

A Qualitative Study Exploring Rehabilitation Potential in Older People Living with Frailty

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BACKGROUND

Therapists are often required to make decisions about a patient's potential to respond to rehabilitation interventions following a hospital stay. Decisions about 'rehabilitation potential' can determine what rehabilitation services, if any, a patient is able to access. In the hospital setting, therapists may have limited time to assess and work with patients, families and carers and the complexities of ageing and frailty may not be fully appreciated. Yet no specific guidelines exist to help therapists make evidence-based decisions about rehabilitation potential. The aim of this study was to explore the experiences, opinions, and understanding of rehabilitation potential from multiple perspectives.



METHODS

This study used five focus groups to explore the experiences and understanding of rehabilitation potential from the perspective of clinicians, patients, carers, academics and service commissioners. The groups were audiotaped and held in venues across the East Midlands outside of the hospital setting. The groups were facilitated by a researcher (AC) and a member of a local patient and public involvement (PPI) group. Data were analysed, by the research team and PPI member, thematically using the Framework Analysis [2] approach, suitable for collaborative, multi-disciplinary health research [3]. The PPI partner attended a specially designed training course to support their involvement in qualitative data analysis.

RESULTS

28 participants took part in the focus groups. The main themes were: definitions of rehabilitation potential, assessment timing, multi-disciplinary working, impact of hospital setting, holistic assessment approach, clinical expertise, resource availability and ethical considerations of using resources responsibly. Rehabilitation potential was said to involve complex decision making, where clinicians make clinical judgements on an individual's ability to benefit from a time limited and targeted programme of rehabilitation. Clinicians spoke of assessing current and previous abilities, underlying diseases and disabilities and prognosticating on the impact that rehabilitation may have on patients future function, abilities and well-being whilst incorporating knowledge of disease trajectories. Placing patient and carer-needs at the centre of care was found to be an essential component, alongside understanding needs, wants, motivation and ability to participate in rehabilitation programmes.



DISCUSSION

Assessing the rehabilitation potential of older people living with frailty involves clinicians making complex and nuanced decisions, balancing patient and carer needs and wants, with service availability. In understanding who will benefit from rehabilitation clinicians must understand the interplay between rehabilitation effectiveness, recovery from acute illnesses and the projected trajectory of underlying conditions. In terms of frailty, rehabilitation may seek to regain, maintain or slow the decline of health and function, with adaptive approaches to rehabilitation being adopted to support well-being.

CONCLUSION

Clinicians need to have a greater awareness of the factors that influence decision making, trajectories of frailty, recovery, and rehabilitation response. With narrowing horizons often associated with frailty, ensuring that individual patient and carer needs and wants are taken into account is essential in terms of motivation and participation in rehabilitation.

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