



Understanding Psychosocial Dimensions of Geriatric Patients with Effective and Efficient Approach: Comprehensive and Contributing Factors

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Abstract

Aim: Background research looked at the demographics of senior patients with psychosocial difficulties around the world, as well as the impact of medical and psychiatric social workers on the old patients' recovery. Never before has the world's population been as mature as it is now. The research tool was 'health status,' and psychological and social wellness were utilized to examine psychological difficulties connected with the gender of senior geriatric patients, as well as social problems. Increased mortality, prolonged length of stay, high rates of readmission, placement in a skilled care facility, delirium, and functional deterioration are all possible outcomes for the hospitalized senior. Individual patients and families, as well as the healthcare system as a whole, are affected by these outcomes in medical, emotional, and economic ways.

Conclusion: Care for the aged must be approached in a specific psychological and functional context, in addition to disease-based management. In the case of approaching an elderly patient, a thorough geriatric assessment is essential.

Keywords: Psychological; Geriatrics; Dimensions; Health; Elderly; Physical factors

Introduction

Social work is a coordinated effort to assist individuals and families in adjusting to the community as well as the community adapting to the requirements of such individuals and families. According to popular belief, the bulk of older people live in poor and middle-income countries, whereas the youngest live in high-income ones. At the medical care unit in a hospital environment, there are patients with psychosocial disorders. Over the last 50 years, most places' socioeconomic progress has been accompanied by significant reductions in fertility and equally dramatic increases in life expectancy. This has resulted in considerable changes in global population demography: The proportion of elderly people in general populations has risen dramatically in a short period of time. Aside from the biological paradigm of illness, the proposed bio-psycho-social approach takes into account a variety of interrelated psychological, sociological, and existential factors [1]. In an online search of nine different databases, Boolean operators and the following selection criteria were used: The study examined the holistic approach, quality indicators, family medicine, patient centered care, and/or the bio-psycho-social model of treatment. The global population is ageing, particularly in many underdeveloped countries. The mental, emotional, social, and spiritual components of what it means to be well are all included in psychosocial health [2]. As many links between the physical and psychosocial settings have been discovered, the relevant elements have also been identified. Psychological theories of ageing can relate to both psychological changes that occur as a result of ageing and adaptive psychological processes (or their lack thereof) that help people cope with the losses that come with physical decline. Cognitive psychology, for example, is concerned with age related changes in cognitive ability and the application of techniques to adjust for these changes [3].

Psychological dimensions of geriatric patients

There are four dimensions of psychological health include mental, spiritual, social and physical,

- Geriatric patients' psychological requirements: These are equally significant needs; therefore psychological needs of the elderly include mental, social, and physical needs.
- Most common mental health illnesses in Geriatric Patients
- Depression

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- Anxiety
- Bipolar Disorder
- Eating Disorder

Social support, loneliness, marital status, social disturbance, grief, work environment, social standing, and social integration are all examples of psychosocial factors. It is a combination of psychological and social behavior that demonstrates the relationship between a person's concerns and how they interact with others in a social situation [4,5]. The importance of these issues is growing as psychological variables become more prominent in today's disease load ("afflictions of civilization"). Social scientists, on the other hand, are increasingly becoming partners in health research, rising to the enormous challenge of influencing medical knowledge.

Intervention with the psychosocial needs of geriatric patients

Meeting individual psychosocial requirements, which represent patient and family mental, social, cultural, spiritual, and developmental needs originating from emotional responses to diagnosis, social and role limitations, and loss of physical and mental capacities with complexities, is indefinitely demanding [6]. Two major factors to mobilize in the demands of aged people are cognitive and behavioral therapy [7]. It can be used for mental problems, the cessation of bad ideas and behaviors, as well as well-being programs, and it can help the patient return to his regular healthy life. Pharmaceutical aid may not be needed in order to achieve a more healthy intervention [8]. The therapeutic method, according to this understanding, is the most important factor in the treatment's effectiveness. Life can be made more difficult by changes in the body. That is frequently the reason people seek long-term care. Aging can be frightening or upsetting for some community members. Others have a natural ability to adjust. Working with residents in a positive manner can improve their self-esteem and make your job easier. In elderly adults, the goal of preventive medicine should be to maintain function and quality of life, not just to reduce premature illness and mortality.

Therapies used for the geriatric patients

Individual counseling and group therapy

Psychosocial skills

1. Tendency to be outgoing, assertive and energetic.
2. Agreeableness
3. Conscientiousness
4. Emotional stability
5. Openness

The three primary goals of promotion techniques for the aged are to preserve and increase functional capacity, maintain or improve self-care, and stimulate one's social network.

Components of psychosocial dimensions

Identifying the patient chief complaint history of presenting illness psychiatric history medical and surgical history medication list and drug use violence risk assessment family and social history occupational history educational history [9-11].

Perspective of nursing and health promotion conceptual

As a result, all countries have significant challenges in ensuring

that their health and social systems are prepared to capitalize on this demographic transformation [12]. Finding novel and effective ways to improve people's health is critical on a global scale. As a result, health promotion programs will become increasingly crucial in the next years. As a result, understanding how to reorganize the health-care industry in a health-promoting direction is critical. Nursing is now well-established, but multiple interpretations of health promotion exist, as many nursing's inadequacies in the field of medical research is disputed, and therefore they are misplaced to a considerable extent as a result of the confused and variable results. In certain ways, health education is considered in a generic sense and in comparison to the use of the term in nursing literature. These issues include a lack of access to and knowledge of current tools that can assist educators in engaging in effective health education practice, as well as a lack of understanding of how health education can contribute meaningfully to health promotion goals [13].

Comprehensive geriatric psychosocial assessment

The psychological assessment, as well as the functional assessment, forms the foundation for all subsequent care management [14]. The functional and psychosocial assessments, when combined, not only aid in the development of a relevant and suitable care plan, but also provide a comprehensive picture of the older adult's quality of life. In senior people, functional impairment and dementia are common but often unnoticed. Geriatric assessment can assist postpone the onset of various diseases in the elderly, as well as avoid them [15]. It is a comprehensive diagnostic and treatment method for fragile patients that address medical, psychological, and functional issues. Physical, cognitive, affective, social, economical, and environmental components all play a role in comprehensive geriatric assessment [16].

Healthy aging in adult-quality of life

Every person associates particular accomplishments with each stage of human growth, and each stage is influenced by the preceding stage while also influencing the next. As a result, the quality of life in old age is determined by an individual's adult lifestyle, and planning for senescence should begin in maturity. Relevant education may play an essential role even from childhood because such preparation is crucial in defining the quality of life in old age and other health-related attitudes [17]. As a result, it's critical to look into the process of recognizing healthy ageing and identifying the components that influence healthy ageing at different stages of life. Healthy ageing is a lifelong process of maximizing possibilities for physical, social, and mental wellness, independence, and quality of life, as well as facilitating successful life transitions. This term encompasses an elderly person's physical, psychological, social, and spiritual well-being. It also reflects a growing optimism about the health and well-being of the elderly. In recent studies, the phrases "active ageing," "successful ageing," "positive ageing," and "productive ageing" have all been used interchangeably to describe healthy ageing. For example, Kim and Chung use the terms "successful ageing" and "healthy ageing" interchangeably. While successful ageing is more of a goal of old age, healthy ageing can be seen of as a series of processes for obtaining successful ageing, and so is a concept that is more relevant to everyday life. Healthy ageing is something to think about if you want to keep your autonomy and independence as you become older. In a broader sense, healthy ageing refers to the multifaceted processes of lifelong learning and personal development that enable aged persons to achieve autonomy and independence. As a result, it necessitates

a delicate balance of connections between the different elements of older individuals' life, ranging from physical health to independence and autonomy in everyday tasks, as well as social involvement.

Geriatric care management: Role and need

A geriatric care manager, according to the National Association of Professional Geriatric Care Managers (2004), is "a professional, such as a social worker, counselor, nurse, or gerontologist, who specializes in assisting older people and their families to achieve the highest quality of life possible given their circumstances [18,19]. "Geriatric Care Management (GCM) services have grown in popularity as the population ages and greater emphasis is placed on aiding older persons in remaining in the community. Care coordination for the elderly is becoming more common as the population ages, healthcare systems become more fragmented, and many older people choose to stay in their homes [20]. Geriatric care managers assist seniors and their families in navigating the intricacies of the healthcare continuum and locating resources for long-term care planning. This article discusses the role of the GCM, which patients may be suitable for the service, and the benefits to patients [21,22].

Elderly patients with psychosocial problems

The importance of psychosocial issues affecting the elderly has grown in recent years, not only because of health concerns, but also because of their substantial social implications [23]. The term "old age" refers to ages that are approaching or exceeding human life expectancy, and consequently the end of the human life cycle. Old people, also known as senior citizens, older adults, the elderly, and elders, are generally limited in their regenerative powers and are more susceptible to disease, disorders, and sickness than younger folks. Old people's psychosocial problems are situational, meaning that they are influenced not only by the ageing process, which is same in all persons, but also by new conditions in which the elderly must perform. Old age is a stage of life in which people are forced to take on a variety of different roles, all of which are influenced by cultural and social changes (dressing style, verbal and non-verbal communication). Elderly adults abandon some of their previous responsibilities (family, work/retirement, and organizational ones) in favor of new roles associated with their age, such as participating in social events, pursuing hobbies, or raising grandkids. Apart from the issues that arise as a result of a bad health condition, elderly individuals frequently have to deal with painful adjustments in their personal lives (children moving out of the family home, widowhood, loneliness, solitude). Therefore the gerontologists have recognized the diversity of the old age by describing sub group.

Psychological Problems of the Elderly - Adaptable, Depression, Anxiety, Dementia, Sociological Problems of the Elderly-Disengagement, Economic problems, Cultural pollution and Abuse [24].

Psychiatric and medical social workers in the care of geriatric patients

1. Provision of adequate financial support
2. Enhancement of physical and mental health
3. Ensuring suitable housing
4. Restorative services for institutional care
5. Knowledge about laws guiding geriatric care
6. Improving the quality of life

7. Respect for human rights
8. Collaboration with other care givers
9. Reducing psychological instability
10. Ensuring adequate social support
11. Meeting autonomy need

Psychosocial aspects of learning

Biological development proceeds in a rational order. Although biological development varies greatly between individuals, the aggregate biological resources across the lifespan resemble an inverted U-function [25]. Cognitive and physical abilities grow during childhood and adolescence, laying the groundwork for the development of complex motor and cognitive skills. Early adulthood sees a peak in physical development, followed by a decline. Physical and cognitive ability both deteriorate as people age. Apply the life cycle perspective to the ageing process to demonstrate how ageing experiences are influenced by cultural elements such as lifespan conceptualization and emotional experience changes across time. Identify key psychosocial determinants and the methods through which they influence older individuals' health and well-being. Examine the importance of resilience, or the ability of older people to adjust to problems such as disability and decreasing health [26]. Recognize current patterns in common retirement, widowhood, and caring transitions. Individual genetic endowment is a limiting element in biological and behavioral functioning. Although humans have a large behavioral repertoire, their ability to achieve high levels of performance in a given domain is frequently limited by their genetic composition [27].

Key clinical points

The design and development of measures that measure functional status in aged people has led to many important improvements in health status assessment [28]. Lack of support (social isolation and loneliness) has a detrimental impact on health and well-being in old age, whereas social engagement (volunteering, lifelong learning, and participation in intergenerational programs) has a beneficial impact. Psychosocial health is aided by social circumstances that encourage ageing in place. The ageing services network is critical for fostering engagement across multiple domains. Hospice promotes the mental and emotional well-being of caregivers who offer end-of-life care. People's physical and cognitive capacities, such as stride speed and reaction time, change as they age, as do their emotional experiences and social interests. Cultures impose order on this continuous change by dividing the lifespan into stages based on generally agreed understandings of the life course. Shakespeare's seven ages of man is one of the most well-known (As You Like It, II, 7). Infancy, "whining school kid... creeping unwillingly to school," lover, soldier ("seeking the bubble repute even in the cannon's mouth"), judge, and two phases of decline are among the Elizabethan stages of life. Beginning capacity loss ("big manly voice, turning towards again")... without teeth, sight, taste, or everything." Other cultures have a more forgiving attitude toward old age. Old age, according to the Samia people of Kenya, is a nice time to sit by the fire and be fed. Such disparities in life-course perspectives remind us that psychosocial ageing is influenced by both biological and sociocultural factors [29]. The distinction between unchanging biological change and cultural constructions that selectively emphasize particular transitions in this continuum of change is a primary focus of developmental approaches to psychosocial ageing.

Life course developmental perspective

The Life Course Developmental Perspective examines how the socio-historical setting in which we live affects opportunities and life events that result in cumulative advantage or disadvantage. Individual desire and conduct are shaped by these huge contextual influences, and it is within this framework that the individual exercises personal agency [30]. Because it incorporates individual-level behavior within a social forces context, this approach is particularly useful as a conceptual framework for human behavior and the social environment courses. The life course viewpoint, often known as life course theory, is an interdisciplinary paradigm for studying people's lives, structural circumstances, and social change [31,32]. There is no single age at which we may state that someone has reached "old age." People age at varying rates, hence all proposed ageing biomarkers or phenotypes of healthy ageing will vary greatly at any given age. In the United States, for example, the foundation of the Social Security System connected old age to the age of 65. This notion of old age is based on societal views and economic necessity rather than anything else.

Conclusion

Lack of social support for the elderly leads to depression, anxiety and psychosomatic symptoms because they feel unwanted. To improve their physical, social, and psychological well-being, it is necessary to strategize the implementation of a Geriatric Health Insurance Scheme, as well as recreational and rehabilitation facilities for the elderly within the hospital and community. Because the evidence of the psychosocial approach's effectiveness in the literature is limited and inconclusive, more research is needed. Studies in the subject of doctors' holistic approach or doctors' psychosocial orientation, which effects the doctor-patient interaction as well as the quality of treatment and healing outcomes, should be conducted. Counseling is effective in the treatment of anxiety, depression, and enhancing subjective wellbeing in older adults. Validation therapy and remembrance therapy are examples of psychological therapeutic approaches used with older persons, as well as adaptations of techniques utilized with younger patients, such as behavior therapy, psychodynamic therapy, and family therapy.

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