

VALUES AND LONG-TERM CARE

DECISION-MAKING FOR

FRAIL ELDERLY PEOPLE

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Table of Contents

Table of Contents	iii
List of Tables	vii
List of Figures	ix
Abstract	xi
Dedication	xiii
Statement	xiii
Acknowledgments	xv
Chapter 1. Introduction to the research program	1
1.1 Overview	1
1.2 Values and decisions related to residential long-term care for elderly people	2
1.3 Theories which explain long-term care utilisation.....	5
1.4 The research literature on residential long-term care decisions.....	15
1.5 Methodology	17
1.6 Plan of the research project	23
Chapter 2. Literature Review: Outcomes and discharge destinations of frail elderly hospital patients	27
2.1 Overview	27
2.2 Review of the literature	27
2.3 Conclusions: Prediction of patient outcomes	80
Chapter 3. The health status and outcomes of frail elderly hospital patients: a review of medical records.	87
3.1 Overview	87

3.2 Aims of the study	87
3.3 Method	89
3.4 Results	96
3.5 Discussion	123
Chapter 4. Prospective attitudes to long-term care and residential placement: A review of the literature	127
4.1 Overview	127
4.2 Review of the literature	127
4.3 Conclusions	159
Chapter 5. Prospective values concerning residential placement: a stratified random survey of South Australian adults	163
5.1 Overview	163
5.2 Aims of the study	163
5.3 Hypotheses	165
5.4 Method	166
5.5 Data management	172
5.6 Demographic information	176
5.7 Priorities in the timing of the residential placement decision	183
5.8 Discussion	202
Chapter 6. Retrospective views of the residential placement decision: A brief review of the literature	215
6.1 Overview	215
6.2 Review of the retrospective literature	215
6.3 Conclusions	243

Chapter 7. Prospectively held values and the residential placement decision: Interviews with stakeholders	247
7.1 Overview	247
7.2 Method	249
7.3 Results	265
7.4 Discussion	288
Chapter 8. Summary and conclusions	307
8.1 Overview	307
8.2 Summary of the research project.....	307
8.3 Comparing and integrating the findings of the survey and interview studies.....	315
8.4 Theoretical implications	318
8.5 Implications for practice	321
8.6 Implications for policy	330
8.7 Future research directions	336
8.8 Summary of conclusions	341
Appendices	344
Appendix A Predictors of mortality (summary of the review of the literature).....	345
Appendix B Predictors of discharge destination (from the literature)	346
Appendix C Predictors of health / medical outcome after discharge.....	347
(from the literature)	347
Appendix D Predictors of ADL decline after discharge (from the literature)	347
Appendix E Survey items (pilot study)	348
Appendix F Survey items (final).....	349

Appendix G Association between carer status and five demographic variables controlling for age cohort effect. Adjustment of p-values using the Holm method.....	350
Appendix H Selection of priorities by decade of respondent age.....	351
Appendix I Association between gender and selection of priorities, controlling for age cohort effect. Adjustment of p-values using the Holm method.	352
Appendix J Association between carer status and selection of priorities, controlling for age cohort effect. Adjustment of p-values using the Holm method.....	354
Appendix K Hypothetical vignette used in the interview study	356
Appendix L Codebook for interview study.....	357
Appendix M List of meta-concepts and values, with examples	373
Appendix N Three examples of transcripts.....	380
Appendix O Information sheet and consent forms for interviews (font reduced)	395
References	403

List of Tables

Table 1 Demographic, health and hospital service usage information for patients who did and did not survive for 12 months, Part 1: 7 categorical variables.....	98
Table 2 Demographic, health and hospital service usage information for patients who did and did not survive for 12 months, Part 2: 5 continuous variables.....	99
Table 3 Logistic Regression Analysis of 12-month survival as a function of five variables derived from the medical record.....	108
Table 4 Demographic, health and hospital service usage information for patients who were, and were not, documented as having been placed at discharge, Part 1: 7 categorical variables.....	111
Table 5 Demographic, health and hospital service usage information for patients who were, and were not, documented as having been placed at discharge, Part 2: 5 continuous variables.....	113
Table 6 Logistic regression analysis of documented placement as a function of 3 variables derived from the medical record.....	118
Table 7 Age and gender of respondents: Weighted sample (N=3,015).....	177
Table 8 Self-reported status as a carer, by decade of age: weighted sample (N=3,015).....	181
Table 9 Selection of priorities by age cohort: weighted sample (N=3,015).....	184
Table 10 Selection of priorities by respondent gender: weighted sample (N=3,015)...	192
Table 11 Selection of priorities by self-reported carer status: results from the weighted sub-samples and full sample.	196
Table 12 Basis of Kappa calculation: 96 coding events.	264

Table 13 Values. Responses (number and %) by group.	267
Table 14 Meta-concepts. Responses (%) by group.....	275
Table 15 Where should Mrs Smith live after leaving hospital? Responses (%) by group.	283
Table 16 Who should make the decision? Responses (%) by group	285
Table 17 Relationship between suggested decision-maker and suggested destination	286

List of Figures

Figure 1 Mean safety, autonomy, strain and mediating scores, plotted together by age cohort: weighted sample (N=3,015).....	189
Figure 2 Mean safety, autonomy, strain and mediating scores, plotted together by respondent gender: weighted sample (N=3,015).	193
Figure 3 Mean safety, autonomy, strain and mediating scores, plotted together by carer status: weighted sample (N=3,015).....	197

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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