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# Autonomy Loss in Elderly Home Care Clients: three perspectives

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# Introduction

- The origin of the project
- A few words about assessment
- The perception of loss of autonomy
  - The elderly persons point of view
  - The family caregivers point of view
  - The health professionals point of view
- Conclusion

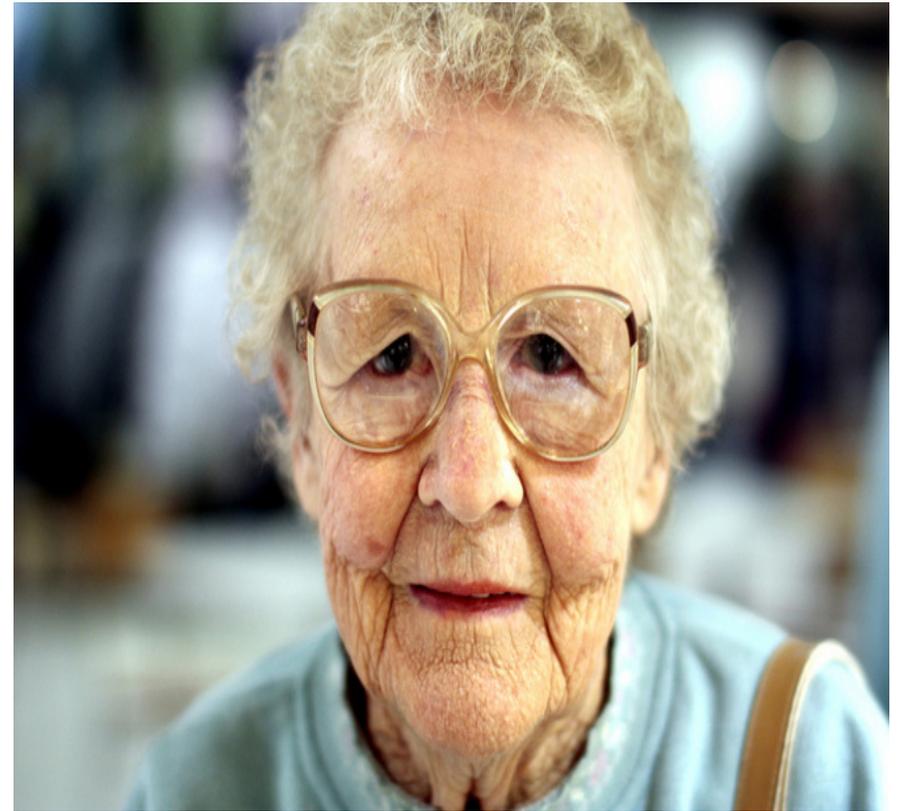
# The origin of the project – from practice to research

- 2013 - Health promotion in home care services
- 2014 - Home care assessments for loss of autonomy: the OEMC
- 2015 – Loss of autonomy assessment project (research)
  - Evaluation in home care, long term care, community (homelessness), ethnic diversity, living environments

# A few words about assessment: some inconsistencies

- Functional autonomy is prioritized
- Not all of the questions are asked by everyone
- The questionnaire is not always completed in the same way – e.g. by hand, by computer, by memory
- Psychosocial questions are not included in the 'score' the determines services
- The 'score' does not always represent the reality of the person being assessed
- The 'voice' of the elderly person and their family caregivers is not always present

# The elderly person's point of view on autonomy loss



# How seniors feel about loss of autonomy and it's assessment

- Seniors often don't think of themselves as in 'loss of autonomy'
- Fear of institutionalization is great
- Misunderstanding about the purpose of the assessment
  - Exaggeration or downplay of problems to try to manipulate the results
- Accepting help in the home compromises feelings of independence
- But, help with transportation and shopping is OK
- Some willing to deprive themselves to avoid dependency

# The family caregiver's point of view



# How family caregivers feel about their care receivers loss of autonomy and it's assessment



- Many developed strategies to maintain the 'autonomy illusion' - Using subterfuge to provide care
- They consistently underestimated their care receivers abilities
- Denial of the situation was common – “She leaves notes for herself and makes the bed, she must be getting better” (husband whose wife has advanced dementia)
- Felt like they were becoming the parent (adult child)
- Had unrealistic expectations about support services available

# The health professionals point of view



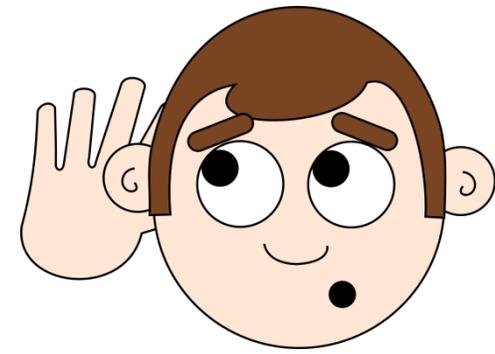
# The health care professionals perception of the assessment

- Some felt they could assess 'risk' with experience "I know it when I see it"
- The 'score' does not always represent the reality of the person – have to advocate for client
- The functional autonomy part is not hard to complete but the psychosocial part is more difficult if it's not your discipline
- Some disparity between how it is completed – incomplete notes
- Better to state at the beginning the reason for the assessment and available services

# Conclusion



# Hearing the voices of the elderly and their family caregivers ...



- Elderly people, in general will go to great lengths to preserve their independence
- Sometimes the elderly person has a different perception of their state of autonomy than their family caregivers
- Family members feel conflicted between helping their loved one stay independent and ensuring their safety
- How does the health professional reconcile these differing opinions with their own OEMC assessment?