

Knebworth House is famous worldwide for its rock concerts and as the home of Victorian novelist Edward



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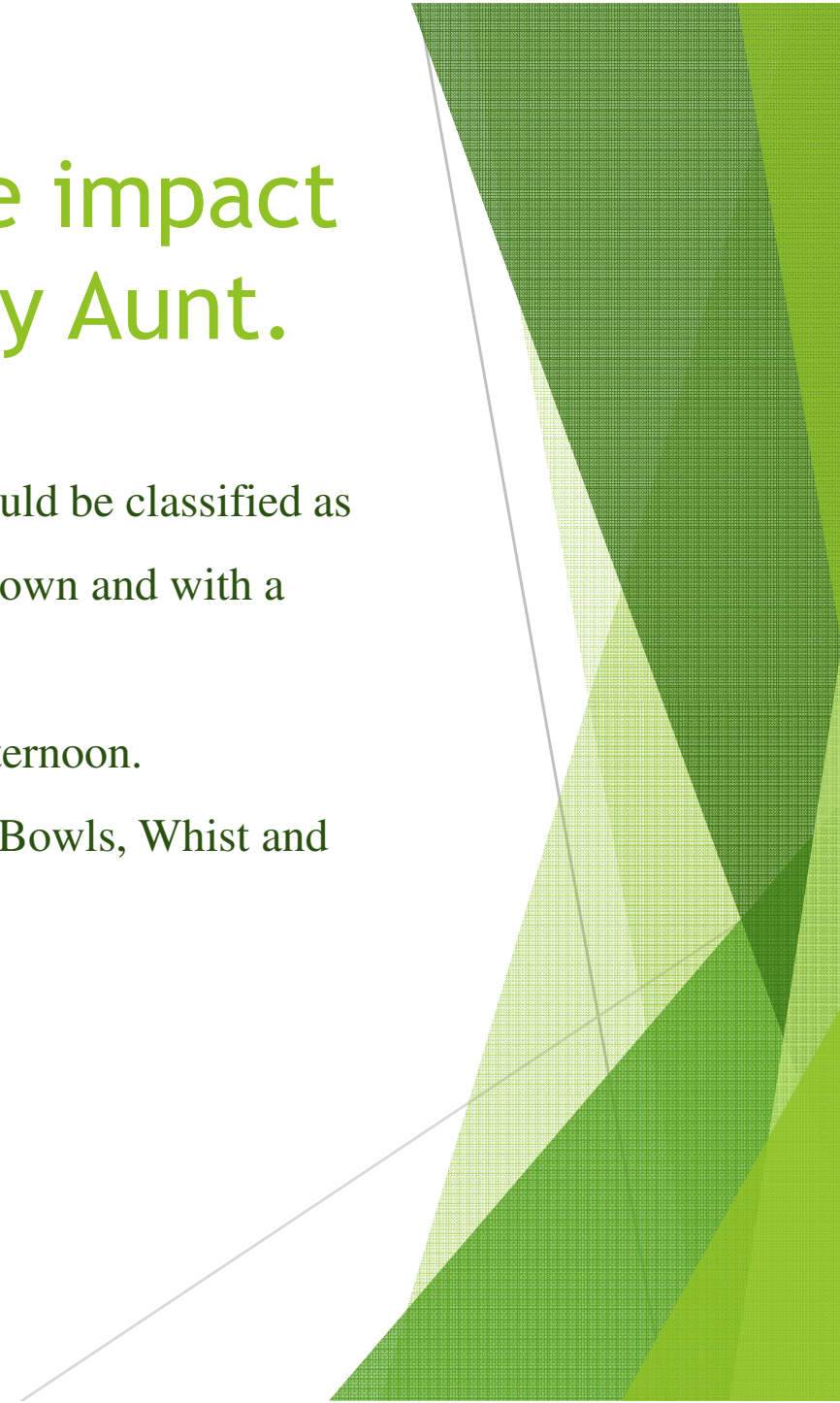


Enabling Families to Support Elderly Relatives on their Return from a Short Stay in Hospital

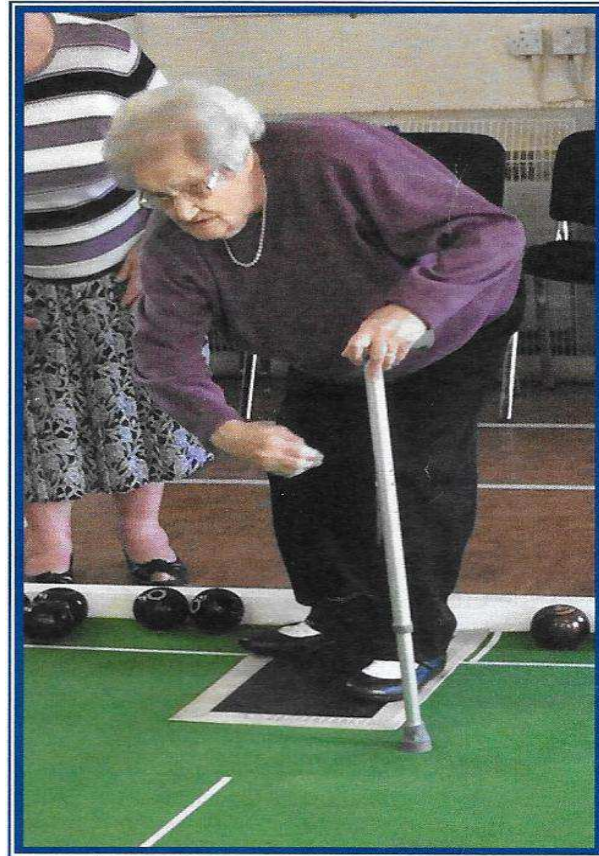
M. Susan Sapsed

This a reflective account of the impact of three days in hospital on my Aunt.

- ▶ Once hospitalised, it would appear that due to her age of 99, she would be classified as a frail elderly person, which she was not. She lived at home, on her own and with a little bit of extra help, and managed successfully.
- ▶ She lives in a village and apart from Mondays, she is out every afternoon.
- ▶ Her clubs are: Village Club, Knitting and Nattering, Coffee, Indoor Bowls, Whist and once a month they have a lunch and film show.
- ▶ Church on Sundays.
- ▶ She reads the Telegraph
- ▶ Is a fan of Arsenal football team.



Last week she won the whist and the bowls.
She often wins the whist so now they give
the prize to the second person.

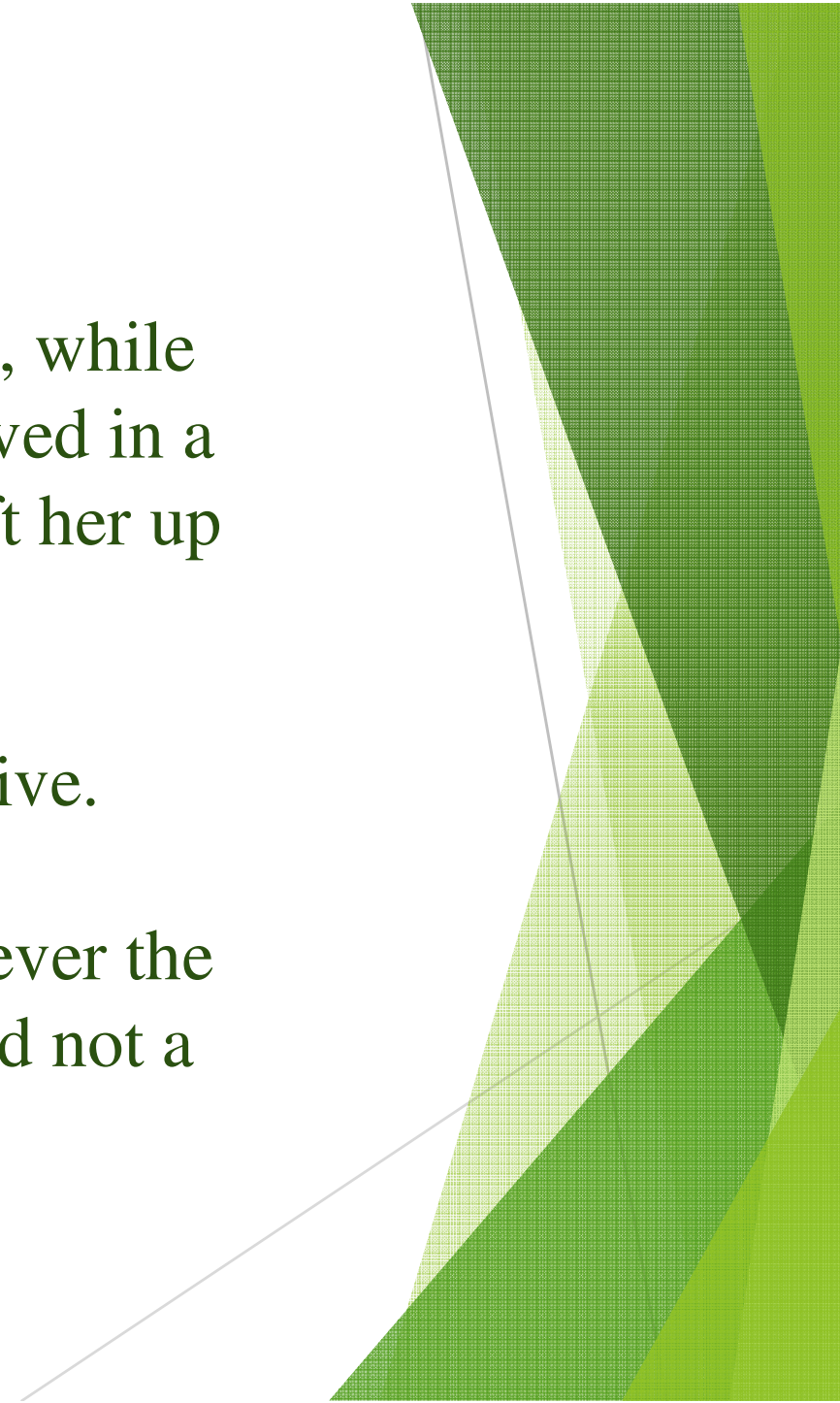


Reason for her hospitalisation

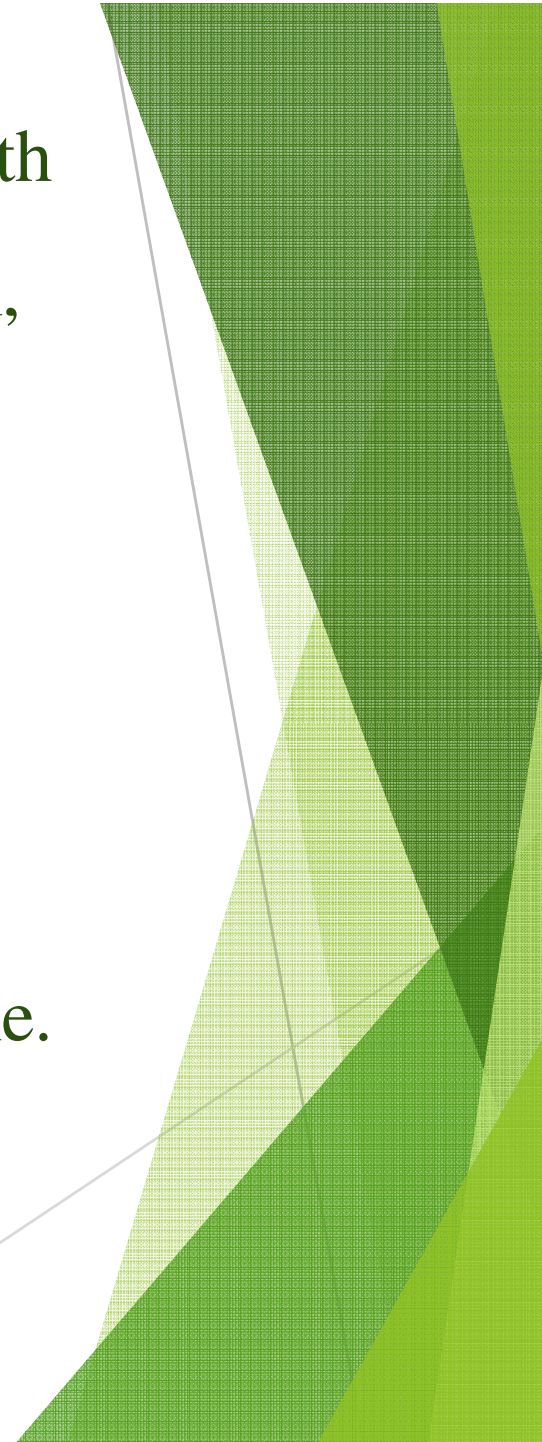
My Aunt slipped on her bedroom floor in August, while walking around in her socks. My sister and I arrived in a short time after she fell. Because we could not lift her up we had to call an ambulance.

We did not expect to wait 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.



- ▶ The registrar 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 just after three in the afternoon she was not warded until two in the morning. During the next three days she was checked over and was allowed home.
- ▶ Once warded she was not allowed to wear her own clothes but the hospital ones.



First problem

- ▶ She told the medical staff she did not want to go, when we arrived she was ready to go home, so was this a mistake or did she feel more secure in hospital?
- ▶ Before discharge, I spoke to the registrar who was different from the one we meet originally and asked if there was anything we need to do and was she going home on the medication, since they had started her on new medication. He said yes, but if she forgets to take do not worry.
- ▶ So that I felt was an interesting attitude to take with relatives. We were told during the next two weeks her General Practitioner and the Community Nurse would visit.



Our problems started immediately,

She wanted to know where her maid was?

She would not use her frame, only her walking stick. So we removed her rugs which she did not appreciate.

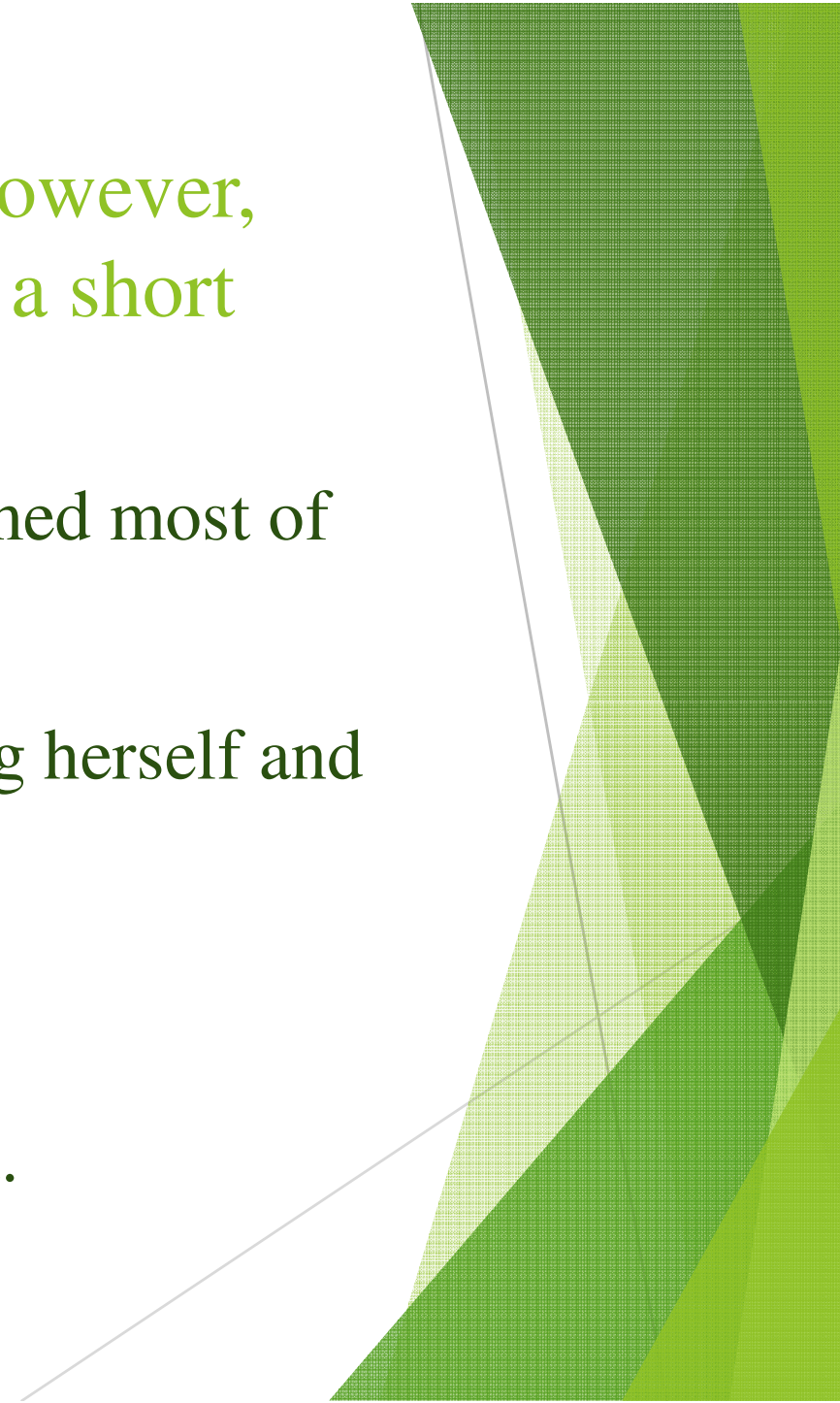
However we were to learn at her return visit from the Locum Consultant she had broken two ribs it was easy then to understand why she would not use the frame. At her discharge it would have been nice to know this fact.

He added that she had infection as her count was four times the normal range.

This was one result I felt was incorrect as she did not appear to have any infections no urinary tract infection which is common in elderly due to dehydration.

The helpers had a difficult first week! However, knowing her before they hoped this was a short lived episode.

- ▶ Over eight weeks, before she began to resumed most of her normal abilities.
- ▶ So by the end of this period she was dressing herself and getting her breakfast washing up.
- ▶ However, it was still a bit of hit and miss.
- ▶ We do have a few days of where is my maid.



So why did this happen?

- ▶ Where to start?
- ▶ The reason for this paper was to find out if there were any articles or research that would have helped us understand this phenomena and how should we approach enabling my Auntie to resume the life she had been used too.
- ▶ There was mention of practical needs, psychological need and highlight occasional was the persons spiritual needs.
- ▶ Nothing offered to the family in the way of advice.



Should I look at dependency, conditioning or learned helplessness and how my Aunt viewed her locus of control?

- ▶ Dependency can be defined as a tendency of an individual or individuals to rely on others for advice guidance or support which means they have lost control over their life.
- ▶ They are told when they can wash rather than asked if they would like to go now or later.
- ▶ It was easy to observe lack of involvement it appeared they take so long in choosing their menu for the following day so the staff suggest that they would like x or y, as it is considered too time consuming to leave a pencil with the person, which meant that my Aunt did not eat many of the meals as she does not like gravy or custard
- ▶ She was never in her own clothes. Sat by her bed like a *wallflower*.

Is an older person one to be done too.

- ▶ Likewise, they are told do not get out of bed or out the chair without ringing for the nurse/healthcare assistant.
- ▶ Once you get to nearly a 100 they staff tend to consider the person frail elderly and not capable.
- ▶ However, the staff do not appear to find out about the person and what sort of life they lived or are living. It is all too easy to stereotype their patients perhaps this is a fault of education as we tend to build up a type of persona for the elderly.
- ▶ If you are working in this area of care would part of ongoing professional development not cover patient communication.



What do the staff see as their role.

- ▶ At no time did they not find out how capable my Aunt was, it would appear knowing she was 99 they consider she had lost her faculties.
- ▶ So continually addressing her as if she was a child and hard of hearing and unable to do anything for herself.
- ▶ Could she have become dependent so quickly or can a person be conditioned in such a short time.
- ▶ The idea of finding out about your patient just seemed to have disappeared was it because many of their patients were unable to communicate?



Repetitive conditioning

- ▶ The words the staff used, they used all day long were very similar.
- ▶ I felt on one visit I could have made a tape so they would only need to press a button.
- ▶ Repetitive conditioning is derived from social leaning theory which combines both a person cognitive ability and their behavioural changes through repetition.
- ▶ Albert Bandura (1976) wrote that when considering these two elements we must look at four components that he said would be present if this type of learning were to take place. These were observation, retention, reproduction and motivation/stimulus.
- ▶ This would be possible absorbed easily by my Aunt as she would have no problem since she is a master at the card game especially whist and used in her earlier days to play bridge and was either the winner or very near to it.
- ▶ So it could be considered that what had happened in this brief period of time could be put down to conditioning



I found no difficulty in listening to staff communications as they speak quite loudly so in the space of thirty minutes I had heard the phrase being said to one person or another “Must use your bell if you want help: not get out of your chair you may fall” over twenty times.

How long would it take before the person who was ‘normally able’ to understand they must not do anything before asking.

My concern was in listening to the conversations it would not be long before the person did not bother and took on the sick role.

Although they classified her as very old, but she still had her intellect.

Helplessness

- ▶ Finally, I looked a learned helplessness could this be possible occur in three days. How is learned helplessness categorised. Seligman in 1967.
- ▶ Johnson et al. (2004) cite the work compiled by Gatz and Karel in which they imply up until middle age the locus of control is with the person after this period the locus of control decreases until the control in later life becomes more external these findings are supported by Schultz and Schultz (2005).
- ▶ So, is it the locus of control that differs or is it our self-esteem? I do not think for my Aunt it is self-esteem as she will speak her mind, whereas she felt she was being controlled while she was in hospital. This was evident when at her last outpatients visit she told the doctor to discharge her she did not need their care and she was not in her 90's she was 100!

At 100 with her card from the Queen



How did we resolve our dilemma?

- ▶ The approach we used was to gently persuade her by offering something in return. For example, to encourage my Aunt to get up the careers would say if she did not get up she would be too late for her coffee morning.
- ▶ This calm way produced results, but it did take a long time before normality was established.
- ▶ Sometimes it did not work, and she would refuse, and we let her be as to harass would not be something we would want to do as it was important to maintain a good relationship with the careers and the family.
- ▶ On reflection it was a slow way, but harmony was maintained throughout.

The way forward.

- ▶ Professor Stephen Powis NHS's medical director said pensioners stuck in hospital can age a decade in ten days. He said 'trapping' vulnerable patients in unsuitable settings has a debilitating effect on long-term mobility and muscle mass. He called for drastic health reforms.
- ▶ Professor Stephen Powis said the biggest task facing the health service was to prevent unnecessary stays in hospital for pensioners by building community services. He has called for reforms and wants to prevent unnecessary stays in hospitals (Powis, 2018).
- ▶ At last people are looking at care in the 'Times' (21-4-18) Michelle Johnson the Chief nurse at the Whittington Hospital in London told the Camden News Journal 18 April 2018 — By Tom Foot). "It isn't normal for people to spend all day in pyjamas at home why should they do this in hospital? Getting dressed makes it more likely that our patients will get out of bed and move around, meaning that will regain strength and go home sooner".
- ▶ Studies suggest that three in five older patients do not need to be in bed all day and that doubling their walking can make their stay shorter. The Royal College of Nursing supports this drive. At last there is some movement in one out of our UK Trusts.



Thank you for listening.

Any Questions?

