

The silent generation: Experiences of older people in hospital

REFLECTIONS

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Our population is ageing and two thirds of those admitted to hospitals are now over 65. (1) The complex medical and social needs of older people place a unique and growing load on healthcare resources. In return, hospital admission can take its own toll on older people, fostering functional decline and development of geriatric syndromes. For older people, hospital stays can be lengthy; I recently came across a patient on their two-hundred-and-twenty-second day in hospital, marooned in a private room with dementia and a femoral fracture. Meeting patients such as this often makes me wonder how older people would describe their experience of hospital. I expect the patient felt lonely – I know I would – though regrettably, I didn't ask.

I recently completed a study into the impact of hospital environment on clinical outcomes for acutely ill older people with dementia, investigating differences in outcomes between those admitted to single rooms and those placed in traditional, multi-bed wards. During this project, I began to question the extent to which hospital environments truly reflect the preferences of older people. In recent years, there has been a shift in NHS hospital design favouring the development of 100% single room wards. This is thought to offer more privacy, dignity, and possibly reduce the incidence of hospital-acquired infections. (2) Whilst these new ward designs are often impressive, fresh, bright and a far cry from their predecessors, their sweeping introduction suggests the potential consequences of inpatient loneliness and social isolation appear not to have been considered.

Many older inpatients are frail and infirm, and with staff fearful of falls, they may spend most of their days in bed. If these patients are in private rooms, the only social interaction they have may well be with

healthcare professionals. A peaceful alternative to traditional wards? Perhaps: if patients can walk easily and unaided to see others, if there is a smartphone at their fingertips, and if they can rely on relatives to visit when they are feeling low. It is not difficult to imagine this becoming a rather lonely experience. Despite this, it may be true that patients in single rooms sleep better, have more dignity, and are free from other potentially disruptive patients. In Scotland, where the government have pledged to build exclusively single-room hospitals, forty-one percent of surveyed adults said they would 'definitely prefer' to stay in a single room. (3) One of the few studies focusing on preferences in older people yielded mixed results over the two different years that data were collected. (4) As such, the preferences of older people, not least those with dementia and cognitive impairment, remain to be more fully explored.

Hospital design must prioritise patient safety and dignity, but what of social interaction? Standing at the foot of the bed of a sleeping, open mouthed and motionless patient with dementia, it is easy to conclude that they are incapable of conversation. They may also be frail, infirm, and suffer from hearing and visual impairment. Spending time in geriatric medicine, I have recognised my own tendency to draw such conclusions; ones that have repeatedly been proven wrong. It has been humbling to observe how talkative and animated some older people, both with and without dementia, can be despite the upheaval of acute admission and the tiresome monotony of lengthy hospitalisation. Older people might repeat themselves, those with dementia might do so even more, but conversation brings mental stimulation. I believe that this is vitally important for older people in hospital. I fear that by introducing 100% single room hospitals we risk minimising patient choice, especially for older people, for whom having a little company may be a priority.

I was recently challenged for suggesting that single rooms could be lonely for older people with dementia. The surgeon in question suggested that I only thought that because I might feel that way, and questioned whether those with dementia can really feel loneliness at all. I don't doubt for one second that people with dementia can and do feel lonely frequently in UK hospitals. I believe it is time that we start to ask older people, those of the rather aptly named "Silent Generation", these important questions.

Hospitals should cater for everyone and every generation. We are likely to see more older people in hospital, some of whom will stay for a long time. Therefore, if their preferences differ from those of policy-makers, we really ought to know.

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