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LIVED EXPERIENCE OF OLDER ADULTS WITH POST-HIP FRACTURE

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Abstract

Objective: this phenomenological study was undertaken to explore lived experiences of community dweller older adults with post hip fractured. **Methods:** A qualitative research design underpinned by the philosophy of Edmund Husserl and methodological interpretations of Colaizzi's. The series of in-depth web based interviews were simultaneously conducted and analyzed until saturation of data. Rigor of the study was maintained by validated the transcribed information by informants. **Findings:** based on subjective information provided by informants, sixteen themes were emerged which further merged into four theme clusters that were patho-dynamic of hip fracture, affected reaction to distress and situation appraisal, limitation in movement and being dependent on others and coping behaviors. Findings of this study indicated that informants experienced both fluid and complex that challenges all spheres of their life after hip fracture. **Conclusion:** It was concluded that, older adults with post-hip fracture are facing multiple situational problems like physical, emotional, care-givers and financial so that comprehensive, affordable and culturally based multi-disciplinary services are essential. Physical comforts, motivation, continuous support, encouragement for exercise, walking and financial assistance can promote their early recovery and regaining functional capacity. This approach to the study of lived experience of older adults with post-hip fracture offers an opportunity to reflect and make sense of their current situation in the light of their day to day life activities, struggling and achieving pre-fracture functional abilities, to tell their story to an interested listener and to have their feelings validated.

Key words: post hip fracture; older adults; health problem

Introduction

Hip fractures have been shown as a major public health problem; result in a major self-care deficit and dependence that commonly facing by older adults. The incidence of hip fractures has been increasing exponentially over time due to increase life expectancy and ageing population. One of every two women and one of every four men over age fifty will suffer a fracture related to osteoporosis (Rosemont, 2008). In general, patients with underprivileged group have poorer health status and risk to have not satisfactorily health outcomes from the same conditions as compared to those with higher socioeconomic status (Sekine, et al, 2006). Studies reported that falls, lack of physical activity, impaired cognitive functions and disability are also risk factors of hip fractures among elderly population. Evidence has clearly shown that the risk of falling increases with age and that approximately one out of three individuals over seventy-five years fall each year (Kloseck et al, 2008).

Usually, hip fractures have serious consequences in the elderly population, as it is associated with excess mortality and morbidity that usually results in expensive health care services and longer rehabilitation activities. Patients experienced considerable difficulties in returning to their pre-fracture living status and in gaining full recovery of function.

Patient's own experiences, psychological reactions such as anxiety, fear, and comprehensive aspects of meeting people, who are traumatized after an acute injury, are also essential to consider for gerontology nurses and others health care providers. The traumatic injury can bring feelings of uncertainty and fear which can lead to social isolation. The fractured of hip seem not only to break the bone but also to cause social and existential cracks, as experienced in the early phase after the injury. Ziden et. al (2008) noted that older adults suffered from hip fractures described the experiences of changes in their relation to the body, themselves, to others and to their whole life situation. These

experiences were related as being limited in movement, having lost confidence in the body, becoming more dependent on others, being trapped at home, feeling old, closer to death and being uncertain about the future.

This study tried to explore the lived experience of older adults who had hip fracture. The better understanding of how treatment of this injury can maximally restore functioning, and help them to overcome fear and regain their previous abilities and activities, is a major challenge for health care. Hip fracture should not be a stumbling block towards life ahead but a way to learn to be careful in life and despite the fracture one should be able to overcome the new situation and move on with life. With investigator's background of nursing in the gerontology, investigator assisted and advised many older people who live with comorbid chronic illnesses. It was needed to understand, from their perspective, how they manage their changing life-style after treatment of hip fracture on everyday basis, what they found helpful to support them, and what was not.

Theoretical Basis for the Study

Hip fractures account for the challenges of ageing, costly healthcare services as well as dramatic consequences for anyone who has been suffered. So that every person who suffered from such event, s/he should adapt and cope that event to overcome from it. For present study, investigator employed the several theories which support and enhance the older adult who had suffered hip fracture.

Continuity VS Disengagement Theory: Continuity theory explains a way of moving on with life. This theory means that personalities of individual remain constant throughout their life despite aging changes (Howe, 2009). When people grow old, their behavior changes, their social interactions change automatically thus making it their own task to continue with life no matter what happens. Human beings are occupational in nature; therefore, occupation is vital for our well-being (Kielhofner, 2007). Hip fracture makes someone to avoid so many things therefore trying to be even more careful in life thus making wrong choices as avoiding interaction with the outside world. Adapting to the new situation will be able to support continuity in the new situation. Personal and psychological factors stimulating one's own will and inspiration, not being afraid and to encourage oneself in getting better where engagements like physical exercise will help to recover.

Disengagement theory (Cumming & Henry, 1961): proposes a mutually desirable withdrawal between older persons and others in their social life system. There is reduced interaction between the aging person and the society. The whole transfiguration is more or less a characteristic of aging people which results natural withdrawal from social life. This theory also happens due to

some psychological process resulting to loss of interest and commitment in later life. (Howe, 2009).

Cognitive-Appraisal Coping Model: Lazarus & Folkman (1984) focused to examine the relationships of cognitive appraisals of the situation, emotions experienced, cognitive appraisal of emotions and coping strategies used in the face of real life stressor. Cognitive appraisal is a process in which a person evaluates whether an encounter with the environment is relevant to his or her wellbeing (Lazarus, 1991). Folkman (1984) commented that the person also evaluates what can be done to overcome difficulty or enhance benefit in the light of available resources such as cognitive skills, social support, physical fitness and toughness, previous success in coping with stress, optimism, sense of control, control and self-esteem.

In addition to cognitive appraisals, Lazarus (1984) highlighted that coping is another crucial component of the cognitive theory of stress. In the process of stress, coping has three distinct features. First, it is process oriented that focuses on what a person actually thinks and does in a specific encounter. Second, it is contextual, which is influenced by a person's appraisal of the actual demands in the situation. Personal and situational variables together determine the coping efforts and options. Third, priority assumption is not made about what constitutes good or bad coping (Folkman, 1984). In this view, coping has two major functions which are regulation of emotions, and the handling of the problem that causes the distress. Emotion focused coping includes efforts to deal with an individual's emotional responses to a stressor. In problem focused coping, strategies are focused on the stressor itself.

The theories above were chosen because they relate more to the research questions in this study. Usually older adults cut off from social life due to the age related changes. Feeling of being old and taking it easy in life takes the best of the elderly transition. They consider aging as a natural course in life that needs to be respected. A hip fracture is considered to be a big blow and takes a big part in the life of the older adults. Fear of falling again makes the victims of hip fracture to avoid going out and socializing. This leads to low quality of life since there is no engagement in any social activity thus leading to depression.

Methods

A qualitative research design especially phenomenological qualitative research method was utilized to investigate the phenomena of interest in this research study. Phenomenology, to recapitulate, is the philosophical method in which one articulates the lived experience of being fully present in the world. This philosophical view forms the basic foundation for the methodological approach (Colaizzi, 1978) used in scrutinizing the subjective data. Three post hip fractured older adults were purposively recruited from

different communities of Biratnagar who were 60 years or above age group, willing to participate and resided in their homes after discharge from hospital. The investigator essentially becomes the research instrument and describes one's role, as well as personal biases.

Open-ended questions were posed in a conversational style and served as a guide to aid in discovery of lived experiences of post hip fractured. Utilized sample questions included, "Tell me what it is like living with hip fractured," "Tell me what it's like when you need assistant to get activities of daily living after hip fractured" and "Tell me how you manage your disability and illness on a daily basis." Immediately following the interview, the investigator made memo impressions and insights garnered through careful reflection. The investigator bracketed presuppositions, biases, and personal influences during data analysis. Validation was secured by returning the results to the participants for review, and confirmation of the findings was received. No relevant additional data emerged from validation.

Results

Of the three informants participated in this study, two were men and one woman whose age ranges from 73 years to 78 years. All informants were married, living with joint family, belongs to middle class socio-economic background, fully depend up on their earning children and farming, and believed in Hinduism. They were literate but none of them got formal schooling. They claimed themselves as healthy, active and independent older adult in pre-fractured period.

Obtained subjective data were analyzed through Colaizzi's data analysis method. Initially, significant statements (SS = 98) and formulated meanings (FM = 146) were generated from collected data. From formulated meanings, sixteen themes emerged and those themes further synthesized into four theme cluster. Finally, synthesis of these theme clusters yielded the exhaustive description of living experiences of older adults who had hip fractured. Discussion of the theme clusters are presented that followed by Patho-dynamic of hip fracture, affected reaction to distress and situational appraisal, limitation in movement and being dependent on others, and coping behaviors.

Theme Cluster 1: Patho-dynamic of hip fracture: It refers to person-centered understanding and subjective experience of pathology, functional outcome and consequences of hip fractures. It is a quantitative approach to disease that includes how biological/ functional system changes over time. In this study, "Patho-dynamic of hip fracture" as a theme cluster expressed themes like remembering time of incidence, affected side of leg, self-perception and came to know the causes of hip fracture, experiencing and managing of injury pre-hospitalization, experienced toward hospitalization and

realizing choice of treatment, outcomes and consequences of hip fracture.

The participant #1 shared that how and when did it happen with her "*I forgot the exact date but remember the month, it's on seven months before, during rainy season, when I was walking on the way, my slipper slipped, I couldn't balance my body so fell into ground, unable to get up myself, felt intolerable and persistent pain, visited to hospital next day, diagnosed as right hip fracture.*" Participant #2 had left hip fracture when he fell down on standing height at night time when he went to toilet.

All informants realized that ageing, weaker bone, hitting something over their body, fall from standing height, and could cause hip fracture. They learned that the choice of treatment was surgical procedure where hip joint is replaced by prosthesis (implant), few weeks after surgery they will be able to walk and resume their activities of daily living with minimal support from others.

They stayed in hospital average one month for treatment. During that long time stayed in hospital, they had mixed perception towards hospital and treatments. Most of them missed their family and friends, own routines and freedom. Informant #1 said that "*I don't like to hospital environment, everywhere patients and their pain.*" On the other hand participant #3 expressed his gratitude to hospital staffs and everything what he got. "*I thank everybody in the hospitals who care me a lot from doctor to nurse. My doctor advises me to follow up after two weeks so I have again have time to see my friends in ward, doctors and nurses too.*" In conclusion, hip fractures can be treated surgically with better results and lower early complication rates.

Theme Cluster 2: Affected Reaction to Distress and Situation Appraisal

Affect reaction to distress focused on any physiological or psychological reaction to adverse stimuli, physical, mental or emotional, that tend to disturb the person's equilibrium. The situation appraisal means individual's evaluation/ assessment of significance of event and coping ways to overcome from those problems. The four themes comprising this cluster are: disappointed and negative emotion that identity and life have changed, positive emotion towards future life, recovery and trying to become independent, appraising present situation and concerning to manage financial constraints.

Physical illness and dependency to others erode the individuals' holistic life cycle which produce various degrees of emotional and physical problems like fear, untrusted to self and body, stress, anxiety and ache and discomforts. Because of physical illness, study informant expressed mixed emotional expression (positive and negative). Participant #1 told that "*I feel weak, fragile,*

hopeless and helpless being dependent with others and it's a kind of punishment. I have negative feeling like loss of my ability, strength, fear of death due to consequent of that fracture, I feel lonely and helpless, especially during night time, I could not sleep well." Participant #3 added that *"I am feeling poor person killing others time as being ill person and frustrating that things could not do alone."*

Every participant has light of hope for recovery from hip fracture and they will regain their pre-fracture living status. *"I am trying to do everything independently, that's make me sense of completeness and please because I can do something myself, it's good, I'm not disturbing anymore to others,"* in this way participant #1 described her positive emotion about her present situation.

Participants are assessed their situational and emotional problems in their own perspectives and handling them based on available support systems. Most of them are worried about financial constraints, they lost big amount of money during their treatment and long term hospitalization and follow up visits. Some of them are under financial loan; depend on farming, so that they don't have any option to pay their load except sell the land. Participant #2 exemplifies his financial problems in this way *"I am from average middle class family. It's very difficult for us to arrange that amount of money for operation but anyway they sell their lands, get loan for my treatment. So, I can walk again. I got a new life. But now we have a problem, how to return back the money we used from our relatives. My son doesn't have work. Our daily things depend upon our farming. We are planning to do down payment."*

Theme Cluster 3: Limitation in Movement and Being Dependent on Others

Limitation in movement and being dependent on others means incapable to do self-care and depends with other to fulfill the daily needs. This theme of cluster covers the two major themes which are limitation in movement and being dependent on others and sharing how challenging and burdening to receive care.

Physical disabilities make study participant to depend up on care-givers in order to get basic needs. They need help for their everyday life activities. Activities restriction and limited mobilization challenge their identity, avoid them to become independent and make them feeling of embarrassment. Informant #3 described his experience as being dependent to others and limits to walk: *"I am feeling of being trapped and not able to trust my body, felt more fragile than before the pre fractures period. I think it'll get better if I just get out and exercise! I feel locked up!"* According to informants, none of the care-givers showed that any sign of feeling burden and stress when taking care of their sick older family member. Even though, participants

perceived that getting care from other and let them do things are very difficult for long time. They thought because of their illness, their family members' own life disturbed. Participant #1 expressed that *"my children had to pay more time for my cares. They are engaged with their own job, one care taker is always with me to help as I needed so that they have extra workload."*

Theme Cluster 4: Coping Behaviors:

Coping behaviors: this process encompasses behavioral as well as cognitive reactions in the individual. In most cases, coping consists of different single acts and is organized sequentially, forming a coping episode. Persons choose appropriate coping strategies to deal with situations that tax their normal resources. Individual tries to manage or regulate the emotional response to a stressful situation which works to lessen the physical or psychological impact of the stress or utilized when a person realizes that little or nothing can be done about a situation/stress. The three themes covered in this cluster are getting affection and sympathy from others and meeting social needs, demonstrating coping and adaption behaviors and acknowledging the spiritual component

All participants verbalized that they accept the realities what they had happen. They are struggling to overcome from this terrific situation and hope to back into independent. They are very careful when they do thing or walking on room. Participant #3 showed his coping strategies that *"I have become very careful..... when I move I am very careful about not to fall. There are things I can't do now....."*

Everybody feels that their health is improving day by day and they are gaining ability to simple tasks and partially walking with walker. They become very protective and conscious when they move. Participant #2 showing his concerns *"I become very careful when move around to protect accident on rugs."* They also believe in god, they spent their time in prayer, meditation. They realize that this condition is treatable and they could recover and regain functional ability what they had before.

Exhaustive Description and Discussions

The lived experiences of older adults who are suffering from post-hip fracture have diverse living experiences of such devastating injuries which may result the significance changes in person's life. Older age itself, a stage of declining physical capacity, decreasing defense ability towards stressors and risk of multiple vulnerability that alter the normal life style of individuals. Hip fracture is treatable condition, if individuals get early successful surgical treatment, they will be able to regain their pre-fracture life. Co-morbidities like chest infection, hypertension and other chronic physical and mental health problems may hinder the early recovery of illness.

Older adults who have hip fracture, they have some knowledge and awareness about patho-dynamic of hip fracture. They realized that slipping, fall in ground level, ageing, weaker bone, accident like hitting something over their body are common factors that causes hip fracture in old age. These results of present study is consistent with the findings of Marks et al (2003) and (Kloseck *et al.*, 2008) studies outcome that low bone mass putting elderly at risk fragility fracture, caused by minimal trauma such as falling from a standing height. Most hip fractures are related to osteoporosis (Cummings *et al.* 1995), and are perhaps the most serious consequences of it in the elderly (Rosemont, 2008).

Informant who suffered from this injury, they expressed similar types of perception of pain (intolerable, discomfort and persistent), unable to move and present deformity on their affected limb, imbalance of body as well as require help from others to move from accident site. Most of them are received hospital services within 24hours. They are informed that choice of treatment in hip fracture is replacement of hip joint surgically. If not doing surgery, patient could never regain pre-fracture walking ability, lifelong bed ridden which might worsen the health and all dimension of their further life. Everyone is gone under surgical treatment even they have financial limitation. Average time of hospitalization was one month for all informants, during that time they missed their family, friends and also disturbed their routine activities. Miyamoto et al (2008) echoes the concern of managing hip fractures by surgically have more favourable functional results which consistent with present study findings.

Hip fracture has been reported to negatively influence patient's quality of life and mood changes. They have physical and psychological stress such as fear of falling again, worry about future health, anxiety, pain on affected limb, losing of confidence and unable to trust over their own body. They perceived that their illness affects all spheres of life and family environment. Especially they experience alone, lonely and helpless at night time, and afraid about their uncertain future health. Although, they have light of hope, sooner they will be back to their normal life pattern, becoming independent and performing pre-fracture roles. Osnes et al (2004) found that the consequences of hip fracture with respect to changes in residential needs and the ability to perform activities of daily life by older adults. The proportion of patients walking without any aid decreased from 76 to 36%, and 43% of the patients lost their pre-fracture ability to move outside on their own. More than a fourth of the patients (28%) lost their ability to cook

their own dinner after sustaining hip fracture. The probability of these events increased with increasing age.

Financial constraint is also play one of the major stressor of study informants' emotional disturbance, which might delay the recovery of injury. Most of informants lost their land, under loan for down payment because of high cost for surgical treatment, long term hospitalization and follow up, as well as prolong needed the care-giver to assist daily activities. Sekine, et al (2006) noted that low socioeconomic status directly affect the timing and treatment modalities which is similar to this study because most of participants struggled for financial arrangement and late surgery. Brainsky et al (1997) showed that the costs after a hip fracture increased for the first six months and then decreased. Parker & Handoll (2000) Hip fractures are costly and continue to generate significant costs throughout the one-year period after discharge.

All the informants also expressed feeling of limitations in relation to movement and loss of confidence with their bodies. They felt functional and social activities are adversely affected. Physical limitations and eroded independence was experienced due to the traumatic situation brought by the hip-fracture. Pain on affected limb bothers to participants so taken analgesics in order to relief pain, only when it's beyond the tolerable. Simple daily activities such as washing clothes, climbing up stairs and shopping become difficult to perform. They perceived, getting care from others are really challenging. Some of them felt that dependent to others are kind of punishment.

All the participants have good social relations in pre-morbid but when they are victim of hip fracture, their social and friends contact are severely affected. They are limited within house especially in their own room. Usually, friends and relatives come to visit them; they are more sympathetic, giving company, praying for them. They shared that they accept the present realities. Some of them experience improving their health condition and increasing moving ability and strength. They are very happy and proud of their family members who care them closely and continue without showing any sign of burden that findings were not similar with study from Taiwan revealed that family caregivers experienced moderate burdens while caring for the sick elders at home. About 91.8% of caregivers reported 'I feel sad watching the elder's health deteriorating', 84.9% reported 'I must keep an eye on the elder constantly' and 56.7% reported 'Taking care of the sick elder at home makes me feel exhausted'.

They become very careful when move around to protect accident on rugs. They learnt that chance of re-hip fracture may be happen in future because of weaker bone, even fall from standing height. They try to modify their life style to

avoid trauma in order to prevent from fracture in future. Participants gain knowledge that they may not be same as earlier. They are also engaged in spiritual activities to like prayer, reading, listening and talking about religious scriptures that make them healing and peace, encourage accepting the realities and positive hope for future life.

Conclusion

The study informants described experiences of post hip fracture condition changes in their relation to the body, themselves, to others and to their whole life situation. These experiences were described as being limited in movement, having lost confidence in the body, respecting oneself and one's own needs, becoming more dependent on others, gaining more human contact, isolate at home, feeling of old and fragile, afraid of thinking uncertain future. The experience of being old included a feeling of embarrassment for getting help from others, leads more distress and frustrated to present life situation. The results indicate that the fracture seemed not only to break the bone but also cracks the social, financial and existential dimensions of informants, as experienced in recovery period of injury. In spite of such physical limitations and negative emotional expression towards life event, they have hope for regaining pre-fractured state of life and assume to back for normal activities. Positive motivation, family support and timely treatment modalities bring light of hope and early recovery among post hip fractured elderly.

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