



Lasallian Reflections

No. 14a

Brothers of the Christian Schools

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District Retirement Policy

Preamble

Advancing age or infirmity can oblige the Brothers to lessen the pace of their active work. Motivated by faith and zeal, they search for new ways to exercise their ministry as a response to a new call from God ("Rule," 16d).

Self mastery and renunciation in following the example of Christ lead the Brothers to accept the demands of community life and observance of the Rule, as well as the fatigue that comes from their work, their suffering of soul and body, and the infirmities that come with advancing age ("Rule," 74a).

Each Brother, regardless of his age, has a role to play in the vitality of the Institute. The fidelity of the Brothers is achieved by their daily response to different situations, by getting to know more fully persons and the milieu in which they live and work, and by the determination to find new strength in frequent prayer ("Rule," 145).

This period of life (from retirement to death) has two special characteristics: a progressive diminution of vital forces and a greater freedom to organize time and choose activities. ... the Brother needs help to recognize and accept his value as a person at a time when he has given up his professional activities. ... Old age affords opportunities for using personal talents in ways that could not be imagined in previous (years.) The community should benefit from the many gifts ageing Brothers have without however, the Brothers being made to feel themselves under an obligation to make themselves useful ("Guide for Formation," #292).

Those who are retired

Brothers aged 65 and over in receipt of a pension. Some may earn a full or part stipend.

Brothers under 65 in receipt of a disability or invalid pension.

Brothers under 65 unable to be employed because of health or other reasons.

Some facts

Many Brothers over 65 years of age receive some financial remuneration for their ministry, which is usually school based.

Any Brother who has had his 65th birthday is not obliged to be engaged in an "earning" ministry.

Some Brothers have difficulty in recognizing the right moment to retire from full time ministry.

Brothers in later years

In the Institute at present the term "Brothers in Later Years" is used for Brothers who have reached the age of 70 years.

The District Administration has appointed a Brother with special pastoral responsibility for these Brothers.

Principles

Retirement for the Brother is an integral part of the active religious life. Yet it does not mean total withdrawal from apostolic commitment. Retirement provides an opportunity for personal growth, the pursuit of current interests and the exploration of new ones even though physical stamina may have passed its prime.

The Brother who continues to develop in retirement is one who lays a foundation earlier in life, who builds a structure over the years through positive attitudes toward life, who maintains courage in facing obstacles, and has a constant desire to grow in understanding. Such a foundation will support the Brother in maintaining physical, mental, social, and spiritual vitality.

1. Each Brother is recognized for his dignity, uniqueness, and potential contribution to community, regardless of age.
2. Each Brother is self directed toward the realization of the goals to which he is committed.
3. Each Brother has a need for self actualisation. Each Brother has a natural tendency and desire to undertake meaningful occupation of time.
4. Each Brother is entitled to preventive, restorative, and rehabilitative health care. In retirement, he is able to experience the development of unrealized potentialities for living his commitment to Jesus Christ, the Church, the Institute and his neighbor.
5. Leisure is an essential part of living and an important part of retirement. With its relaxation and quietness, retirement affords each Brother the freedom to discover his own level of satisfying activity.
6. Life long education is imperative for Brothers so they will be equipped to cope with a changing society and able to plan for the future.
7. Brothers in mid life are encouraged to take advantage of workshops, seminars, in-service programs, retreats, and literature referring to ageing and retirement so as to prepare for later years.
8. Pre retirement and retirement programs for Brothers are person oriented, highlighting one's self worth rather than one's accomplishments.
9. With advancing age the Brothers are encouraged to lessen their responsibilities in a manner comparable to their lay counterparts.
10. Decisions concerning retirement or career development are made by the Brother himself, in consultation with those appointed to accompany him, as well as with the Brother Visitor.

Accommodation

There are four categories of retired Brothers who will be in need of accommodation in the near future. A detailed analysis follows:

• **Category A. Retired Brothers who can live independently**

At present Brothers in category A are accommodated in mainstream communities. Many Brothers contribute to the community and its associated ministries through services which they offer. Some of these Brothers are in receipt of stipend or part stipend as well as a government pension.

• **Category B. Retired Brothers who can live independently with some support**

Brothers in this category would include those who live in residences which operate independently and are not directly attached to a particular ministry. Brothers are free to develop other ministries suitable to their age and health. Main meals are provided seven days a week and a meal is prepared in advance for each evening. Brothers can be transported to healthcare appointments if they are unable to drive. They are encouraged to maintain interests outside the community. They are also encouraged

to make use of the facilities for senior citizens that exist within the local region. Access to local facilities is available if Brothers are in need of healthcare. When necessary, home visits by health services and professionals can be arranged. Some of these services are provided at no cost to the community.

• **Category C. Retired Brothers who need assistance**

In this category the only facility presently available to the Brothers is Villa La Salle, Southport. Here the Brothers have access to twenty four hour nursing care, while at the same time they are encouraged to live as independently as they are able. They have the opportunity of joining in activities organized for the residents of Villa La Salle.

• **Category D. Retired Brothers who require full care**

Here full nursing care is provided for Brothers who cannot maintain any quality of life independently. To date, obtaining a placement for Brothers in facilities conducted by state or church authorities has not been a major challenge.

Given the fact that the De La Salle Brothers will need to work with government and church agencies in the provision of care for our aged Brothers, District policies would need to be in accordance with the policies adopted by the state authorities. However, because of our Lasallian traditions our special ethos would need to be kept in mind when planning care and accommodation for ageing Brothers.

“Lasallians ageing in place” would become the focus for our District Policy.

Consequences

Brothers as they age and retire are encouraged to remain in apostolic communities as long as they are able to live independently.

Following are some consequences of the policy.

- I. Brothers approaching category A seek ways of maintaining an involvement in ministry by developing skills which will support their continued involvement in works approved by the District.
- II. As Brothers age and move into category B, supports such as room cleaning, assistance with laundry and kitchen services, and transport to healthcare facilities will be required. The District needs to establish or maintain community residences where these services can be provided at minimum cost by networking with other agencies.
- III. When Brothers enter category C and need more assistance in order to live independently, the Community Director, in consultation with the Brother responsible for the care of the senior Brothers within the District, investigates the support services that are provided by the state and federal governments and church agencies, within the local area. If the needs of the Brother are unable to be met within his present community, relocation to a more suitable residence may be required.
- IV. When it becomes necessary for a Brother to receive full nursing care the Brother responsible for the care of the senior Brothers within the District, in consultation with the Brother and his Community Director makes appropriate arrangements for transfer to a suitable facility. This facility may be administered by state or church agencies.



Criteria to aid discernment for accommodation and care options

Reference is made to Gordon's Functional Health Patterns model as outlined in Gordon, M., (1994). *Nursing Diagnosis: Process and Application* (3rd ed.). St Louis: Mosby and Gordon, M., (2002). *Manual of Nursing Diagnoses* (10th ed.) St Louis: Mosby, and the Sinsinawa USA Dominican Retirement classification.

Gordon's Functional Health Patterns:

Health perception health management pattern

Focuses on the Brother's perceived pattern of health and well being and how his health is managed. Includes the Brother's perception of his health status and its relevance to current activities and future planning. Also included is the general level of health care behavior such as health promotion activities, adherence to physical, mental, spiritual and social preventive health practices and follow up care.

Nutritional metabolic pattern

Focuses on the Brother's patterns of food and fluid consumption relative to metabolic needs and pattern indicators of local nutrient supply. Includes the Brother's patterns of food and fluid consumption, daily eating times, types and quantity of food and fluids consumed, particular food preferences, and use of nutrient or vitamin supplements. The condition of skin, hair, nails, mucous membranes, teeth and measurements of body temperature, height and weight are considered.

Elimination pattern

Focuses on patterns of excretory function - bowel, bladder and skin.

Regularity and control of elimination patterns are important in most people's lives.

(N.B This can be expanded to include aspects of incontinence.)

Activity exercise pattern

Focuses on the Brother's pattern of exercise, activity, leisure and recreation. Includes activities of daily living requiring energy expenditure, such as hygiene, cooking, shopping, eating, working and home maintenance. Also included are the type, quantity and quality of exercise, including activi-



ties, which describe the typical pattern. Assessment of activity patterns can lead to the detection of poor health practices.

Sleep rest pattern

Focuses on the Brother's patterns of sleep, rest and recreation. Also included are aids to sleep, such as medications or nighttime routines.

(N. B. Can be expanded.)

Cognitive perceptual pattern

Focuses on the Brother's sensory perceptual and cognitive pattern. Thinking, hearing, seeing, smelling, tasting and touching are human functions taken for granted until deficits arise. Includes the adequacy of sensory modes, such as vision, hearing, taste, touch or smell and the compensation or prostheses used to deal with disturbances.

Self perception - self concept pattern

Focuses on the Brother's self concept pattern and perceptions of self. Includes attitudes about self, perception of abilities (cognitive, affective or physical), image, identity, general sense of worth and general emotion pattern.

Role relationship pattern

Focuses on the Brother's pattern of role engagements and relationships. Includes perception of

the major roles and responsibilities in a Brother's current life situations. Satisfaction or disturbances in family or social relationships and responsibilities are considered.

Sexuality reproductive pattern

Focuses on the Brother's patterns of satisfaction or dissatisfaction with one's own sexuality.

Coping stress tolerance pattern

Focuses on the Brother's general coping pattern and effectiveness of the pattern in terms of stress

tolerance. Includes the reserve or capacity to resist challenges to self-integrity, modes of handling stress, community / family or other support systems and perceived ability to control and manage situations.

Value belief pattern

Focuses on the Brother's patterns of values, goals or beliefs that guide choices or decisions. Includes what is perceived as important in life and any perceived conflicts in values, beliefs or expectations that are health related.

Category A Independent living

Health perception health management

Plans and manages own health
Makes health care and other appointments
Seeks and follows directions regarding own health care.

Is capable of maintaining a personal area
Is independent in regard to self care: bathing/hygiene, dressing/grooming, feeding, toileting if aids are used - can independently manage these, and personal laundry.

Plans and implements daily activities
Manages and administers own medication
Plans and implements a personal budget
Makes choices consistent with a lifestyle that facilitates optimum health
In consultation with the Visitor, makes choices for living arrangements, ministries, spiritual, physical, mental and social life long development

Activity exercise pattern

Moves about independently
Independently evacuates a premises, in emergencies.
Arranges own transportation

Nutritional metabolic pattern

Prepares own meals or negotiates alternatives
Eats without assistance

Cognitive perceptual pattern

Is alert to person, time and place
Memory is intact despite occasional forgetfulness
Has no consistent pattern of memory loss
Possesses mental capability to identify environmental needs and meet them

Coping stress tolerance pattern

Deals appropriately with emotions and accesses available resources to cope with stress.

Category B Independent living with assistive services and devices

Health perception health management

Plans and manages own health with assistance
Makes health care and other appointments with assistance
Seeks and follows directions regarding own health care with possible assistance

Is capable of maintaining a personal area with assistance
Is independent in regard to self care: bathing/hygiene, dressing/grooming, feeding, toileting - if aids are used - can independently manage these, and personal laundry although may require assistance

Plans and implements daily activities. May require assistance

Manages and administers own medication with supervision as required

Plans and implements a personal budget with assistance

Makes choices consistent with a lifestyle that facilitates optimum health

In consultation with the Visitor, makes choices for living arrangements, ministries, spiritual, physical, mental and social life long development

Activity exercise pattern

Moves about independently. Assistive devices may be required

Independently evacuates a premises, in emergencies.

Arranges own transportation

Continues to drive with approval of health care

professional (medical officer)

Nutritional metabolic pattern

Prepares own meals or negotiates alternatives

Eats without assistance

Is knowledgeable about special dietary requirements or knows how to contact a dietitian as required

Cognitive perceptual pattern

Is alert to person, time and place

Memory is intact despite occasional forgetfulness

Has no consistent pattern of memory loss

Possesses mental capability to identify environmental needs and meet them

Coping stress tolerance pattern

Deals appropriately with emotions and accesses available resources to cope with stress

Is able to remain alone at times

Category C Assisted living

Health perception health management

Plans and manages own health with assistance

Makes health care and other appointments with assistance

Seeks and follows directions regarding own health care with possible assistance

Requires assistance in maintaining a personal area

Requires assistance in regard to self care: bathing/hygiene, dressing/grooming, feeding, toileting, and personal laundry.

Requires assistance in planning and implementing daily activities.

Manages and administers own medication with supervision as required

Plans and implements a personal budget with assistance

May require assistance with acquisition of needs

Makes choices consistent with a lifestyle that facilitates optimum health

In consultation with the Visitor / Community Leader, makes choices for living arrangements, ministries, spiritual, physical, mental and social life long development

Requires assistance to maintain a lifestyle that fosters optimum health

Activity exercise pattern

Moves about independently for a considerable period of time. Assistive devices may be required

Independently evacuates a premises, in emergencies. Assistance may be required

Arranges own transportation with support

Is no longer able to drive

Nutritional metabolic pattern

Accesses common dining room except for periods of illness

Eats with/ without assistance

Is knowledgeable about special dietary requirements

Observes guidelines planned by health care professional or knows how to contact a dietitian as required

Cognitive perceptual pattern

Is alert to person, time and place most of the time

May require occasional direction or guidance in

getting from place to place
May experience frequent patterns of memory loss
May experience occasional confusion, which results in anxiety, social withdrawal or depression. Intervention required

Coping stress tolerance pattern

Deals appropriately with emotions and accesses available resources to cope with stress

May require assistance from care givers in expressing feelings and dealing with periodic episodes of anxiety or agitation
Is able to remain alone at times

Value belief pattern

Requires support with death and dying and end of life decisions

References and acknowledgements

- Brothers of the Christian Schools, (2002). *The Rule*.
- Brothers of the Christian Schools, (1991), *Guide for Formation*.
- Gordon, M., (1994). *Nursing diagnosis: Process and application* (3rd ed.). St Louis: Mosby.
- Gordon, M., (2002). *Manual of nursing diagnoses* (10th ed.) St Louis: Mosby.
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