where he could live. He clearly stressed that he was referred to the nursing home at his own request (19; M: 79, walks, disability pension, 12).

Another telling example of a positive solution to a problem is the situation of a homeless person who was taken to a hospital as a result of frostbite and his legs were amputated. In the hospital the patient learned from a doctor and a social worker about the possibility of being referred to a nursing home. With little consideration, as he really had no other choice, he decided to move into the institution. However, as there were no places available there, he was offered a place in a different one. However, it was far from his family home and he refused to move there. In that situation, a social worker suggested that he apply for a change in the decision. This solved the problem (61; M: 60, in a wheelchair, social benefit, 3).

These examples show that social aid workers try to help the elderly in many different ways. It should be stressed that directing the elderly to nursing homes is in no way a sign of disrespect for the independence of their choices.

Research results indicate that among the respondents there are also people who did not make the decision to move into a nursing home independently.

Our research also found such cases. As shown in Table 2, a quarter of the respondents (15 people) did not make the decision on their own.

Table 2. Who made the decision to place the resident in a nursing home?

Decision was made by	N
Daughter	2
Sister	2
Son	3
Wife	1
Doctor	1
Court	2
Someone, hard to say who	4
Total	15

It is an important issue: who took the decision about placing the elderly in a nursing home? Was their opinion respected? Did they protest against the decision and were ignored, or did they believe this to be the right solution and were grateful for the possibility?

In eight cases the people making the decision to place the elderly in a nursing home consulted with them. The residents also stated that they did not object to the decision; some of them even declared that the decision-maker made the right choice for an elderly sick person (16; F: 82, walker, disability pension, 7), (15; M: 75, in a wheelchair, retirement pension, 10). The person directed to the institution by the court stated that although this was a court decision, it was something positive, help from a guardian angel, because he was on probation and would otherwise have had nowhere to go (13; M: 76, in a wheelchair, social benefit, 16).

Two other residents made no objections, because, as they admitted, they had no choice. One of them was unconscious after an accident and unaware of what was going on. However, once he regained his faculties, he understood that his sister's decision was the right one and fully accepted it (77; M: walks, retirement pension, 2). Another resident confirmed that the decision was made for him by someone else. However, he could not say that it was against his will, because, as he admitted himself, he had no choice and could not refuse. His wife had died, he maintained no contact with his children and after a stroke he could no longer walk; he could only move his hand. Unlike the other resident, this one never accepted the situation. He does not think that moving to the nursing home was a good decision. During the interviews he seemed to treat his stay in the facility as a kind of punishment (78; M: 74, bedridden, disability pension, 1).

The Polish Constitution guarantees every individual the right to decide about their personal life, including where to live and work, the choice of a doctor and treatment, family life, and finances (Konstytucja RP 1997; Bieniasz et al. 2012: 56). The rights of the elderly are no different from those of the young. Therefore, in the case of five other residents it may be said to be a case of abuse in the form of denying the elderly their constitutional rights. The respondents admitted that they protested against the decision to place them in a nursing home, but were ignored. They were placed in nursing homes against their will. One of the female residents stated with great sadness and bitterness that her daughter made the decision without consulting her, while she never wanted to live in a nursing facility (74; F: 82 in a wheelchair, retirement pension, 3). Another resident – a recovering alcoholic – was placed in the nursing home by the court, with his wife's connivance. He claimed that he had protested against this decision, and tried to prove that he could manage on his own in his environment. However, the court upheld its decision (11; M: 60, walks, disability pension, 8). One of the female residents said that she never even had the chance to object, because her son, who made the decision to place her in a nursing home, never even tried to explain his reasons or negotiate with his mother (1; F: 65, walks, retirement pension, 6).

These examples show that in the opinions of the residents, the person who makes the decision to place an elderly person in a nursing home is not as important as the circumstances under which these decisions are made. Our research has shown that for people who had no part in making this crucial decision it is very important to talk to their close ones and understand their motives, as is being able to decide for themselves.

Although there are many reasons why a person may live in a nursing facility, it is difficult to analyse them thoroughly. In many cases it seemed that the elderly would omit parts of their biography when discussing the reasons why they live in a nursing home. One should look at their statements with understanding, but be aware that they will defend those close to them. Many of the residents displayed this attitude: they diminished the responsibility of their children or other family members in taking the decision about moving them to a nursing home.

ADAPTING TO LIFE IN AN INSTITUTION

It is important to learn about the processes by which residents adapt to living in an institution. For this purpose interviews were conducted with the residents on how they perceive the life of the elderly in an institution. How the residents perceive life in a closed community influences how they behave towards others in the institution. Depending on the institution, its residents, staff and atmosphere, the adaptation process may be successful, or it may bring out in its residents features of character and attitudes formerly unseen.

It seems that one of the conditions of successful adaptation is the “feel” of a facility, its organisation and structure. Jan Gielas stresses that when admitting new residents into a nursing home who are marked by the loss of their former world the staff should inform them of the positive aspects of life in the facility, such as 24-hour professional aid, access to a doctor, safe architecture with no barriers, no need to cook, eating in accordance with the appropriate diet, access to leisure time activities, and personal safety (Gielas 2006: 15). A nursing facility tries to provide both the residents and the staff with security, although the difficult character of some of the residents may occasionally make it impossible.

Over one-third of new residents in nursing homes exhibit increased fear, doubt, sadness and depression in the first days of their stay. These emotions have their source in stress, which comes with the inability to effectively acclimatize elderly people to a new place (Gielas 2006: 16). Therefore, it is vitally important to treat the residents appropriately, especially in the first days of their stay, as is adequate staff training. First of all, the staff should be aware that it is only thanks to their patients that they have jobs, that the residents are their employers. They should also be trained in the empathic ability to look at situations from the point of view of the residents (*Nasz XXI wiek...* 2002: 46).

One should remember that when people move to a nursing facility their whole life changes. The elderly move to a place where they have to follow regulations, where their autonomy is restricted, where they have to adapt to some monotony and a new mood. Therefore, new residents may have mixed feelings about their situation – satisfaction with the received care blends with missing their families, being dependent on others, and in extreme cases passivity. These emotions may lead to rebellion and aggression towards others, retreating into past memories, apathy, passivity or complete reliance on the staff (Brzezińska, Graczkowska 2012: 55).

The attitude of the staff is not the only thing influencing adaptation. It is also influenced by the organisation of the facility, the atmosphere in it, architectural design, and the behaviour of other residents.

The very act of arriving at a nursing home influences the process of adaptation. A person who is accompanied by a close one may look at the situation differently from someone who is left alone in the new situation.

Table 3. People accompanying a resident on their arrival in the facility

Who brought you to the nursing home?	No.
Family member	12
An acquaintance	3
Employee of the nursing home	20
I do not remember	1
No-one, I was brought by an ambulance	9
No-one, I came alone	15
Overall	60

The results in Table 3 show that many new residents were left alone with their difficult situation. This may partly be due to the fact that many of the residents had no families. It seems that this does not make it easier to adapt to life in an institution, but perhaps having no family made it easier for some. In one-third of the cases an employee of the nursing home accompanied the new resident. This gives the residents a chance to get to know the employee before they come to the institution. It minimises the feeling of loneliness and makes the initial contact better.

EVALUATION OF THE ADAPTATION PROCESS

To analyse and evaluate the adaptation process we asked the residents to recall the moment of their arrival at the nursing home and try to describe their first days in the facility and the emotions they felt. Almost half of them (29) stated that the process of adaptation was smooth and that they were happy with their stay. Another 19 stated that it was bad at the start, but they got used to it. It should be stressed that for nine residents the process of adaptation was unsuccessful. They clearly stated that they still felt bad about living in the institution. One person could not remember their first day in the institution, while two others stated that it was no different from anywhere else. In other words, they could point to no differences between their earlier life and life in the institution.

It is worth taking a closer look at the issue and pointing out the most interesting answers. The largest group of respondents had a positive view of their first days in the nursing home, so their answers will be analysed first. One of the respondents moved to the facility from an abusive husband. She had been terrorised by him, but the staff of the nursing home helped her out. She admitted that she was terrified of the new situation and place, but with time, thanks to the support of the social workers and maids, she stopped worrying and painfully

reliving this situation. She also came to see the positive sides of life in an institution and started to believe that the worst was behind her. She was happy that no-one would threaten her anymore and criticise her for every little detail (6; F: 73, walks, retirement pension, 11).

As mentioned above, some of the residents were homeless when they came to the institution, straight from the street. They usually see the nursing home as a wonderful place where they have found warmth and shelter. Compared to other residents (those who moved from their homes) they are usually quick to make new contacts and even friendships (13; M: 76, in a wheelchair, social benefit, 16), (33; M: 73, walks, retirement pension, 3). Those who had bad relations with their families and were too sick to live alone usually adapted well to the conditions in the institution and made positive remarks about the first stage of their stay. This is how one of the women described her feelings: “I never dreamed of such a home. One plans life differently and it goes differently. But once I came here I tell myself: I can take anything” (38; F: 79, walks, retirement pension, 5).

Nevertheless, it has to be noted that among the elderly residents there were also people who initially found it difficult to adapt to living in a nursing facility and were dissatisfied with it. In our research there were five women and four men with such attitudes. Three of the women stated that what made it difficult for them to adapt was lack of contact with other residents, loneliness and inability to find a close friend (1; F: 65, walks, disability pension, 6), (64; F: 70, walks, retirement pension, 10), (32; F: 77, walker, retirement pension, 2). Surprisingly, none of the men with who found it difficult to adapt complained of such problems. Perhaps alcohol made them more sociable but at the same time it caused problems in relations, thus becoming an obstacle to adaptation.

Other researchers also point to the lack of close relationships among the residents of nursing facilities. Joanna R. Kaakinen writes that life in a social aid institution is a life of silence. She wonders what is so specific about nursing institutions that they elicit no or little communication between residents. Her research indicates that there is an unwritten rule in nursing homes stating that residents should not complain about life in the institution. However, many people ignore this rule, making it difficult for others to maintain relations with them. Furthermore, most (61%) do not want to discuss loneliness and death, which are, unfortunately, subjects natural to old age. Another problem leading to lack of communication is the fact that the elderly dislike people who talk too much, and try to avoid contact with them. Kaakinen stresses that research indicates that everyone in a nursing facility lives their own life, tries not to bother others, and reduces interpersonal contact and conversations to a minimum. Those who break these rules are ignored and ostracised (Kaakinen 1992: 262).

One of the respondents, when asked why he cannot accept life in this particular institution and adapt to its conditions, answered that the main reason was the prohibition on drinking alcohol in the facility and the inability to leave it to buy alcohol (9; M: 60, in a wheelchair, social benefit, 1). He pointed to a highly significant problem in nursing facilities – alcohol abuse (by some of the residents). The problem of alcohol, which is an obstacle to adaptation, was also mentioned by interviewed staff members. They gave the example of another resident who is bound to a wheelchair, but unlike the abovementioned one is drunk most of the time. Even though it is prohibited to drink alcohol in the institution, he somehow manages to obtain alcohol and drink it. It was possible to talk to him when he was sober, but at the time

he was experiencing alcohol craving and was very aggressive. His answer to the question of adaptation to the conditions in an institution was: “nah, I can’t bear this place, it’s boring, I’m a f... bastard, I f... exercise, I’ll hit her and beat her” (80; M: 60, in a wheelchair, social benefit, 1).

From what could be learned from other residents, it was established that the presence of people with alcohol problems is a serious issue not only for the staff, but also other residents. Many arguments and violent situations in nursing facilities happen under the influence of alcohol. Therefore, lack of access to alcohol in nursing homes can be a source of problems with adaptation.

One more case is worthy of closer inspection. The resident in question describes his first days with: “Here? Shock. I have no words, the bunch of fools here. [...] I any of them smart? There are like three nurses here and all dumb as post, who surely have no nursing diploma, she don’t even come close to a nurse” (78; M: 74, bedridden, disability benefit, 1). Interviews with the staff indicate that this person is very demanding and causes many problems. It should be noted that the resident is very sick and bedridden, but does it give him the right to abuse the staff? In this case it seems that the main problem in the process of adaptation is the resident’s difficult character.

A large group of interviewees recall their first days in the institution as highly negative, but with time the first impression faded and the residents got used to the new lifestyle and rules and no longer see living in the nursing home as a necessary evil. It is also telling that this is more common for men – 13 out of these 19 respondents were men. It seems as though men find it more difficult to adapt to life in an institution. One of them noticed that in the first days it was not so much having to stay there that upset him, but the sight of other people suffering from serious incurable diseases and ageing. At 58 he was not himself very old at the time. He said that he had never seen a more depressing sight of old people (44; M: 60, in a wheelchair, retirement pension, 2).

Residents also said that during the first days of their stay, their mood was dominated by feelings of sadness and surrender. This is exemplified by the following statement: “I gave up on life. I asked God to take me away” (77; M: 79, walks, retirement pension, 2). Another resident summed his first moments like this: “at first I thought I’d go for the rope, that’s how hard it was for me” (72; M: 64, walks, social benefit, 2). These memories paint a very bleak picture of old age in institutions. They also serve to show us how difficult it can be for the elderly to adapt to life in an institution. It seems that in such situations, not only other residents, but also the staff play a significant role. Their task is to facilitate adaptation to new conditions. One of the female residents related that when she came to the facility she immediately wanted to run away, but in time she got to know the staff, came to enjoy the care and learned that staying in a nursing home was not such a bad solution (73; F: 68, walks, retirement pension, 4). Another respondent pointed not only to the helpful role of the staff, but also of other residents. Even though her first contact with another resident ended in attempted financial abuse, thanks to the others she quickly changed her mind about the institution. “No, I’ve had friends here from the start and this gentleman, he’s my friend, whatever I ask he will go and buy and do other things as well. So I never felt lonely. I have girlfriends here too” (70; F: 64, walks, retirement pension, 3).

The respondents pointed to one more domain, that of emotions, which is necessarily bound with adapting to new conditions. They talked about missing their homes and hoping their family would change their minds and take them back home: “oh, I felt terrible, I thought I couldn’t take it [...] I miss it so much” (69; F: 78, walker, retirement pension, 5), “at first I kind of hoped my husband would come to his senses and take me home, but he didn’t” (67; F: 60, in a wheelchair, disability pension, 5).

The final stage of the process of adaptation is forming a new opinion of the institution and trying to answer the questions: Where is my home? Do I feel like home at the facility? Will I never see this place as a home and my only dream forever be to return to where I used to live? What we learned from our respondents indicates that most of them would not want to go back to their former place of residence. This was the answer given by 45 people, 12 of whom added that their home is no longer there, because it had been demolished, sold or occupied by new people. One of the residents stated that it was only in the nursing home that she started to live fully. Besides, she is a widow and dislikes being alone and in the nursing home she had company and people to talk to (34; F: 86, walks, retirement pension; 11). When asked if he wanted to go back home, a male respondent who was a victim of domestic violence laughed and said, “no way. Where I used to live it was hell, you couldn’t hear a single word that wasn’t a curse” (42; M: 74, walks, disability pension, 1). Victims of domestic abuse treat the nursing home as a refuge where they receive help. They also hope that all the evil is behind them and no harm can come to them in the nursing home.

For those who did not want to go back home (nine answers) the motivation came first of all from health issues. They claimed that in their current health situation they could not function on their own. One of the women expressed it like this: “And who would look after me? Don’t I need someone to look after me? There was a time my husband would do it. But here, I pay and I don’t have to worry” (67; F: 60, in a wheelchair, disability pension, 5). The other 24 people who did not want to go back home did not explain their decision. Most of them stated simply that they did not want to go back. It should be noted that these were either homeless people or victims of domestic violence.

Fifteen respondents definitely wanted to go back home, although six of them noted that it could only be under the condition that someone would help them in daily tasks, as they would be unable to look after themselves. The main reason that was given was a strong longing for home: “I can’t say that it’s bad here, but you know, that is my place, where one was born one wants to return”. Out of the 15 people who wanted to go back home nine were men and six were women.

CONCLUSION

Analysis of the research presented above leads to the conclusion that in most cases the elderly adapted successfully to living in an institution. Thus, one may come to the conclusion that spending one’s old age in a retirement home does not have to be a negative experience. The fact that many of the interviewees positively evaluated the first stage of their stay is indicative of this. Although some of them needed some time to get used to their new situation,

with time they came to be very positive about the nursing institution. The number of people who do not want to go back home is also significant, at 45. The results of our research clearly show that the process of adaptation to living in an institution was in most cases successful.

As for the people with a negative assessment of their process of adaptation, it should be noted that some of them have had trouble adapting because they are unwilling to follow the nursing home's regulations. It seems obvious that residents with alcohol problems will have an issue with prohibition in the nursing home. It also should be mentioned that the number of people who could not adapt for reasons other than the inability to drink in the facility is lower.

The opinions of those residents who were not given the chance to make their own decision about where they want to spend their twilight years were very negative. In these cases their critical view of life in an institution seems justifiable. One can hardly be surprised that a person placed in a nursing home against their will cannot accept the new reality. There are ways of helping these people with adaptation to their new life, but this process cannot be successful without help from other residents and the staff.

Summing up the analysis, it becomes apparent that perceiving retirement as a satisfying period which meets one's expectations depends largely on whether the elderly's family does not take away their right to decide for themselves, and not merely on whether they will stay in their own home or a retirement home. Those speakers who made the decision to move to a retirement home themselves adapted to it successfully. It is easy to understand how it would be perceived as something negative by those elderly whose opinions were not heard and whose needs were thus not only not met, but blatantly ignored.

REFERENCES

- Bieniasz, Dorota, Grzegorz Matejczuk, Hanna Szczeblewska and Monika Zima-Parjaszewska. 2012. *Prawa człowieka. Poradnik dla osób starszych*, Warszawa: Biuro Rzecznika Praw Obywatelskich.
- Binczycka-Anholcer, Marzena. 1998. *Spoleczne i lekarskie aspekty przemocy w instytucjach o charakterze zamkniętym*, in: Józef Kuźma, Zofia Szarota (eds), *Agresja i przemoc we współczesnym świecie*, t. 1: *Agresja i przemoc wśród dzieci i młodzieży oraz w instytucjach społeczno-opiekuńczych*, Kraków: Oficyna Wydawnicza Text, pp. 292–311.
- Brzezińska, Małgorzata and Małgorzata Graczkowska. 2012. *Zaradnik terapeutyczny. Jak pracować z seniorami w domu pomocy społecznej*, Warszawa: Difin.
- Czerniawska, Olga. 2011. *Nowe drogi w andragogice i gerontologii*, Łódź: Akademia Humanistyczno-Ekonomiczna w Łodzi.
- Gielas, Jan. 2006. *W trosce o terapeutyczny klimat. Organizacja i struktura domu spokojnej starości*, „Wspólne Tematy” 10: 14–22.
- Halicki, Jerzy. 2010. *Obrazy starości rysowane przeżyciami seniorów*, Białystok: Uniwersytet w Białymstoku.
- Halicka, Małgorzata and Joanna Wojtecka. 2004. *Starość i jej jakość w warunkach instytucji opiekuńczej*, in: Jerzy T. Kowalewski, Piotr Szukalski (eds), *Nasze starzejące się społeczeństwo. Nadzieje i zagrożenia*, Łódź: Uniwersytet Łódzki, pp. 278–291.

- Kaakinen, Joanna R. 1992. *Living with Silence*, "The Gerontologist" 2, 32: 258–264.
- Konstytucja RP. 1997. *Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 roku*, <http://www.sejm.gov.pl/prawo/konst/polski/kon1.htm> [14.02.2013].
- Leszczyńska-Rejchert, Anna. 2008. *Wspomaganie osób starszych w domach pomocy społecznej*, Toruń: Wydawnictwo Adam Marszałek.
- Krzyżowski, Łukasz. 2011. *Kultura opieki rodzinnej w Polsce. Analiza oczekiwań społecznych i praktyk kulturowych w obrębie trzech generacji: dziadków, dorosłych dzieci i wnuków*, in: Janusz Mucha i Łukasz Krzyżowski (eds), *Ku socjologii starości. Starzenie się w biegu życia jednostki*, Kraków: Wydawnictwa AGH, pp. 277–300.
- Nasz XXI wiek. Zadowolony mieszkaniec/pacjent jako gwarant mojego zatrudnienia. Zorientowanie domu pomocy społecznej i zakładu opiekuńczo-leczniczego na odbiorcę usług świadczonych w tych placówkach*. 2002. „Wspólne Tematy” 11–12: 45–52.
- Szarota, Zofia. 1998. *Wielofunkcyjna działalność domów pomocy społecznej dla osób starszych*, Kraków: WSP.
- Zbyrad, Teresa. 2010. *Dom pomocy społecznej – wolny wybór czy konieczność?*, „Praca Socjalna” 6: 42–56.

EMERYT W INSTYTUCJI OPIEKUŃCZEJ – PROCES PRZYSTOSOWANIA SIĘ DO ŻYCIA W DOMU POMOCY SPOŁECZNEJ

Przejście na emeryturę stanowi nowy etap w życiu każdego człowieka. Niewątpliwie to zdarzenie stanowi okres przełomowy pełny zmian i nowych wyzwań. Należy jednak pamiętać, że będzie on przebiegał w sposób zróżnicowany, w zależności od tego, gdzie człowiekowi staremu przyjdzie spędzić swoją emeryturę. Czy będzie to własne mieszkanie, dom należący do kogoś bliskiego czy też dom pomocy społecznej. Niniejszy artykuł podejmuje problematykę emerytury spędzanej w środowisku instytucjonalnym. Podstawowym tematem omawianym poniżej jest proces przystosowania się emerytów do życia w warunkach instytucjonalnych i omówienie czynników z tym związanych.

Słowa kluczowe: emeryt, starość, człowiek stary, instytucja opiekuńcza, adaptacja