



**The Elderly Patient's Return Home from  
Hospital:  
Enabling  
Families to Support Relatives During Periods of  
Convalescence**

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# Introduction

- ▶ This a reflective account of the impact of three days in hospital on my aunt.
- ▶ She had fallen while trying to get to her feet.
- ▶ Once hospitalised, it would appear that due to her age of 99, she would be classified as a frail elderly person; the family objected to this classification.
- ▶ She lived at home and managed successfully, with occasional help.
- ▶ Returning from hospital made her dependent, and it took a while for her to regain her normal lifestyle.



# Summary

- ▶ My aunt slipped on her bedroom floor in August, while walking around in her socks.
- ▶ Called the Ambulance and waited eight hours for it to arrive.
- ▶ Once in hospital the process was very slow, however the registrar who saw her talked to her as an adult and not a child. He got her up and she walked on her own with her walking stick so we knew there was not a problem, but because of her age the doctor said she had to be admitted.
- ▶ Despite being admitted just after three in the afternoon, she was not warded until two in the morning. After three days she was allowed home.
- ▶ However, that was the first problem, as she told the medical staff she did not want to leave. Did she feel more secure in hospital?
- ▶ The Medical Staff had already told us not to worry if she did not take her medication, how do relatives manage this situation.
- ▶ We were advised she would have home care visits nobody came.

## My Aunt

- ▶ She grow up on a Farm, used to delivering the milk by Pony and Trap before School.
- ▶ She is well known in the village, having lived there since 1948,
- ▶ My aunt had lived on her own since her husband died in 1987.

She had many actives Whist on Tuesdays, knit-and-nattering on Wednedays, having coffee mornings on Thursdays and the hairdresser and bowls on a Friday.

For these activities people from the varrious clubs would fetch her and take her home. In addition.

Two ladies from the village would help her through each day by seeing that she was up and helping her with meals.

# Initial Problems

- ▶ Not wanting to go home.
- ▶ Wanting to know where her *maid* was!
- ▶ She would not get up, wash, dress or eat.
- ▶ She would not use her frame and hated being supported later we were to learn she had two broken ribs.
- ▶ The first week was very difficult and things were only achieved by bribery.

# Reason for this reflection was to find out if there was any help available.

- ▶ Between 2008 and 2018 there were 180 research papers regarding the elderly but none offered families any advice unless there was another underlying condition. For example demander
- ▶ Dependency on Nursing Staff is immediate as they worry about patients falling. So they learn they cannot do anything on their own. They are told when to wash, given their nightwear not asked if they would like to choose as this all takes time. Treated as a child, spoken to as if they are hard of hearing and lacked understanding. My Aunt until her death read the Telegraph each day.
- ▶ She did not eat well in hospital as she did not like grave or custard and elderly meals seemed to be laced in sauces.

# Repetitive conditioning

- ▶ Burns & Bulman (2000) looked at reflection on action is the retrospective contemplation of practice to uncover knowledge used in a particular situation by analysing and interpreting the information recalled.
- ▶ Albert Bandura (1976) about repetitive conditioning which originates from Social Learning theory. The elements present he considered important are observation, retention, reproduction and stimulus. My Aunt would be an expert in these areas as she excelled at card games.
- ▶ Behaviourists explore both observation and the environment. McLeod (2007) and Oliver & Ellerby - Jones (2008)

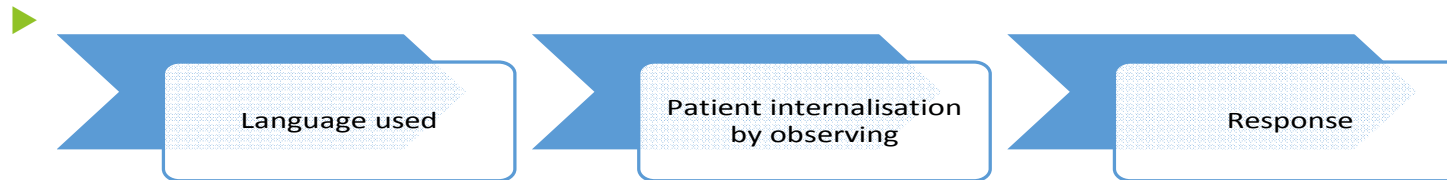
# Dependency - Where to start

- ▶ How to move on from being told what to do!
- ▶ Eating - She would not eat gravy and custard - meals swim in gravy and custard
- ▶ Hospital Staff consider older people as incapable, stereotype their patients.
- ▶ At 99 she must have lost all her faculties.
- ▶ Not allowed to do anything encase they fall.
- ▶ The young health care would tell her patients she was their maid they must ring for her when they need something.



# Repetitive Conditioning

- ▶ Moving into the sick role



- ▶ No reading material certainly no news papers - my Aunt was an Arsenal fan
- ▶ No young people to talk to.
- ▶ She had no village gossip
- ▶ Age constantly mentioned
- ▶ Needing help

# Helplessness

- ▶ How quick does this state occur?
- ▶ Loss of locus of control.
- ▶ Self-esteem affected - what was she allowed to do.
- ▶ Would not walk with a frame used her walking sticks, later at outpatients we were to be told she had fractured her ribs on her fall.

# A Dilemma's Resolution

- ▶ First week - impossible in so many ways. We had removed her rugs and she was not happy.
- ▶ We tried to maintain harmony.
- ▶ Encourage to get up by offering her favourite breakfast and saying she would need to wash and dress first after 3 weeks we were successful.
- ▶ If she did not get up she could not go to the coffee morning or hairdressers - bribery.
- ▶ Sometimes she refused.
- ▶ Week 4 - a person came from the bridge club to see if she would like to go.
- ▶ By week 8 - she was back attending all her clubs.

# Conclusion

- ▶ At her out patients appointment, she told the doctor she did not need their help or care.
- ▶ 3 months on and life was normal. She lived to nearly 101.



- ▶ She had a stroke, excellent care by a consultant who understood her and she died with dignity.
- ▶ Is this why so many elderly end up Care Homes?
- ▶ Where is the help for families?