

Recovery following hip fracture surgery – The perspectives of older people, close relatives, and nurses working in an orthopedic ward

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AKADEMISK AVHANDLING

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Abstract

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This thesis falls within the field of nursing and focuses on older people's recovery after hip fracture surgery in a rural context. A fall-related hip fracture is a common and severe health issue that affects older people, leaving them vulnerable and in need of support from close relatives and healthcare personnel during recovery. The overall aim of this doctoral thesis was to explore and describe the recovery of older people after hip fracture surgery from the perspectives of older people, close relatives, and nurses. Data were collected through qualitative individual interviews (I), focus group interviews (II), and narrative interviews (III, IV). The interviews were analyzed using qualitative content analysis (I, II) and phenomenological hermeneutics (III, IV). The findings show that older people found themselves in a new and vulnerable situation in which they were dependent on others for everyday activities they used to take for granted prior to the hip fracture. They were grateful to be able to return home after discharge from the hospital, although being at home would not have been possible without support from close relatives (I). For nurses, preparing patients for a life at home was vital, as they recognized the amount of support that was needed after hip fracture surgery. Nurses shared that certain aspects of discharge planning did not benefit the patient, but the nurses could not influence these (II). Furthermore, this study shows that for older people, participation in care means being a co-creator in care that is founded on being met with sensitivity and support, being told what is going to happen, taking responsibility, and asking questions and being able to influence care. For nurses, participation in care meant meeting the patients' needs and requests by being open and allowing them to influence their care while also recognizing that the patients' ability to influence care was limited. For older people and nurses, participation in care had somewhat different meanings, but it was associated with managing better at home (III). Being a close relative to an older person recovering from hip fracture surgery meant being a helper and involved facing the unimaginable yet expected, putting oneself aside, encountering the healthcare personnel, giving support, feeling concern and fear, and noticing recovery (IV). In conclusion, the findings of this thesis show that being affected by an acute, life-altering event such as a hip fracture greatly impacts the older person's life. However, it seems that older people are given rather small opportunities to participate in and influence decisions about their care and discharge planning. Recovery after hip fracture surgery and the transition in daily life toward health seems to be influenced by the older person possessing self-determination and expectations of recovery, being a co-creator in care, and having supportive close relatives.

Keywords

close relatives, discharge planning, experiences, fall-related hip fracture, hospital care, nurses, older people, own home, participation, phenomenological hermeneutics, recovery, rural area, transition, qualitative content analysis