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The average American life expectancy is at 75 years, which reflects an increasing population of Senior citizens projected to reach around 80 million when year 2050 comes around. This is also true with countries as developed as the USA and that of Korea estimating to be at one for every five persons belonging to the senior category. What is also projected is the fact that also by 2050, more Americans will live at 85 and above at a 30 percent increase of the population.

This implies a lot of things; mainly, the need for continuing care will be increased as facilities for such arrangements obviously have to be taken cared of or planned as well (Park and Sprague, 2007). Changing values in thefamily, the fact of urbanization and improved financial capabilities of those reaching their senior years account for this increased need for continuing care retirement institutions. The picture of current sophisticatednursingcare for the elderly is no longer confined to the typical home for the aged.

Today’s communities prepared for those in their retirement years take into consideration the sense of independence or autonomy of senior adults, the preservation of their dignity and especially the needed care of each unique individuals, making the residents feel that home becomes an integral ambience of their stay (Park and Sprague, 2007). Definitely, the challenges that are distinctive of the senior years include first and foremost the physical decline of the elderly.

This alone cascades into several ramifications including the loss or diminished use of some sensory capacities such as loss of touch and impairment of hearing and visual capabilities (“ Factors in the elder care decision. ” 2005). Reduced strength becomes a source of daily struggle since motor reflexes become slow as energy levels are equally diminishing (Park and Sprague, 2007). With these changes, the decision to commit elderly to the care of professionals in institutions is usually made when all the advantages and disadvantages have been considered.

Advantages include having the facilities such as residential care social services where the physical needs are virtually taken cared of; senior community center where the social interactions are looked after to alleviate loneliness and sense of detachment from the family and the community; independent housing, and nursing home care where thehealthis maintained and diseases are reduced to a minimum; all the needs of the elderly have been thought of and designed basing on the continuum of care concept (“ Factors in the elder care decision.

” 2005). Bathing, meals, and medications are practically relieved from the care of the immediate relatives and provided for by trained personnel. In addition, the elderly who can hardly sustain themselves are provided with skilled nursing facilities; those who have become totally dependent such as the bedridden and myriad health problems (Park and Sprague, 2007). Disadvantages start with the rent or cost which is understandably high.

Some residential areas may be lower in cost but the isolation may complicate or worsen the health conditions of those who become lonely for their loved ones and other vital connections. Other disadvantages are the risks of physical abuse and neglect which are not hundred percent guaranteed in some or many facilities despite the promise of administrative personnel to their clients. In addition, there may limitations as to the number of residents that a facility may take in; hence it may take a while to apply and be accepted in some of the excellent communities.

Questions arise whether excellent care is actually given to the elderly, or whether the staffs that are hired are actually knowledgeable and skilled to take care of the individual clients (Park and Sprague, 2007). In conclusion, the relatives or loved ones of the elderly will eventually make their decision on affordability and sense of security that they feel concerning the prospective community that they will confine their elderly into (“ Factors in the elder care decision.

” 2005). Studies reveal that most elderly have maintained and/restored vitality when confined to the care of these trained professionals. On the other hand, it would probably be all important that decisions be made exhaustively, as residents may find their options are decisions they need to accept as lifetime (Krooks and Stoppel, 2007) as they will be leaving homes and loved ones, and in all probability will include the decision to sell their residential abodes. Reference:

Krooks, Bernard and Kirsten Stoppel. 2000. Continuing Care Retirement Communities. Accessed February 18, 2008 “ Factors in the elder care decision. ” 2005. Accessed February 17, 2008