Evaluating the outcomes of intermediate care; whose quality of life is it anyway?

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High expectations of intermediate care:

- solving the system pressures within the acute hospital sector
- promotion of independence and quality of life for older people (Stevenson and Spencer 2002)
- dissolving the boundaries between health and social care systems (Moore et al 2007)

Implications:

- inherent drive to improve the efficiency/quality of services
- need to aware of the systems and structures within which they are required to [work and] manage (Jasper 2002)
Activity theory

- Older people carry on with midlife activities and life styles (Havighurst 1963)
- Adaptation or adjustment is a key concern of individuals and promotes the need to adapt to ageing by remaining as active as possible. Advocates of activity theory suggest that there is a positive relationship between activity and life satisfaction (Victor 2006)
Disengagement theory

- Diametrically opposed to the implicit assumptions of the activity theory (Cumming and Henry 1961)
- Suggests that successful ageing, from both the societal and individual view, is best achieved by the progressive loss of social roles and relationships and with the withdrawal of older individuals from society.
- Concern - as the individual withdraws from society, society also withdraws from the individual
- Assumption that disengagement is voluntary (not always the case - widowhood, retirement or even loss of physical function may be unexpected and unplanned) (Fennel et al 1988).
Conflict theory

• Both activity and disengagement theory suggest that successful ageing is the solution to the problem and assume that people have the necessary resources to cope with the transition or adaptation.

• Conflict theorists explore the social construct of dependency, considering the impact of social factors and inequality on the older person.

• All three theories work at the macro level and do not acknowledge that choice or free will is the most basic aspect of human behaviour.
Successful ageing

• The concept of successful ageing has evolved over a period of time (Bond and Corner 2004)
• Early descriptions of the idea suggested that successful ageing would be about factors such as good health, economic security and access to friends and family (Havighurst 1963)
• The concept of successful ageing has been equated with the idea of quality of life.
• Quality of life is often confused with quality of care, which addresses the way in which services are delivered (Reed 2007).
• Limited amount of literature on quality of life for older people (Gerritsen et al 2004)
• Older people talk about.................
• family (children)
• social contact
• health
• mobility/ability
• material circumstances
• activities
• happiness
• youthfulness
• living environment

(Farquhar 1995).
### Examples

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Disability</th>
<th>Handicap</th>
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<tbody>
<tr>
<td>Disrupted physiology and pathology as a result of age</td>
<td>Reduction in the functional status of the person</td>
<td>Effect on social function</td>
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<tr>
<td>Osteoarthritis of the knee</td>
<td>→ difficulty in walking or driving</td>
<td>→ unable to shop for self</td>
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<td></td>
<td></td>
<td>→ unable to continue to collect grandchildren from school</td>
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<td>→ unable to continue playing golf/windsurfing</td>
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<td>→ unable to get in and out of the bath unaided</td>
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• Older people's assessment of the quality of life appears to be based on their expectations and is grounded in their life experiences

• Pay attention to what people want rather than what professionals or carers say they need (Bond and Corner 2004, Nolan and Nolan, Reed 2007)

• While it can be argued that a high quality of life is better than a lower one, it is not always appropriate to make a judgement about what quality of life means to any individual
Examples

- “Adoption panel application- GP asked to send further to send info. Feedback so far “Mrs McIntosh is not up to it”. Staff referred to DDA- no contact with Mrs Mc, decision made just from form. SW frustrated with reaction to application, many years fostering and adopting. Team view competent”, “lovely lady” “not fair” “can team help”
- now walks to pub and his gait “so pleased” ...”Wants to go swimming”
- “brother reinforcing husband’s negative behaviour by not allowing her to choose”
- “miss out Weds as they always go out for fish and chips”
Conclusion

• The debates about quality of life continue but there is agreement that people define quality of life for themselves (Meyer 2007)

• The term quality of care is dynamic and what is considered high or low quality changes of time and situation (Norman 1997)

• Agreed principles: privacy, dignity, and recognition of individuality, recognition of diversity, expression of beliefs, safety, responsible risk taking, sustaining relationships with relatives and friends and the opportunities of leisure activities

(DH/SSI 1898, Centre for Policy on Ageing 1996)