

P 020

**LIVING WITH FRAILITY IN LATER LIFE:
AN ETHNOGRAPHIC STUDY**

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Background The term frail is frequently used to describe older people experiencing complex health problems. There is limited understanding of how older people experience frailty in the context of their daily lives. Understanding personal experiences of frailty will contribute to the holistic assessment and management of supportive care for older people in later life.

Aim To explore how 'frail' older adults with complex problems who are living at home experience their daily life.

Study Design A prospective, longitudinal case study design using ethnographic data collection methods. Ten participants aged 75 and over, receiving care from a Community Matron (CM), were recruited. Participants were followed up at monthly intervals for 6 months or until death. In total, 49 interviews were conducted with older people; 49 CM visits were observed. Medical documents were reviewed for 10 participants. Data analysis involved cross case comparison and identification of common themes.

Findings Three themes illuminated the experience of living with frailty. *Transitions in health and illness* details the types and patterns of transition and the subsequent impact on daily life. *Dimensions of frailty* reports perceptions of frailty in later life; accounts of feeling frail relate to episodes of uncertainty. *Working with health and social care services* provides insights into the inter-relationship between the older person's world of declining health and the episodic interactions with health professionals.

Discussion Older people work hard to maintain daily routines as they experience changes in their health. Maintaining independence, dignity and continuity of personhood provide a counterpoint to being frail. Health professionals' work is framed by a policy of risk and clinical assessment. Assumptions underpinning the label of frailty can be at odds with the older person's experience. Commissioners of community services for frail older people need to consider these competing demands so that

health professionals can engage more effectively in supportive care provision.