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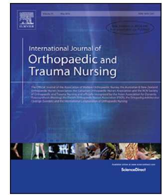

Restoring: How older adults manage their recovery from hip fracture

David J. Healee, RGN, DHSc *, Antoinette McCallin, PhD, Marion Jones, PhD

AUT University, Private Bag 92006, Auckland, New Zealand

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ABSTRACT

Aims and objectives: To generate a substantive theory that explained recovery from hip fracture from the perspective of older adults and find out how they managed it.
Background: Hip fracture is a well-researched phenomenon. The perspective of how older adults recover from hip fracture has been examined least of all. Patients spend less time in hospital following injury and generally recover in their home setting.
Design: A Glaserian grounded theory approach was used for this study.
Methods: Semi-structured interviews (n-21) were conducted with older adult's post discharge following hip fracture. Data were collected, analysed and theorised using the grounded theory methodology.
Results: Older adults recovering from hip fracture were restored back to normal through a process in which they continuously balanced regaining of physical and social functioning against reasserting usual psycho-social behaviours within different contexts. Importantly, the older adult's personal recovery process starts within the acute setting once the person regains physical functioning, especially regaining mobility. From this point onwards, older adults will respond to health professionals, instructions and interventions in many ways. The responses will be based on their developmental life stage to enable them to counter the diverse expectations placed on them by health professionals, social networks and their self-beliefs.
Conclusion: Nurses need to understand that older adults will recover in their own way following discharge, often re-interpreting health information to fit their own situations.
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1. Introduction

An older adult admitted to an orthopaedic ward with a hip fracture is a common event. Dhanwal et al., (2011) suggest that the worldwide increase in hip fracture occurrence is owing to the demographic changes in populations including longer life spans, with incidence rates due to increase per 100,000 per head of population. It is predicted that the greatest rise will occur in Asia, with suggested rates of 4.5%–33% by 2050. Currently, the highest hip fracture rates are in the United States of America and Europe. The most common trend has been the increase in older age- related fracture incidence. Oceania demonstrates similar trends. Fielden et al. (2001) noted a projected increase of hip fracture incidence worldwide, from 1.7 million to 6.3 million in 2050, and this would also impact New Zealand's rates. According to Dhanwal et al. (2011) "the incidence of hip fracture varies among different countries and populations" (p.20). While rates appear to be levelling off in western countries, incidence is increasing in countries with poor economies.

From an individual outlook, the older adult is suddenly faced with unfamiliar situations and events happening to and around them. The health professional team's expertise is evident in the management of the injury, surgical intervention, pain control and re-mobilisation of the older adult. Recovery from the fracture begins within the hospital period and with relevant discharge criteria met, the older adult returns to their home setting to continue recovering. However, recovery from a hip fracture and its associated trauma is not completed at the point of discharge. Older adults continue to recover long after the event, most often back in their home setting. While recovery from hip fracture is understood from within the hospital environment, how the older adult continues to manage the recovery journey after discharge is less well known. The aim of the study was to generate a substantive theory that explained recovery from hip fracture, specifically from the perspective of older adults and find out how they managed it.

* Corresponding author.
E-mail addresses: david.healee@aut.ac.nz (D.J. Healee), antoinette.mccallin@aut.ac.nz (A. McCallin), marion.jones@aut.ac.nz (M. Jones).

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2. Background

Hip fracture is a thoroughly explored subject owing to its impact on individuals, communities and population groups. It has been examined from multiple angles to understand the precursors, antecedents, influencing factors, interventions and prospects for recovery from hip fracture (Healee et al., 2011). Professional perspectives dominate the hip fracture literature, adding new information to a well-established field of study and recognising that a hip fracture has a significant impact on an older adult from physical, social and psychological aspects. While the physical and functional aspects of hip fracture recovery are presented to influence and change practice, the processes used by the older adults to recover are less obvious in the extant literature.

The emphasis placed on recovery from hip fracture in practice is often seen as a return to functional capability, safe mobilisation, modified activities of daily living and a safe discharge. The practice setting, contextually, has multiple factors influencing how health professionals manage older adults with hip fracture which include socio-political health goals, economics, resource utilisation, professional hierarchies and discipline-based clinical practices. Nursing as a profession, for example, stresses the need for individual-centred caring with critical thinking skills, knowledge and an ability to engage with patients during the health care episode. However, the internal and external influences of organisational care delivery impacts on the time given to patients, can direct patient care and influence structure and function of practice within the setting. Even though nursing has professional expertise and wisdom, the organisational contextual influences will structure practice delivery. The focus shifts, therefore, from an individual-centred approach to care delivery to efficiency, effectiveness and safety through risk minimisation (Fowler and White, 2004; Ransom et al., 2004). The patient is defined, treated and discharged according to different set of rules than that of nursing's original tenets. However, with the current consumerist approach to healthcare, the individual is being re-emphasised as models of care evolve such as patient-centred or person-centred care (Christie et al., 2015; Manley and McCormack, 2008; van der Laan et al., 2014).

These multiple influences on health care delivery, and nursing in particular, stimulated this research. Returning to the practice setting after several years in other health related roles the primary researcher was intrigued by the processes involved in hip fracture management. Surgical, pharmacological and interventional treatments have evolved as an increased number of older adults survived the initial impacts of injury, surgery and discharge home. Furthermore, advances in technology and practices were influenced by the business-like organisational context. As a result, hip fracture management today leaves little room for the individual perspective of the person engaged in the recovery process. More commonly, standardised journeys, discipline specific involvement and targets appeared to dominate the journey. This raised the question; how do older adults manage their recovery, especially when they return home, as recovery continues long after the hospital episode?

3. Design and method

A grounded theory methodology was used to discover the hidden patterns of behaviour older adults used to manage their main concern, normalisation, while recovering from hip fracture. Grounded theory is used when a researcher wants to examine a topic, often from a different perspective, by using a pragmatic approach to exploring and explaining complex social processes (Glaser and Strauss, 1967; Glaser, 1978, 1998). Rigour according to Glaser (1978, 1998) is established if the theory generated has fit, relevance and workability to the participant data and can be modifiable with additional or new information.

3.1. Participants and procedure

Following ethical approval, participants were recruited for the study through informal networking, notices in relevant centres, intermediaries and through rehabilitation units of a local hospital. Potential participants were informed of the study by being given an information sheet, with a follow up conversation to answer questions and confirm participation in the research. Those who joined the study were met at a time and place of their choosing and voluntary participation was confirmed again before the consent was signed and the interview commenced.

The sixteen women and men who participated in the study were between the ages of 70 and 92 years and lived either in their own home or a retirement village complex. Half were in partnerships, and half had co-existing health conditions. All participants had had a hip fracture, and the duration ranged just over three months up to 22 years. Everyone expressed a willingness to discuss their recovery.

3.2. Data collection

Twenty-one interviews with the 16 participants were conducted during a two-year period. Using the grounded theory approach of theoretical sampling, participants were asked an initial open-ended question with additional prompt questions to clarify or deepen responses. All interviews were digitally recorded to supplement the field notes taken within and immediately after the 60–90-min interview. Theoretical sampling is a methodological process, which means each interview is a data collection point occurring simultaneously with analysis of current and previous information. Each directs and supports the other (Glaser, 1978, 1998; Glaser and Strauss, 1967).

3.3. Data analysis

The participant information was analysed using constant comparative analysis, coding, memoing and theorising common to grounded theory (Glaser, 1978, 1998; Glaser and Strauss, 1967). Each interview was internally analysed for codes and concepts and against previous interview analyses. Lower level codes and concepts are continually abstracted up into categories until one core category explains the data. A substantive theory emerges which explains how participants use this core process to resolve a main concern. A theoretical code also emerges throughout the analysis, which integrates the theory at all levels. This process underpins an emergent theory that is grounded in, and emerges from, the participant data. Fig. 1 presents the data analysis and conceptualisations that emerged from the analytical process.

3.4. Ethical considerations

A Regional Ethics Committee gave permission for the research to be conducted on human subjects and validated the information and process to be used. The University Ethics Committee supported the application and also gave approval as the lead researcher was a student at the time of the study. Ethics within New Zealand is strictly managed and applied to all levels of research (McCallin, 2010).

4. Findings

One main concern emerged, Normalisation. The older adults'

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