

Person-Centred Narrative of an Older Person

Introduction

John Canning, a resident of the local community care home, is 86 years old and the senior-most resident of the home. He is a happy and lively person, young at heart, and maintains pleasant relations with all his co-residents and the carers at his facility. He lost his wife about 10 years back to a road accident. Since then, his children – two daughters and a son – have chosen this facility so that he may have sufficient care for his health conditions and people his own age with whom he can socialize. They visit him once a month with their children and he looks forward to these visits.

I know him through one of his daughters who I met through a mutual connection. I have spent the past few weeks getting to know him better and have noted several points about ageing and chronic conditions that have come to light through my conversations with him. In this essay, I have presented my findings in four parts – personal life, experience of ageing, chronic conditions, and wishes for the future. Following this, I have focused on three of his needs discussing their implications for his future.

Life and History

(i) Personal Life

John is an 86-year old retired mechanic, who has been living in the centre since the past 10 years. He started out working in small mechanic shops and eventually set up his own vehicle mechanic shop. He had a successful business and gradually his son began to take up more and more work at the shop. Gradually, his workload diminished and he started staying home more often while his son managed the shop all on his own. He officially retired at the age of 65, after which he took up gardening and started taking extensive care of his small house-garden. His wife died when he was 75 years old and he completely broke down after that. His health started deteriorating and he began expecting his children to visit him more often. It became difficult for his kids to handle his moodiness and temper tantrums, and they recommended that he shift to their local

community centre. He was reluctant at first, but then he gradually grew accustomed to living at the community care facility and is now very happy here.

(ii) Experience of Ageing

Overall, his experience of ageing has been positive. His wife has been his pillar of strength and he has shared 46 wonderful years with her. He also has healthy relationships with his children and grandchildren, who, although they live far away from the centre, call and visit him often. Although he had several health conditions, he was happy and content in his life. He started facing troubles when his wife passed away as she was his support system who took care of him and all his needs. After his wife's death, he experienced emotional instability and started being verbally abusive towards his children and grandchildren. He often forgot to take his medications as his wife used to take care of this, and it led to deterioration in his health and increased hospital visits. Once his children enrolled him at the community care centre, he started appearing lively again as he resumed his social life with people of his own age. Thus, although he has several chronic health issues, he is mentally and emotionally stable and is happy to be a part of the centre.

He still practices yoga and meditation at the centre under the supervision of a trained professional, and this keeps him feeling energetic all day long. His dietary requirements are very well-managed by the centre staff and he is given food as per his doctor's advise. As he loves gardening, he is also involved in tending to the gardens of the facility. Apart from this, he spends most of his time in common rooms where he can talk and socialize with other people.

(iii) Chronic Conditions

He has had two mild heart attacks when he was in his fifties, and he has been on several medications since then to prevent a major attack. He also has diabetes, was a smoker for 30 years, drinks occasionally, and is obese. His retirement period gave him time to exercise and practice yoga, and this has helped him retain his mobility. Currently, he uses a walking stick to move about the centre. He cannot sit on the floor and needs a chair or a bed to sit. His eyesight and hearing are both mildly impaired, although not to an extent that he cannot make out what's before him or understand

what's being said to him. He has had prostrate issues in the past that are currently well-managed. He has weak digestion and has to be careful of what he eats, otherwise he becomes constipated.

(iv) Wishes for the Future

About his future, he can see himself leading several happy years at the community care centre. He does worry that he might eventually lose his independence and his health may worsen. He also worries that his children and grandchildren may get busier with their lives and stop visiting him. He wishes that as long as he lives, he is independent and surrounded by his family and friends. He has, as of yet, not completed his will and he wishes to do that as soon as possible before he is unable to do so.

Health Needs

(i) Dietary Needs

He has several dietary restrictions on account of his diabetes as well as history of heart attacks. Due to his diabetes, he has a sugar-restricted diet and his food is free of excess carbohydrates and sweets. He eats a lot of fruits, vegetables, legumes, nuts, fish, and whole grains, and avoids snacks, red meat, refined grains, and sugar (Tamura et al. 2020). He also follows a heart-healthy diet in which he consumes wholegrain bread, cereals, oatmeal, fruits and vegetables, fat-free milk, yogurt, and cheese, lean meat and fish, nuts and seeds, low-fat mayonnaise, and vegetable oil such as olive and canola oil (NIH 2005). He was never much of a sweet eater, and so he doesn't miss sweets a lot. He generally co-operates with the staff where his dietary restrictions are concerned and follows his doctor-appointed dietitian's meal plans.

(ii) Mobility Needs

He currently requires a walker to move about the centre. His pace is slow, but he still prefers to independently move around for as long as he can. Staff at the centre has offered him a wheelchair, but he refuses to sit in one. The nurses caring for him have classified him in the medium-risk falls category and are encouraging him to call for a staff member when he wants to use the restroom (Liu and Du 2016). However, he gets offended by this suggestion as he wants to retain his independence for as long as he

can. He has gradually started developing knee and lower leg pain due to age-related deterioration, and his carers are concerned that his non-cooperation regarding use of wheelchair may further aggravate the pain (Gibson and Lussier 2012). He also has slight hearing impairment and people have to shout so that he can hear them. His doctor has suggested that he use a hearing aid, but he refuses to use one because he doesn't want to grow dependent on too many external devices (Lohler et al. 2019).

(iii) Psychosocial Needs

Although he claims that he is happy and content otherwise, he terribly misses his wife and the family life he had when his children were young. He had had a rock-solid marriage and his wife had been an immense source of strength and support for him. When he initially joined the community centre, he underwent counseling to help him cope with his loss (Hashim et al. 2013). This helped him a little and as he began to share his grief with other people in similar situations at the centre, he started feeling better. However, when his children visited him, they often reported that their father was in tears thinking about his late wife. He has also gone through a psychiatric consultation to assess for depression or other depressive disorders, but he hasn't been clinically diagnosed with any of these conditions (Sawyer and Williams 2012). His reaction to his grief is considered a normal part of old age and he deals with his loneliness by socializing at the centre and pursuing his hobbies such as gardening.

Conclusion

In conclusion, John has adapted to his current situation extremely well and is cooperative with his health and dietary plans. His heart problems and diabetes are well-managed and his age-related physical deterioration is minimal. His major problem currently is coping with the death of his wife. Although it has been 10 years since this event, it is still difficult for him and he tears up at the slightest trigger. People at the centre try their best to keep him happy and involved in various activities. His children and grandchildren visit him often and this is a source of joy for him. He sees himself living like this for a long time at the community centre.

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