RECOVERY:

A JOURNEY AND A DESTINATION

A Phenomenological Study of Older People Recovering at Home After Surgery

A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy

Massey University
Palmerston North, New Zealand

RAYNA MARGARET WOOTTON
2002
TO WHOM IT MAY CONCERN

This is to state the research carried out for my Doctoral thesis entitled “Recovery: A Journey and a Destination” in the School of Health Sciences, Massey University, Palmerston North, New Zealand is all my own work.

This is also to certify that the thesis material has not been used for any other degree.

Candidate

Date

4 December 2002
TO WHOM IT MAY CONCERN

This is to state the research carried out for the Doctoral thesis entitled "Recovery: A Journey and a Destination" was done by Rayna Margaret Wootton in the School of Health Sciences, Massey University, Palmerston North, New Zealand. The thesis material has not been used for any other degree.

Supervisor

Date 6.19.09
DEDICATION

This thesis is dedicated to

my mother
Rayna Jean Wootton

and

my brother
David Keith Wootton

both of whom died in 2001
ABSTRACT

As world populations age there are more older people having surgery. Hospitalisation for surgery is commonly for the day only or short stay, so most of the period of recovery is spent at home where the older person lives either alone or with a spouse / partner.

The purpose of this study was to understand the phenomenon of recovery at home for older people who have had surgery.

Thirteen older people, ten men and three women, were interviewed after they returned home following surgery. Four interviews were conducted over an eight week period. Participants were aged between 69 and 88 years with most being in the 70-80 years age group.

Hermeneutic phenomenology underpinned by the work of Heidegger was used to examine the phenomenon of recovery as experienced by the participants. The essence of recovery was revealed as enduring my world, caring for and about myself, relating to people and place in my world, and continuing my life. These arose out of four themes – disturbance of one’s being-in-the-world; being concerned with; being-with others; and recapturing being-in-the-world. The four lifeworld existentials of lived time, lived body, lived other and lived space were used to illustrate the nature of recovery for the older person. Lived time was of particular significance. Age per se was not perceived by participants as a major factor affecting their recovery. Being at home, the effects of surgery on the body and on daily life, being actively involved in their recovery, the support of others, and knowledge and understanding, were significant in the participants’ experience of recovery. Recovery was revealed to be both a journey and a destination.
ACKNOWLEDGEMENTS

There are a number of people without whom this thesis would never have been completed let alone started.

Of first importance is to acknowledge the women and men who participated in my study. I am grateful for their willingness to share their stories, their desire to be of help to others, and their interest in my researching the topic. Our conversations took place in an environment of friendliness, helpfulness, hospitality and interest. Their contribution is immeasurable. The assistance of the surgeons and their staff in facilitating access to participants is appreciated.

My thanks go to my supervisors who enabled me to achieve my goal – Dr. Jan Rodgers, who started me surely and steadily on my journey; Dr. Judith Christensen, who provided signposts along the way, could always direct me to useful sources of information and who supported me in my need for several breaks from study because of family illness and bereavement; and my near-at-hand Christchurch supervisor, Dr. Marie Crowe, who provided constant support, guidance, practical advice, and much needed positive encouragement.

Special thanks go to my family – my mother, who, while she said she did not know why I wanted to do a PhD, supported me in doing so and was concerned when her illnesses interrupted my studies; my brother, David, who kept in touch by telephone and periodic visits to Christchurch; and my niece, Tracey Buist. They were my anchor during the rocky times. My strongest support has been from my sister, Beverley Rayna. She has been unfailing in her encouragement, love, and practical support, and I have particularly appreciated her critical reading of the thesis and her constructive comments.
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Without the approval of the Canterbury Ethics Committee and the Massey University Human Ethics Committee this study would not have been possible. I appreciate the financial support received from Christchurch Polytechnic at the initial stage of the study and the Thomas Tippet Study Award granted by the New Zealand Nurses’ Organisation, Canterbury Region.
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TEXT CONVENTIONS

The following information explains the meaning of abbreviations and conventions used in the thesis.

Spelling: There are some differences in spelling of particular words, for example, those where alternatives are in common usage. Two such examples are aging / ageing; characterise / characterize. Differences occur in quotations and references from various sources.

Conventions Relating to Excerpts from Participant Interviews

Names: All names used to refer to study participants, are pseudonyms. In the case of family, friends or health professionals the relationship or position rather than a pseudonym are used, for example, [husband] or [surgeon].

Excerpts: Excerpts from participants’ interviews are identified by pseudonym, interview number and page reference to the transcription, for example, (Lucy, 2: 5).

Italics: Where sections of interview data are reported, the participants’ words are given in italics.

(Italics): In interview excerpts the researcher’s words are given in italics inside parentheses.
(Parentheses): Included in sections of participant speech indicate such things as the action of a participant, for example, (laughs), or the type rather than name of an institution, for example, (rest home).

[Square Brackets]: Are used when a clarifying or explanatory comment has been added or to indicate where a word(s) has been unclear a “best guess” has been provided.

Bold: Words in bold in a participant’s speech denote particular emphasis by the participant.

.... Indicates a pause made by the participant in speech.