

## Summary

**Title:** Activity and forms of activation in seniors in Social Care Homes

**Introduction:** The problem of aging societies is a global process that affects almost all countries in the world. Demographic changes force us to reflect on the state of preparation of contemporary societies to the growing demand for care and treatment services. Aging of societies is an important issue in state social policy. In Poland, the dominant form of elderly care is the family, which is not always able to provide proper care to the elderly, often incapable family members. The caring inefficiency of families, the transformations of modern families, and the extension of human life are a factor increasing the need for institutional assistance. Social welfare homes are often a home for the elderly, and care staff often replace friends and the immediate family. Each type of activity and activation makes the senior independent and independent from others, which gives him the opportunity to stay in the living environment. Any type of activity that an elderly person undertakes to satisfy life needs or pursue their own interests is a reason that increases satisfaction and improves their quality of life. Seniors, aware of the beneficial effects of their own activity, are more willing to work on themselves to maintain good physical and mental condition.

**Aim of the work:** The main objective of the work is to analyze the activity and forms of activation of older people in nursing homes in Podkarpace.

**Materials and Methods:** The study was conducted from April to October 2019 among 320 residents of social care homes in Podkarpace. The interview questionnaire was conducted with the participants using the direct contact method, in entities which, after being drawn, consented to the planned study at their facility. Each participant in the study had the opportunity to freely answer the questionnaire, under conditions that ensured the possibility of additional questions, and could express himself louder. The diagnostic survey method was applied using an interview questionnaire and six standardized scales. Mini Mental State Examination (MMSE), Activities of Daily Living (ADL), World Health Organization Quality of Life Test Bref (WHOQOL-Bref), Satisfaction of Life Scale (SWLS), Acceptance of Illness Scale (AIS), International Physical Activity Questionnaire (IPAQ).

**Results:** The main reason for living and using care in the nursing home was the lack of people who could provide care, multiple diseases, and the need to support the functional state of the respondents. The mean number of disease entities in the subjects was  $4.19 \pm 1.14$ . Each of the subjects suffered from at least one chronic disease. Despite the satisfaction and good evaluation of the help offered by the employees of social welfare homes, there were also difficult moments in the lives of the inhabitants. For seniors, the most difficult element of staying in the facility was the roommates with whom the respondents had to live, as not all facilities had single rooms. Seniors spent their free time mostly passively, lying in bed or watching television, and every third person (33.4%) listened to the radio in their free time. Among the offered forms of activation, the inhabitants most often used: morning gymnastics 81.6% and a short walk chosen by 78.4% of people. Music therapy was a frequent activation method (73.8%), with the passive form dominating. The level of physical activity assessed with the use of IPAQ was  $408.06 \pm 266.33$  MET \* min / week. The weekday sitting time averaged  $266.55 \pm 109.24$  minutes / day and ranged from 30 minutes to 600 minutes. The general level of physical activity, the vast majority of which was insufficient (76%), in the case of 76.6% of seniors, it was insufficient (MET \* min / week <600). Factors hindering the use of the activities proposed by the SCC were the health problems reported the most frequently by the respondents, 85.6% and the lack of willingness to participate in activity. More than half of the respondents (52.2%) did not participate in the proposed forms of activation, fearing the lack of acceptance by other residents, and in some cases the reason was architectural barriers (5.3%). The physical activity of the seniors did not significantly ( $p = 0.8503$ ) depend on the time spent in the SCH. Manual classes were the preferred form of activity for 48.1% of the respondents, while tissue paper making (34.7%) or table games (28.1%) were mentioned less frequently. Most of the seniors surveyed (77.8%) are functionally functional in terms of basic activities of daily life. Age of the seniors did not significantly affect functional status, and women (81.1%) were more fit than men (68.3%). Seniors aged 80 and over were shown to have significantly higher quality of life in the social ( $p = 0.0182$ ) and environmental ( $p = 0.0206$ ) domains compared to those under 80 years of age. However, there were no significant differences in somatic and psychological quality of life and in the age of older people. The level of education of the elderly significantly influenced their quality of life. The higher the level of education of the respondents, the better the quality of life. Seniors who stayed at the SCC for at least 5 years had a significantly higher quality of life in the environmental domain (64.60 points), slight differences ( $p = 0.0891$ ) were also indicated in the social field. 62.8% of seniors had a low level of satisfaction with quality of life.

The relationship of satisfaction with age, sex, marital status, education, number of chronic diseases, and length of living in the facility was not demonstrated. It has been shown that the higher the self-esteem of the financial situation and the better the self-esteem of health, the more often seniors evaluated their satisfaction with life highly. The lack of acceptance of the disease (8-18 points) was found in the group of 49.4% of the elderly. The average level of acceptance of the disease (19-29 points) was manifested by 46.3% of the people, and only 4.4% of the seniors accepted the disease to a good degree.

**Conclusions:** Physical activity of the surveyed seniors is insufficient, none of the seniors living in nursing homes achieved a high level of activity. The quality and satisfaction of life of nursing home residents was low and often depended on the length of stay in the facility. Most of the respondents did not undertake any form of activity. The forms of activation of residents of social welfare homes are unsatisfactory.

**Keywords:** seniors, physical activity, activation, social care homes.