VALUES AND LONG-TERM CARE

DECISION-MAKING FOR

FRAIL ELDERLY PEOPLE

Linley Alice Denson, Bachelor of Arts with Honours (Flinders), Diploma in Applied Psychology (Adelaide), Master of Psychology (Flinders).

Psychology Department

Faculty of Health Sciences

The University of Adelaide

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Abstract

This project explored the values considered by elderly people, their younger relatives, and health professionals in decisions about residential long-term care, aiming to contribute to the literature on prospectively held values.

The mixed methods design utilised a medical record review of 60 frail elderly hospital patients, a stratified survey of 3,015 adults in the South Australian community, and interviews with 36 stakeholders (10 elderly people, 8 younger relatives, and 18 health professionals).

The medical record review confirmed that the hospital patients and their outcomes resembled those described internationally. It was used to develop a hypothetical vignette, used in the later studies.

Survey responses suggested that when considering a hypothetical long-term care decision, community members put the elderly person’s physical health and safety first. Situational variables (the elderly person’s autonomy, environmental adaptation, and caregiver burden) appeared secondary, albeit less so with increasing age of the respondent.

Thematic analysis of the interviews demonstrated that elderly stakeholders considering a hypothetical decision were more likely to mention autonomy values, and less likely to mention safety values, than were relatives or health professionals. However, elderly stakeholders were also more likely to suggest restrictive solutions, such as residential placement and proxy decision-making. This finding raised methodological issues concerning ‘third person’ vignettes, in that respondents might be
responding as proxy decision-makers, rather than as if the hypothetical decision applied to themselves.

The project confirmed that, in this context, prospectively held values resembled the retrospectively described values identified by McCullough, Wilson, Teasdale, Kolpakchi and Shelly (1993). Hence, the retrospective literature could be applied. The project supported the importance and complexity of psychosocial predisposing factors when applying the Andersen Behavioral Model (Andersen, 1995) to long-term care decisions. Additionally, the Ecological Theory of Aging (Nahemow, 2000) and the MacArthur Model of Successful Aging (Andrews, Clark, & Luszcz, 2002) were found to be relevant to long-term care decisions for individuals and populations.

It was concluded that both clinically, and at a policy level, discussions of long-term care could be more effective if they focussed on maintenance of elderly people’s autonomy and control, rather than on their physical health and safety.
Dedication

To the memory of my parents
Margaret Grove Ogilvie and George Frederick Denson

Statement

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.
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