

## Increasing Independence in Hygiene and Grooming

Activities of daily living (ADLs), include the fundamental skills typically needed to manage basic physical needs, comprised the following areas: grooming, personal hygiene, dressing, toileting, continence, transferring, mobilising, and eating <sup>1</sup>.

The ability to perform ADLs is dependent upon cognitive, motor, sensory and perceptual abilities. There is also the important distinction of the individual's ability to complete the task versus the ability to recognise that the task needs to be done without prompting <sup>1</sup>.

Being able to achieve tasks involving dressing and keeping clean support one's sense of dignity and are important regardless of a person's age or disability (Okabe) Simple changes can make completion of ADLs easier for older adults to perform independently <sup>1</sup>.

### HYGIENE & GROOMING

Hygiene and grooming an important aspect of self-care, bathing serves the physiological purpose of cleaning away accumulated waste materials and dead skin that might otherwise lead to infection. It also serves the social purpose of maintaining an acceptable standard of cleanliness and provides individuals the opportunity to revive and refresh through the washing process <sup>2</sup>.

Bathing for is an activity that may not only serve a functional purpose but may also be a means of enabling social interactions, of maintaining an order and routine about daily life, and a way to relax and rejuvenate <sup>2</sup>.

Disability in bathing is common, it involves multiple subtasks, and is attributable to an array of consequent physical and psychological problems. Preventive and restorative interventions for bathing disability will need to account for the inherent complexity of this essential activity of daily living <sup>3</sup>. It requires many personal capacities, and it is closely related to environmental factors <sup>4</sup>.

The subtasks of bathing include obtaining and using supplies, taking off clothes, turning on the water and adjusting the temperature, getting into the bathing position, washing the whole body, leaving the bathing position, drying the whole body and getting dressed <sup>5</sup>.

In order of difficulty of ADLs grooming and bathing is the highest <sup>6</sup>, most demanding task that will commence becoming difficult earlier than other ADL tasks. Clients generally lose bathing ability, followed by toileting, transferring, dressing, eating, and finally, continence <sup>7</sup>.

Lower-extremity strength appears to be lost in older people before upper-extremity strength <sup>8</sup>. This explains the complexity of intervention given both upper and lower limb ability are required for bathing and grooming <sup>5</sup>.

### FACTORS INFLUENCING THE TASK

The factors influencing achievement of the task include anything that could potentially help or hinder bathing performance.

Within the personal domain there physical factors (balance, gait, strength, endurance, pain, limited range of motion, decreased vision, impaired sensation), psychological factors (depression, high falls fear, poor confidence), attitudes and preferences about bathing, and cognition 4.

Occupation is defined as groups of activities and tasks engaged in to meet personal needs. For the task of bathing, the occupation domain includes bathing routines or method (such as frequency or techniques used) as well as task demands, that is, the specific sub-tasks and actions required to perform the task. The task demands include aspects of sequencing, timing, and required physical and cognitive performance skills 4.

The environmental domain includes the social and physical environment.

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The physical environment includes safety devices, bathroom hazards, materials or objects used in the performance of the activity (soap, shampoo, towels), and physical space. Physical space comprises the size and layout of the bathroom, doorway width and threshold heights, locations of light switches, outlets, fixtures, appliances, floor material and finishes, light and noise levels and accessibility and usability of features such as the type of water controls in the tub or shower 4.

The bathroom has been cited as one of the most common sites for environmental hazards in the home 4.

The traditional design of the bathroom often fails to meet the needs of Clients and does not account for an individual's compromised functional capabilities they undergo disability related changes 5.

The high rate of unsafe environmental features, even in housing facilities designed for older adults, indicates the need for intervention for Clients to help prevent bathroom related falls and bathing disability 4.

#### **ALTERED INDEPENDENCE**

According to conceptual models of the disablement process, disability occurs when there is a gap or mismatch between personal capabilities and environmental demands 5.

Bathing difficulty is associated with problems bending and reaching 4. Difficulty or dependence was most often reported in the subtasks of getting into and leaving the bathing position followed by washing whole body 3.

The majority of older people 59%, have more than one reason for bathing disability, more than one subtask that limits successfully achieving the task. The most common reasons cited by participants for their bathing disability were balance problems (28%), arthritic complaints (26%), and fall or fear of falling (23%) 3.

Commonly Clients modify their usual bathing function by restricting their method or frequency of bathing 2. This results in suboptimal outcomes of the activity causing physical, psychological and social implications.

Typically, grooming, bathing, and dressing are considered low priority compared to activities needed to maintain life, such as eating, moving, and using the toilet. Therefore, Clients with some disabilities may be less interested in grooming and bathing and therefore less likely to undertake these activities 6.

The onset of bathing disability has been shown to be a pivotal point in the disabling process for Clients (Golding) Among community-living older persons, the occurrence of persistent disability in

bathing is independently associated with the risk of a long-term nursing home admission 10.

### **ENHANCING PARTICIPATION**

Client-centred approaches to enhancing independence in self-care activities can improve quality of life for patients and help to alleviate caregiver burden 1.

Environmental adaptations for bathing, including home modifications and assistive devices, may limit this gap between capabilities and environmental demands by enhancing one's ability to perform specific subtasks or by reducing environmental risks 5.

Individuals who have difficulty without assistance with bathing are significantly less likely to have environmental adaptations in place than dependent participants who required personal assistance to bathe 5. The prevalence of environmental adaptations for bathing for those experiencing difficulty was less than 50% 3.

Enhancing participation is a multifactorial intervention. In addition to raising expectations of aging and decreased levels of physical activity, interventions that engage older persons in setting specific goals for bathing may also prompt older persons to seek out and implement strategies to maintain and improve their bathing function 2.

### **INTERVENTION**

Prescription of adaptive equipment is a core component of Therapy intervention. Adaptive equipment can help people with physical limitations to optimise their independence during the completion of ADLs 11.

Therapist involvement in the assessment of bathing function and prescription of appropriate interventions may be a key facilitator to the improved installation and use of environmental adaptations for bathing 5.

Patients' perception of the benefit of the equipment, their involvement in its selection, whether they had received training in its use, and whether family members were present during this training were associated with more compliant equipment use 11.

The use of assistive devices is commonly recommended, however, adequate training and follow-up with use of devices prescribed by Therapists is needed to promote device use 4.

Clients often use an informal process for obtaining bath aids, in the absence of a professional assessment of bathing disability tied to the provision of a targeted bathing intervention. These Clients may be underutilising bath aids or using aids that are not appropriately aligned with their actual needs 2.

Even if an intervention is provided, it often does not make the most of the care recipient's remaining ability, with the amount of assistance given being overly high 6. Many care staff are not trained or skilled to offer supported bathing and grooming and will instead overcompensate for a Client's decreased independence.

A focus on use of Assistive Technology to promote independence in the whole task or sub tasks is essential. If a Carer is present during the task, it is important they don't complete the task wholly, removing the Client's ability to actively participate if able.

## ASSISTIVE TECHNOLOGY

Home-based intervention in the use of devices Assistive Technology significantly improves function, achievement of the task and Client satisfaction 12. Those who were bathe without personal assistance prefer the use of bath aids to help them remain independent 2.

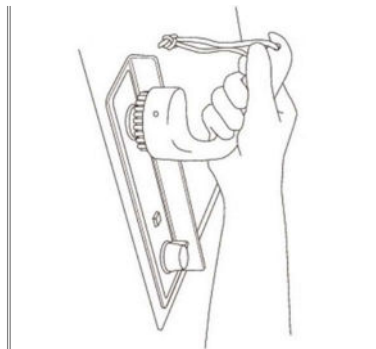
Studies that systematically assessed and implemented bathing adaptations have demonstrated reductions in health care costs as well as in the need for home-based nursing and institutional care 5.

Assistive Technology utilised to assist in bathing and grooming can include:

### Long handled beauty tools:



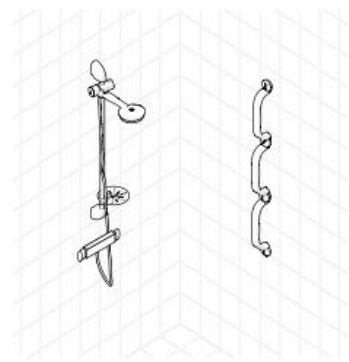
### Tap turners:



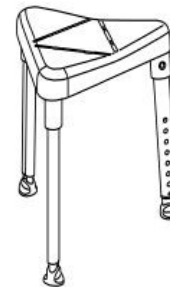
Non slip falls safety mats:



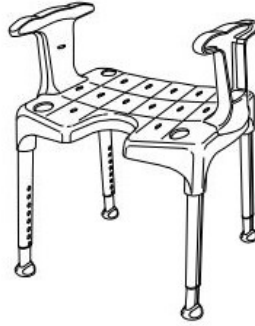
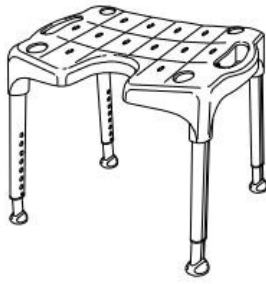
Grab rails:



Shower Stools:



Shower Chairs:



Commodes:



Bath access:





### Dressing Reachers:



### Dressing aids:



### CONCLUSION

Physical functionality is determined by a Clients' ability to undertake ADLs, which decreases with age & illness and disease progression.

Bathing is a complex ADL, important for personal hygiene and a sense of autonomy. It requires intact memory, judgement, organisation, mobility, co-ordination, and strength. Bathing disabilities are an important predictor of future disease burden and mortality 3.

Occupational therapy interventions have been found highly beneficial in terms of supporting older people in becoming independent of home help in bathing 13.

Implementation of Assistive Technology can maintain independence or enhance participation when a Carer is assisting. Utilising equipment to support bathing and grooming will maximise functional participation, physical and cognitive, resulting in enhanced quality of life.

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