

HOSTED BY



ELSEVIER

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://ees.elsevier.com/hsag/default.asp>

# Guidelines to facilitate self-care among older persons in South Africa

Tinda Rabie\*, Hester C. Klopper

INSINQ Focus Area, Faculty of Health Sciences, North-West University, Potchefstroom Campus, South Africa

## ARTICLE INFO

### Article history:

Received 20 February 2015

Accepted 26 February 2015

Available online 19 August 2015

### Keywords:

Older person

Self-care guidelines

## ABSTRACT

**Background:** The number of older persons is growing at an alarming rate, yet the South African healthcare sector is not giving this issue the required attention. Moreover, the healthcare sector serves four-fifths of the country's population and primary healthcare (PHC) facilities are overcrowded, and thus professional nurses are prevented from providing sufficient self-care health education to older persons.

**Aim:** To develop guidelines for the three role players – the public health sector, professional nurse and older person – to facilitate self-care among older persons in South Africa.

**Design:** Quantitative, descriptive, explorative and contextual research design.

**Methods:** A literature review followed by a self-care assessment of a sample of older persons using the Appraisal of Self-care Agency (ASA-A) and Exercise of Self-care Agency (ESCA) questionnaires which led to the identification of conclusions and self-care deficits.

**Results:** Based on Menon's psychological health empowerment model, and from the conclusions and self-care deficits, nine self-care guidelines were developed for the public health sector, professional nurses and older persons.

**Conclusion:** This is the first systematic development of guidelines to facilitate self-care among older persons in South Africa.

**Implications for practice:** The implementation of the self-care guidelines by the public health sector, professional nurses and older persons will improve the healthcare of older persons at home which will in turn improve their quality of life, reduce unintentional self-neglect, as well as assist in alleviating overcrowding in clinics because unnecessary visits to the clinic will drop.

Copyright © 2015, The Authors. Production and hosting by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

The public healthcare sector serves 83% of the South African population (Council for Medical Schemes, 2011) for whom PHC

facilities form the first level of care. These facilities are burdened by factors such as staff shortages, overcrowding, poor quality of care, long waiting periods (Kruger, Greeff, Watson, & Fourie, 2009) and increasing healthcare costs. Due to the increase in medical technology and the younger South

\* Corresponding author. North-West University, School of Nursing Science, South Africa. Tel.: +27 18 299 1719.

E-mail addresses: [tinda\\_rabie@yahoo.com](mailto:tinda_rabie@yahoo.com) (T. Rabie), [klopperhc@gmail.com](mailto:klopperhc@gmail.com) (H.C. Klopper).

Peer review under responsibility of Johannesburg University.

<http://dx.doi.org/10.1016/j.hsag.2015.02.005>

1025-9848/Copyright © 2015, The Authors. Production and hosting by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

African population being affected by a decrease in fertility and HIV/AIDS, South Africa has the most rapidly ageing population in Africa (Wetzels, Harmsen, Van Weel, Grol, & Wensing, 2007, p. 3). Moreover, in terms of the Bill of Rights in the Constitution of South Africa each older person has a right to adequate healthcare and access to information (South African Human Rights Commission, 1996). Furthermore, the *Older Persons Act 13 of 2006* supports the Constitution of South Africa by mentioning the rights of older persons and, among others, the importance of community-based care which ensures that older persons have the opportunity to stay in their own residences as long as possible (*Older Persons Act 13 of 2006*, p. 4).

One way of assisting the public health sector to care for the high number of older persons and to also help the older people to stay in their own homes for as long as possible is through health promotion activities focussing on self-care. Self-care refers to the ability of a person to purposefully care for the self (Gibbons, 2006, p. 324). The inability of a person to apply self-care can lead to unintentional self-neglect which inevitably decreases the quality of life. Therefore, unintentional self-neglect can be reduced or eliminated and quality of life improved if proper guidelines are implemented through self-care support groups. According to Drageset, Eide, Nygaard, Bondevik, Nortvedt and Natvig (2009, p. 67), support on a social level is vital to assist older persons in maintaining normal functioning and quality of life. When older persons live alone in the community they are less likely to implement any self-care skills that they have learnt. In this study three main role players were identified which each play an important role in facilitating self-care in older persons - the public health sector, professional nurses, and the older persons themselves. Guidelines which act as rules that provide guidance to facilitate suitable actions (Merriam-Webster Encyclopedia) were thus developed for each of these role players to assist the older person in the application of self-care.

## 2. Aim of the study

The aim of the study was to develop guidelines for the three role players - the public health sector, professional nurses and older persons - to facilitate self-care among older persons in South Africa.

The following objectives guided the research process:

- To conduct a literature review to understand self-care and related constructs from a theoretical perspective.
- To assess self-care among older persons by using the ASA-A and ESCA questionnaires.

## 3. Significance of the study

This is the first time that systematic developed self-care guidelines have been developed for assisting the three main role players (public health sector, professional nurses and older persons) in order to facilitate self-care in self-care support groups in South Africa.

## 4. Literature review

Currently the number of older persons is growing rapidly and this population is estimated to continue increasing during the next two or three decades. Globally, there are 600 million people over the age of 60. The percentage of older persons is expected to more than double from 7.6% to 16.2% by 2050 (Transgenerational Organization, 2009). In 2010 the African older population accounted for 3.6% of the total South African population and this percentage is expected to rise to 4.5% in 2030 and 10% in 2050 (Nabalamba & Chikoko, 2011, p. 2). In 2001, there were 3.3 million persons in South Africa over 60 years of age, which represented 7.5% of the population (Turok, 2006, p. 1); this number has since increased to 7.7% (Statistics SA, 2011). Despite this reality, according to Nabalamba and Chikoko (2011), the issue of ageing is not receiving much attention in policy dialogue and is therefore not a priority in budget allocations in South Africa. It thus appears that the older population is not seen as an issue that deserves priority attention in the South African healthcare setting. The neglect of this issue will have an influence on the development and maintenance of geriatric services and facilities (Ntusi & Ferreira, 2004).

Other factors that negatively affect the care of older persons in PHC facilities are staff shortages, high workloads and overcrowding caused by a high unemployment rate in South Africa (Turok, 2006). As a result of unemployment, four-fifths of South African citizens need to be served by the public health sector (Council for Medical Schemes, 2011). Moreover, older persons do not have the freedom or boldness to discuss their health or healthcare problems with healthcare providers. This state of affairs affects their general knowledge about their health conditions, thus impacting on their quality of life and ability to apply self-care. To make matters worse, according to Bastiaens, Van Royen, Rotar Pavlic, Raposo, and Baker (2007), if older people do not have any knowledge about their healthcare problems, they will not know how to treat or to take care of themselves. Therefore, addressing the issue of self-care in the older person is essential.

The term "self-care" includes the notions of self-care agency (capability and power), self-care agent (the older person) and self-care deficits (limitation in self-care agency). Orem (2001) defines the concept of self-care agency as the capability and power a person has to look after the self. In this study the concept of self-care agency refers to the capability and power of the older person to engage in self-care activities (Callaghan, 2006; Lauder, 2001; Tomey & Alligood, 2006). According to Trasher (2002, p. 115) a person who has good self-care agency has the power to make deliberate decisions about self-care. The reason for this is that they are equipped with the necessary knowledge, skills and motivation to apply self-care during decision-making and action-taking. In the context of this study this means the older person is empowered to make autonomous decisions. According to Orem (2001), the self-care agent is an individual with unique needs and capabilities engaging in self-care. Thus the agent (older person engaging in self-care activities) engages in a choice of actions and/or has the power to do so (Orem, 2001; Tomey & Alligood, 2006; Trasher, 2002). In addition to the notion of

Download English Version:

<https://daneshyari.com/en/article/2652280>

Download Persian Version:

<https://daneshyari.com/article/2652280>

[Daneshyari.com](https://daneshyari.com)