

GROWING OLD IN NORWAY

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Liv is an 80 year old woman who became a widow 8 years ago. She has 3 children, 2 sons and 1 daughter, and 6 grandchildren. Up until 4 years ago she was living in the house she and her husband built in 1954 and where the children were raised. One of her sons and his family are living in the same town as Liv, the other son is living in another town, 2000 km to the north. The daughter and her family are also living in another town.

She grew up as the only girl and the youngest in a family with 5 siblings. In spite of being the youngest child she was expected to take part in the housekeeping from an early age. She has clear memories of helping her mother carrying water from the nearby river and fetching wood for the fireplace and the stove when she was no more than 5 years old. the children took part in the housework but she remembers that her part was bigger, since she was a girl. She went to school for 5 years and later she started to work as a shop assistant at the age of 17.

All her brothers went to school longer than she did. Her mother and father did all they could to help their sons become «skilled» persons. Even if Liv had dreams of her own of being a school-teacher she realised that it was unrealistic, since her family was not too well off. Her father was a policeman, her mother a housewife.

She met her husband to be during the war, at the age of 25. He was a carpenter, 4 years older than herself. Due to the uncertain times, the marriage did not take place until the war was over and shortly after their first son was born. During the next 3 years 2 more children were born too. She says this was what they wanted - they started their family relatively late in life (she was 29 when her first child was born) but in spite of this they were blessed with 3 healthy children.

Liv gave up working when she got married. When the children were in their teens she tried to return to a job similar to the one she had before, but realised that she - being in her mid forties and without any formal training - did not have many chances in the job market. For some time she dwelt with the dreams of going back to school, but finally decided not to do so.

She dedicated all her time instead to her family, keeping the house nice and tidy, serving good nourishing meals - but above all: Doing all that she could in motivating her children (and especially her daughter) in terms of education.

One of the proudest days of her life she tells, was when her daughter received her diploma as a teacher.

Liv and her family had a good life. She characterises her relationship with her husband as very good. He was a «typical man», genuinely concerned with the well-being of her and the children. They considered themselves Christians, even if they did not go to church every Sunday. They had many good friends, and Liv and her husband were also active in the local gardening club.

When her husband had a stroke and was unable to care for himself, Liv managed to take care of him in their home until he died 2 years later.

During this couple of years she also suffered the loss of quite a few good friends - who also died.

Shortly after his death Liv fell on the floor in the bath-room and fractured the collum of her left femur. She was sent to a local hospital for operation and afterwards to a rehabilitation unit where she stayed for a month. This rehabilitation went well, and she was able to return to her home where she now was living alone. She tells that it was at about this time, after her first fracture, that she started to loose weight. During the next 2 years she lost about 15 kilos and she went from being a healthy, normal woman to being underweight.

The reason for this weight loss was that she no longer had proper meals like she used to have when her husband was alive. She no longer saw the need for making them - now that she was alone. She also felt that she had no appetite.

One year after her first fracture Liv had two more, first one in her right elbow, and six months after that another fracture in her left hip. This time rehabilitation was not so successful as the first time. She was diagnosed as having osteoporosis.

After six weeks she was sent home but realised soon that her house was no longer suitable for her to live in. It was too big, had one bathroom on the 2.floor, steep staircases and high doorsteps. She also had to climb stairs to enter the house.

Together with her son she made the decision to sell the house and move to a small rented council flat. They also discussed whether or not she could live with any of her children and their families, but finally she made up her mind not to live with any of them. This decision was not made because she did not get along with her children but because she did not want to «be a burden».to any of them.

After the house was sold and she was installed in her new flat she started having trouble sleeping at night. Her doctor gave her some sleeping tablets.

Some months later her daughter in law found that Liv had started neglecting her personal hygiene and the maintenance of her home.

Gradually she started to withdraw herself from family and friends, and she seldom left her flat.

Her children became more and more worried about her, and especially her grandchildren living in the same town were concerned. They tried to pay her visits daily, but it became more and more evident that «Granny» was no longer able to take care of herself.

Finally her son contacted the local home care service-centre and Liv was visited by a nurse and an occupational therapist. They found that she had been taking too many sleeping tablets, was suffering from severe pain in her back and had trouble walking.

This was due to both the thought of falling and pain from her previous fractures.

They also felt that she was suffering from a mild depression. Her steadily growing underweight was also a matter of concern.

A few weeks later she was offered a short term stay at a nursing home for rehabilitation. At first Liv did not want to accept this offer, claiming that she was not in need of any nursing home - and that she was perfectly able to take care of herself.

She also stated that in her opinion nursing homes were made for those who did not have any family to care for them or those who had treated their children so badly that they did not deserve better! This set of arguments took her family by surprise because she earlier had said that nursing homes was a good solution when people grew old and needed care, especially since they were the ones who had rebuilt the country after the war.

The family together with the nurse managed finally to persuade her into giving it a try for two months, promising her that if she wanted to return to her flat before the stay was over she could do so.

The stay was a success. She gradually managed to overcome her depression, reduced her amount of sleeping tablets and started to regain her appetite. She even managed to

reduce her fear of falling. The pain she was feeling in her spine and her left foot was slightly reduced because she was offered adequate treatment for it. She enjoyed the company of the other people, both residents and staff. .

Now she is back in her flat again. She is feeling much better than before, but is missing the feeling of security that she had when she was at the nursing home.

She has already filled in and signed the application forms for a permanent stay. She knows that the waiting lists for the nursing homes are long, and that it is very likely that she will be considered as being too healthy for a permanent stay.

There are alternatives in private nursing homes. She is living on her national pension plus a small pension after her husband. She does not consider her financial situation as a problem since she was able to sell the house and then put aside money so that she can pay the rent on her flat for the next 20 years.

She knows that she can afford to pay the costs of a private nursing home but still she does not want to spend so much money on herself. Even if she will have to pay for the stay at a nursing home owned by the municipality, it is cheaper than the private alternative.

She also feels that it is more ethical and politically correct that «the society» takes care of their elderly.

So she waits in line