Conflict situations in the socio-health sphere of aged people

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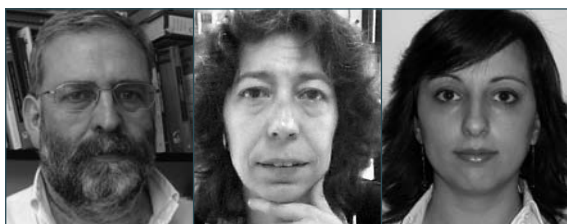
Resumen

Detección y descripción de los conflictos en la asistencia a personas mayores en el ámbito socio-sanitario en la provincia de Guipúzcoa. Este estudio forma parte de una investigación más amplia, financiada por la UPV/EHU, que aborda los conflictos en la vejez y propone intervenciones basadas en mediación y resolución de conflictos. Se realizaron entrevistas semiestructuradas a 30 individuos relacionados con la asistencia a personas mayores, 22 mujeres y 8 varones.

Los conflictos más habituales eran: desfase entre demanda y recursos, aquellos en que la familia juega un papel fundamental y conflictos de convivencia. La existencia de estereotipos negativos sobre la vejez y el envejecimiento interfieren en los conflictos, al igual que el desconocimiento detectado respecto a la dinámica de los conflictos y su resolución. Los ancianos, sus familiares y el personal técnico eran las partes de mayor implicación, siendo estos últimos un pilar fundamental en el tratamiento de la conflictividad. El manejo de estos conflictos están supeditados al mantenimiento del funcionamiento rutinario de las instituciones debido a las características de la población a las que se atiende, la escasez de recursos y sus consecuencias, y la personalización del conflicto (los ancianos son parte implicada y fuente del conflicto).

Abstract

Detection and description of conflicts when assisting aged people in the socio-health sphere in Guipúzcoa's province. This study is part of a larger research funded by the UPV/EHU dealing with old age conflicts and suggesting interventions based on mediation and conflict resolution. Semi-structured interviews were carried out upon 30 people related to old people assistance: 22 women and 8 men.

The most frequent conflicts were: demand and resources are out of step, in those cases where the family has an essential role, and coexistence conflicts. The existence of negative stereotypes about the old age and the aging process interfere with conflicts, as well as the detected lack of knowledge concerning conflict dynamics and its resolutions. Old people, their relatives, and the technical personnel were the most implied parties, of which the last ones are the mainstays when dealing with conflicts. These conflicts management is conditioned upon the maintenance of the institutions' everyday operation due to the characteristics of the population being treated, the scarcity of resources and its consequences, and the personalization of conflict (the aged people are involved in it and are the source of conflict).

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INTRODUCTION

The socio-demographic changes occurred during the last decades have generated an important change in the society's structure where the growth of the aged people group is particularly spectacular and, moreover, it is characterized by a higher life expectancy (1).

Together with the population's aging, there has been an evolution in the needs and characteristics of old people. This new reality has demanded a re-adaptation of all the resources destined to the population as a whole in order to cover, as much as possible, the needs of the aged population. Society in general has had to cope with significant changes in different contexts: health, social, judiciary, organizational and family. In some occasions, this new re-distribution of resources and their usage may have caused conflict situations.

We can obtain a basic analysis of conflicts within gerontology through the different instruments for the environmental evaluation in residential homes for the elderly (2, 3, 4).

The study of conflict dynamics in gerontology would allow knowing more deeply this kind of problems in the sphere of aged people. In line with this, and bearing in mind the contributions made by Lederach (5, 6, 7) on the structure of conflict, this study's purpose is to detect and subsequently describe those conflicts located within the frame of assistance and services to aged people in the social and/or health sphere.

MATERIAL AND METHODS

Descriptive study of the conflict situations where 30 people took part: 22 women and 8 men with an average age of 48,04, belonging to 17 institutions or organizations related to the assistance to aged people in the social and/or health sphere in Guipúzcoa's province.

Of the interviewed groups, the most represented ones were that of technical personnel (social assistants, assistants, nurses, psychologists….) and the institution's managing board, 36,70% and 26,70% respectively.

From a list of geriatric residences, social services centres, non-profit organizations and tutee lodgings for aged people in Guipúzcoa's province, 17 institutions were selected at random and we got in contact with their heads in order to make them know our study's purpose, to ask for their cooperation, and to request information about the people who might have been interested in taking part in the study.

A previously trained psychologist was in charge of personally and individually doing semi-structured interviews that lasted an hour and a half. The information gathered through open questions, such as "In the present, which issues or situations are generating conflicts?", was related with three main aspects of conflict's structure: the problem (situations causing conflict, frequency of conflicts, etc.), the process (complication of initial conflicts, presence of rumours or stereotypes, etc.), and people (people directly or indirectly involved in the conflict, capacity to make decisions, etc.).
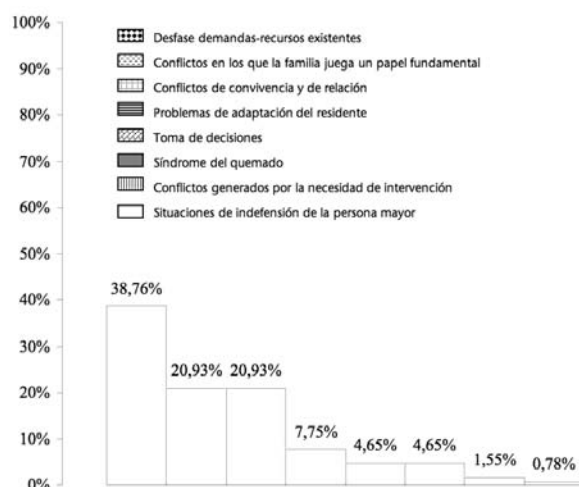
Tabla 1. Colectivo Entrevistado

Colectivo Entrevistado	Porcentaje
Persona Mayor	10
Familiar de persona mayor	6,7
Personal Técnico	36,7
Personal Administrativo	6,7
Dirección	26,7
Representante Sindical	3,3
Presidente/a	3,3
Otro	6,7
Total	100,0

RESULTS

In order to process this study's data, we have used the statistics application SPSS and we have analyzed frequencies.

The individuals taking part in this study described 129 conflicts that, subsequently, were distributed within 8 groups of basic conflicts: conflicts related to scarcity of resources (38,76%), conflicts where family has an important role (20,93%), conflicts caused by coexistence and daily relationship between people (20,93%), aged people adaptation problems (7,75%), conflicts concerning decision making (4,65%), burn-out syndrome and its consequences (4,65%), conflicts generated by the need to intervene in particular life situations of aged people (1,55%), and defencelessness situations aged people undergo or are exposed to (0,78%).

Figura 1. Situaciones de conflicto en el ámbito socio-sanitario de las personas mayores.

The boards of assistance centres for the elderly have a special sensitivity towards the conflicts related to the gap between the current demands concerning the users' assistance and the available resources. On the other hand, the technical personnel working in these centres, apart from worrying about these problems, are also focused on those conflicts in which the users' relatives are also involved.

The conflicts about the treatments received (26%), the lack of resources (18%), and the problems related with the working hours (14%) were the problems that reflected the best the situations being characterized by the gap between the resources available for the different institutions or organizations and the requests from the elderly, the family, and society in general.

The *conflicts about the treatments received* were essentially centred on the disagreements between the aged person's and/or the family's expectancies about the attention the centre should provide, and the obligations and limits that the centre and/or its workers consider to have concerning the attention of such people. Comments such as *"They're always twisting something", "They're very demanding", "They don't realize the cost of this place"*, indicated that, in most of the cases, according to the institution's opinion, aged people had a disproportionate expectancy concerning the attention they should receive or undervalued the treatments received. It was about conflicts related to quantity, quality and speed of the services or attentions received, which, quite often, turned into complaints about the work of the technical staff, assistants mainly, or into refusals of treatments from certain people.

The *lack of resources,* basically human ones, was another source of conflict in the institutions or organizations visited. The overload of work and the roles' conflict were two aspects intimately linked to the scarcity of the technical staff necessary to efficiently assist the needs of aged people. The system's rigidity as for schedules, technical support, and/or residence places/quota was also part of the conflicts related to the lack of resources.

As for the *problems related to the working hours,* the interviewed people openly showed their unease concerning the kind of working day and the organization of timetables according to the needs of the aged people. This aspect became worse when talking about the salaries paid.

The conflicts where the family had an essential role changed depending on whether they occurred inside or outside the family core. The *problems arising inside the family core* resulted from the consequences of the old person's attention, the distribution of the aged person's treatments among the different members of the family, the loss of liberty, the economic expenses, the physical and psychological exhaustion, and/or the decision making about the aged person's placing or not placing in a geriatric institution or a day centre. The aspect generating more conflicts within the family was the guilt feeling for placing the aged person in a centre. These guilt feelings could be fuelled by the aged person when showing the abandonment feeling (*"5 children and I'm here"*) or by society in general (*"Don't they have money to keep her at home?", "Having a relative in a residence gives a bad image. When they see you on the street and you mention that he/she is in a residence, you can feel a change of attitude"*).

Concerning the *conflicts occurring outside the family core,* that is to say, in the institution, three additional actors were detected, apart from the family: the aged person, the centre, and the workers. The problems between the family and the aged person could arise for different reasons, such as the lack of visits from the family to the placed person or situations related to the decision of placing the aged person in a residence or a centre. In those situations, opposition might come either from the aged person or from the family itself. The conflicts between the family and the centre or institution were due to differences arising from information problems or from the demands the relatives made to the centre concerning the attention they thought the aged person should receive. The disagreements between the family and the workers were related to the way of assisting the aged person and/or the medical treatment required. Especially, there were complaints about the work done by the assistants.

Tabla 2. Número de conflictos enumerados en cada grupo de conflictos en función del colectivo entrevistado

Colectivo Entrevistado	Tipo de Conflicto							
	DDR	CF	CV	A	TD	SQ	CNI	SI
Persona Mayor	2	--	4	--	--	--	1	--
Familiar persona mayor	--	2	2	2	1	--	--	--
Personal Técnico	16	14	9	3	3	3	1	--
Personal Administrativo	5	--	1	--	--	--	--	--
Dirección	22	9	8	5	2	3	--	1
Representante Sindical	3	1	1	--	--	--	--	--
Presidente/a	--	--	1	--	--	--	--	--
Otro	2	1	1	--	--	--	--	--
Total	50	27	27	10	6	6	2	1

DDR Desfase demandas-recursos / **CF** Conflictos en los que la familia juega un papel fundamental / **CV** Conflictos de convivencia y de relación / **A** Problemas de adaptación del residente / **TD** Toma de decisiones / **SQ** Síndrome del quemado / **CNI** Conflictos generados por la necesidad de intervención / **SI** Situaciones de indefensión de la persona mayor.

74,07% of coexistence and relationship conflicts were caused by the daily relationship between people. In most cases, they occurred among aged people, but we also found problems between aged people and their attendants. The sense of territoriality and of property grounded the *arguments between aged people*. The most frequent arguments were related to the obligatory room sharing. There was a variety of reasons for arguing: the table they wanted at the dining hall; the TV channel to be watched in common halls; the heating and/or the use of common goods. The comments stated by the workers concerning those arguments referred to three aspects: the personality of aged people *("Aged people are very bad-tempered, they have a strong personality, they are in a bad mood and they are very difficult to live with"),* the relativity of the issues aged people argue about *("They argue about things not important")*, and the relationship age-deterioration-problems *("The older they are, the more problems they give")*.

Arguments between aged people and their attendants were mainly caused by the disappearance, real or fictitious, of pieces of clothes. The origin of argument was not only the material property, but also the possibility of deciding about aspects concerning the own person: especially, the personal hygiene, the desire to have sentimental relationships, complaints about how they are treated, and/or compliance with the rules.

80% of the residents' adaptation problems were related to the difficulties that aged people had during the adaptation period after being placed in an institution. The other 20% was directly related to the depression caused by the failure to adapt to his/her new situation as resident.

As for the conflicts generated by decision making, it was remarkably outstanding the important anguish originated by the decision of placing an aged person in an institution. This anguish appeared both in the family and in the aged person, no matter the placement was voluntary or not. Although to a lesser extent, in this section there was also a reference to the decision making when the aged person was disabled and to the vital decisions the family had to make concerning their loved one.

The people taking part in this study talked about the burned-out syndrome to refer to the relatives and to the workers as well, when they were overwhelmed by the assistance to the old person (people) they were responsible for.

96,30% of people, in the conflicts they had to cope with daily or weekly, detected the presence of rumours, misinformation, negative stereotypes and/or prejudices about the aged people. Moreover, in 33,33% of the interviews done, several prejudiced comments on aged people were detected. For instance: *"They are very possessive", "they tend to find problems everywhere", "people's personality gets worse", "they are very jealous"*. Society's negative consideration of those children placing their parents in geriatric residences, the comparative affront between workers and the comments about it, and the negative prejudices about the centre (life quality at the centre, its interests and benefits concerning the placing of an aged person, etc.) also appeared during the interviews.

As for the parties or actors involved in the conflicts related with aged people, and according to this study's participants, aged people were always taking part in the conflict (100%), secondly, the aged people's relatives were involved in 78% of conflicts, and finally, the technical staff were involved in 64% of conflicts.

According to 92% of the individuals, in conflicts related with aged people, there were some people who had a greater influence on the others. If we focus on the three parties to these conflicts, the power hierarchy,

from top to bottom, would be: technical staff, relatives, and aged person. 39,29% of participants thought that the technical staff had the power to influence on the others; it was followed by the aged person's relatives (17,86%), whereas the aged person did not have such capacity (3,57%).

The technical staff was also considered to have a greater capacity to make decisions as well as the institution's board (39,10% and 17,40% respectively). In no case was it considered that only the aged person could make decisions.

The research participants had great difficulties in answering questions about the conflicts' phase: whether they were treatable or negotiable; position adopted by the parties; benefits provided by certain solutions; information about the solution attempts; the existence of representatives in the conflict; the presence of coalitions and the people who were doing them; the kind of behavioural changes and the relationship between parties because of the conflict; questions about the existence of people who may interfere, positively or negatively, with the conflict's resolution.

DISCUSSION

The data obtained from this study show a first approach to the conflict situations that can be found in the context of assisting aged people within the socio-health sphere, as well as those conflicts' dynamics and structure.

It is interesting to point out that this study's participants had difficulties in answering questions which required a deeper analysis of conflict situations. This superficial knowledge of the conflict situations they face is a serious obstacle to deal with them properly (5, 7, 8).

Likewise, we must underline that the strong personal implication of the interviewed people can even limit the management of the simplest conflicts, which are generally characterized by a greater ease and speed of resolution (9, 10).

The technical staff is one of the basic pillars in old age conflicts' management. Apart from being an involved party, in numerous occasions they act as a filter between the institution, the aged people, and the relatives. Thereby, they are an essential piece when dealing with difficult situations in the sphere we are talking about.

The characteristics of the population being assisted, the scarcity of resources and its consequences, as well as the conflict's personalization (the aged person ends up being an involved party and a source of conflict at the same time) imply that, nowadays, these conflicts' management is conditioned upon the maintenance of the institutions' daily running.

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