

Family carers of people with cognitive impairment who are admitted to hospital experience disruption from their normal routine and use a variety of strategies to cope

10.1136/eb-2014-101735

Faika Zanjani

Department of Behavioral and Community Health, University of Maryland, College Park, Maryland, USA

Correspondence to: Dr Faika Zanjani, Behavioral and Community Health, University of Maryland, 1242x SPH:BCH, College Park, MD 20742, USA; fzanjani@umd.edu

Commentary on: Clissett P, Porock D, Harwood RH, *et al.* Experiences of family carers of older people with mental health problems in the acute general hospital: a qualitative study. *J Adv Nurs* 2013;69:2707–16.

Implications for practice and research

- Healthcare systems need to recognise that hospitalisation is an extremely disruptive experience for patients with cognitive impairment or depression—as it also is for informal caregivers.
- The healthcare system should tailor facilities that psychosocially and instrumentally support old-aged patients with cognitive impairment or depression and their informal caregivers, so as to enable a high-quality hospitalisation experience and consequent positive outcomes.
- Research should focus on the impact of additional social services and family support across the healthcare system.

Context

This paper contributes to the knowledge surrounding caregiver perceptions of late-life care in the context of hospitalisation and mental health. An extensive body of literature examines caregiver burden, and the effects such burden has on both the informal caregiver and the patient. However, this study is unique in its exploration of the context of hospitalisation within cognitive impairment and depression care, and how that hospitalisation affects the patient and the informal caregiver. Clissett and colleagues explore both the hospitalisation experience and the effects of that hospitalisation.

Methods

This study uses a qualitative and observational approach to examine hospitalisation experiences at a single National Health Service (NHS) trust in the Midlands, UK among patients aged ≥ 70 years who were admitted to 1 of 12 general medical wards or to the trauma orthopaedic ward.

From 1000 consecutive admissions, eligible patients were screened for cognitive impairment, depression, anxiety and alcohol misuse; 250 patient–carer pairs were recruited. Findings for this study were based on qualitative interviews with 34 patient–carer pairs. The mean age of the patients was

87 years old (range 70–99 years); 56% were female; all but three (who had depression) had cognitive impairment at the time of admission.

The semistructured qualitative interviews occurred 6–8 weeks after discharge or after 12 weeks if the patient died during the hospitalisation. When possible, interviews were conducted with the patient and the carer and other family members. All interviews were transcribed and analysed using NVivo 8.0 qualitative data analysis software.

Findings

The study found that for the most part hospitalisation is an extremely disruptive and stressful experience for informal caregivers. The main problem identified in the interviews was the disruption from normal routine that occurred during hospitalisation. This issue was identified through reports of disruption to the patient and the carer with regard to change in daily routine, loss of important and needed services and a chaotic or non-conducive hospital environment. Clissett and colleagues identified a need among caregivers to gain a sense of control to cope with the disruption. This process of gaining control was reported through caregiver accounts of protecting the patient, evaluating the received healthcare and rationalising or supporting the actions and behaviour of hospital staff.

Commentary

Hospitalisations happen when informal resources are not sufficient for managing a health problem, and aim to alleviate or treat a medical problem in old age. However, in this qualitative methods study, findings indicate that hospitals are perceived by old-aged patients and their caregivers as not equipped to provide high-quality care in the context of late-life cognitive impairment and depression. Patients and caregivers reported being negatively affected through disorientation, confusion, distress and disruption. Qualitative methods were appropriately used in this study to freely explore perceptions of hospitalisations that were not confined to preconceived structures or categories—essentially to better understand phenomena.¹

This study has serious implications for healthcare systems, which must tailor hospital facilities to better support cognitively impaired or depressed, old-aged patients and their informal caregivers. Further, future research needs to explore differences in the health experiences and requirements of patient–caregiver dyads across the mental health disorder spectrum. Specifically, it would be beneficial to compare the experience of patients with dementia versus the experience of those with depression, given the high prevalence of both in late life.²

It is also important to explore which hospitals do things right. For example, it would be advantageous to identify hospitals that tailor to older patients with mental health problems and explore the beneficial aspects of their programmes.³ It would also be advantageous to explore and consolidate effective methods that improve the care experience in older age while allowing facilities to easily adapt.⁴

Competing interests None.



References

- Cope DG. Methods and meanings: credibility and trustworthiness of qualitative research. *Oncol Nurs Forum* 2014;41:89–91.
- Davydow DS, Zivin K, Langa KM. Hospitalization, depression and dementia in community-dwelling older Americans: findings from the National Health and Aging Trends Study. *Gen Hosp Psychiatry* 2014;36:135–41.
- Sartain K. An outstanding example of hospital care for patients with dementia. *BMJ* 2013;346:f2513.
- Zanjani F, Downer B, Hosier AF, *et al.* Effects of a life story intervention on caregiving burden risk factors. *Gerontologist* 2012;52:177.