EVALUATION OF FUNCTIONAL ABILITIES OF ELDERLY PEOPLE

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Abstract
The number of elderly people is increasing in all countries. There is strong need to educate people who care for elderly people. In proposed paper we present how to teach evaluation of functional abilities of elderly people using case study. The evaluation is an important indicator in the process of somatopedic diagnosis and creation of program activities for the purpose of improving health and maintaining functional abilities of the elderly persons, as well as for the development of physical activities programme. Keeping in mind the diversity of causes that precipitate the decline of functional abilities, as well as stress that can have a negative impact on physical and mental health due to change of residence, i.e. that it is the predictor of poor adjustment, the aim of the study was to determine whether the duration of stay in institutional accommodation has an impact on current functional abilities of elderly persons.

Keywords: Elderly persons, functional capacities, institution.

INTRODUCTION
We live in time and in a space in which one of the demographic characteristics is the prolongation of the lifetime and the increase in the proportion of all the elderly in the population. It shows both individual and global demographic studies (Fishman 2010). Developed countries have already faced an increase in the share of this population group in the total population, and some countries now have over 14% of the population over 65 years of age (Sweden 16.6%, Switzerland 16.8%, Germany 17%), and most of them already have a well-developed strategy for the management of this population. The situation in Bosnia and Herzegovina is somewhat more complex. War events in this
area led to migration movements, with a rapid increase in the share of older people from 6.0% to 14.0% in the entire population.

Professional workers, organizations and individuals can do a great deal to promote active healthy aging and raise the level of health and functional abilities of the elderly, as well as to create such a social climate that will provide favorable living conditions for the elderly people.

There is strong need to educate better people who are taking care of elderly people in different institutions. In this work we will describe education of personnel supporting elderly people using case study. For example, we selected the case study of functional ability of the elderly people, which was realized by Selimović (2014).

**METHOD**

Case study is efficient method in education (Janice 2005). We educated the persons, which will work with older people using the case study Functional ability of the elderly people. First, we defined the functional ability as an individual's ability to perform all the necessary activities in order to ensure an appropriate daily quality of life. This ability implies the biological, psychological and social functioning of an individual. These aspects are interconnected and rarely appear isolated from each other.

After definition of functional abilities of elderly people we define in explain how to measure and present the results of measurement. For the purpose of testing and multidimensional approach, as well as on the hypothesis set, a sample of variables was defined and the following measuring instruments were selected:

1. Barthel Index Test (BIT): The BARTHEL INDEX test is a protocol for evaluating the degree of functional independence. It was developed in 1955 by Mahoni and Barthel as a simple index of depression dependence, which was appropriate for evaluating the progress of basic daily activities of chronic neurological patients. Today Barthel is used in everyday clinical work in assessing the functional ability of people with disabilities and chronic illnesses. It is the most widespread assessment scale in rehabilitation institutions, but also in primary health care used by experts of different profiles (general practitioners, physiatrists, defectedologists).

2. Mini mental status (MMS); Mini mental status was developed by Folstein et al., 1975. The test consists of 30 items and in a simple way estimates cognitive impairment by measuring spatial and temporal orientation, memory, attention, calculation, deferred memory, language function and constituent practice.

   Score for this test is a maximum of 30 points. A score lower than 24 points to a cognitive disorder. The score is estimated in the following way:
   - From 27 to 30 - normal status.
   - From 24 to 26 - a mild cognitive disorder.
   - Of 23 and less - a severe cognitive disorder.

3. Life quality scale (LQS) The quality of life scale was developed by the Rehabilitation Engineering Research Center (RERC) for studies of the elderly with disabilities. The scale consists of 50 points divided into six categories: movement, daily activities, emotional state, thinking and communication, support of society and physical function. Respondents are asked to describe how they felt last week. The answers offered for each question on the Scale are: never, sometimes often. Each answer is quantified with 0 (no problems), 1 (difficulties occur several times during the week) and 2 (difficulties are always present). The results range from 0-100 points, with more points pointing to greater difficulties.
In next step we explained to students how to collect data, process and present them. We present the data on descriptive statistics in the table 1.

Table 1: Descriptive statistics for sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Arithmetic Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMS</td>
<td>30</td>
<td>6</td>
<td>27</td>
<td>17,03</td>
<td>6,75</td>
</tr>
<tr>
<td>BIT</td>
<td>30</td>
<td>11</td>
<td>100</td>
<td>71,66</td>
<td>25,61</td>
</tr>
<tr>
<td>LQS</td>
<td>30</td>
<td>0</td>
<td>85</td>
<td>41,7</td>
<td>22,11</td>
</tr>
<tr>
<td>ROS</td>
<td>30</td>
<td>10</td>
<td>40</td>
<td>22,2</td>
<td>9,96</td>
</tr>
<tr>
<td>UCLA</td>
<td>30</td>
<td>7</td>
<td>35</td>
<td>25,1</td>
<td>8,55</td>
</tr>
</tbody>
</table>

We discussed the results with the participants. For a better display of the obtained results, the arithmetic mean of the observed variables BIT, MMS, SQL, ROS and UCLA for initial and final testing are graphically presented at Figure 1.

Figure 1: Diagram of arithmetic means of observed variables.

In the final part of education we discussed problems which could appear in working with elderly population and how to avoid them.

RESULTS

The educational programme and materials for training of persons supporting elderly people using cases was prepared and tested.

The pilot realization was realized. After the training participants have successfully realized a project in which they were working with elderly people testing their physical condition and train them aerobic exercises.
CONCLUSION

Using case studies in training of persons, who are going to work with elderly people is very efficient and useful method. Because there will be more and more elder people there will be shortage of people supporting them. Approach we have developed can be easily implement and use for training of professionals or voluntary, who want to work with elderly people.

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REFERENCES

