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the lived experiences of older male patients

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CONDITIONS OF LIFE AND CRITICAL INCIDENTS PERTAINING TO HOSPITAL READMISSION

– THE LIVED EXPERIENCES OF OLDER MALE PATIENTS

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Background

Hospital readmission is frequent and considered an adverse health outcome of hospitalisation. Despite the frequency of readmissions, affecting health and wellbeing of older persons, there is still a relatively incomplete understanding of the broader array of factors pertaining to hospital readmission. Only few studies have explored patients' experiences of conditions and incidents leading to readmission.

Aims

To explore older male patients' experiences of conditions of life and critical incidents, that over time and across settings pertain to hospital readmission.

Methods

Qualitative research design using the Critical Incident Technique (CIT) was employed.
Data were collected using double qualitative interviews (n=8) with four rehospitalised male patients aged 65 to 75 years. The interviews were conducted bedside at the hospital and followed by a second in-depth interview one to two weeks after discharge in the home of the participants.

Results

The conditions of life related to four main themes: The ambiguity of ageing, Living with the burden of illness, Realization of dependency, Growing sense of vulnerability and mortality.
The critical incidents related to four main areas: Trying to manage without help from the system, Back home again – a period of recovery, Care interaction, Navigating within and between health care system(s).

Conclusion

Conditions of life provide the background and pre-conditions of an on-going process seeking to balance life demands and the burden of illness and treatment. Critical incidents are tipping points increasing or decreasing the resources of older persons to balance the burden of illness and treatment in everyday life.

Perspectives

Emphasising the perspective of older persons contributes with a deeper understanding of the interconnectedness between conditions of life and critical incidents.
Interventions to prevent hospital readmission should be sensitive to the individual and supportive towards older persons and caregivers, across diverse patient contexts.

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Questions to elicit the narratives of critical incidents:

Please tell me about your health and wellbeing in everyday life and the course of care during the previous year.

What were the circumstances and incidents leading to this readmission?

What did you experience as the most supporting or demanding incident?

What are the conditions and incidents that from your perspective might influence the risk of future readmission?

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Author disclosure declaration

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