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RESEARCH

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Balancing acts – striving towards independence after early discharge: lived experiences of older adults and their relatives

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Abstract

Background Early hospital discharge is rising internationally. Hence, homecoming is a significant event that has a severe impact on the well-being of older adults and their relatives. Evidence suggests that adapting to this unfamiliar situation requires a concerted effort to strive towards independence. This study describes the meaning of striving towards independence as experienced by older adults and their close relatives during the first month after early discharge from hospital to home and examines how this process relates to their experiences of well-being.

Methods Data was gathered through 18 dyadic phenomenological in-depth interviews with ten older adults discharged from three hospitals in Austria and their relatives.

Results The essential meaning of striving towards independence after early discharge is characterised by being at ease and further articulated in the three constituents: walking a tightrope between push and support, steady improvement as an opportunity for new possibilities and returning to cherished habits as a source of joy in life.

Conclusion Our study highlights the dynamic process of striving towards independence, which encompasses acceptance, trust and identification with the condition, and is intertwined with existential dimensions of temporality, inter-subjectivity and identity. Facilitating trust in the future between the older adult and their carers, as well as helping them regain former habits, supports the strive towards independence after early hospital discharge and contributes to the experiences of well-being of older adults and relatives.

Keywords Homecoming, Independence, Older adults, Phenomenology, Reflective lifeworld research, Relatives, Transition, Well-being

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Background

In recent decades, the average length of hospital stays has declined due to changes in treatment options, shorter inpatient stays, and the promotion of very early discharge (within 48 hours of admission) [1–3]. This shift has increased the need for support during the transition from hospital to home, particularly for older adults (65+), who are hospitalised and discharged more frequently than the general population [4, 5]. The transition from hospital to home is marked by a period of uncertainty, which is exacerbated by the decreasing average length of hospital stays. This results in older adults being transferred back to their homes earlier than in the past [6], often while still requiring care [2].

The transition from hospital to home disrupts daily life, impacting both older adults and their relatives, and influencing their overall experiences of well-being [7]. A transition can be understood as a process, and according to Meleis' theory of transition, families collaborate as partners in this caregiving process [8]. Hence, relatives play a crucial role in facilitating a smooth care transition and are an essential source of well-being for older adults during and after their transition from hospital to home [9, 10], especially regarding early discharge [11].

Research highlights older adults' vulnerability during this period, including reduced autonomy and increased dependency [9, 12–14]. Relatives report challenges such as insufficient information, limited involvement in decision-making and difficult communication [9]. The transition can be existentially threatening for both patients and relatives [14], whereas feeling prepared for homecoming enhances their well-being. [13]. Hence, homecoming is a pivotal event, significantly affecting the well-being of both older adults and their families.

Qualitative studies show that returning home improves recovery through familiarity and emotional benefits, such as being surrounded by loved ones and resuming personal routines, which enhance well-being and healing [10, 15, 16]. Older adults express a strong desire to maintain independence alongside the comfort of familiar surroundings. The transfer of care to the home empowers them to regain independence in daily activities, underscoring the importance of autonomy and familiarity [17–19].

A few qualitative studies focus on relatives' experiences as caregivers during this transition. Norlyk and Martinsen (2013) found that relatives supporting loved ones recovering from colon cancer in a fast-track transition program felt significant responsibility for patients' well-being and adherence to therapeutic routines [20]. Similarly, Dolu et al. (2021) emphasised the importance of relatives feeling secure in providing support, maintaining routines, and ensuring therapy adherence at home.

Another study indicates that during homecoming, relatives' focus may shift from caregiving to their own needs, with confidence in caregiving enabling this shift [21].

In summary, being home requires adapting to an unfamiliar situation in a familiar setting. While the transition poses challenges for older adults and their relatives, prioritizing the experience of well-being can improve the success of early discharge [22]. Independence is a key factor in homecoming, significantly enhancing the experience of well-being of both patients and relatives [11].

The daily discharge of older adults worldwide underscores the need for a deeper understanding of the relationship between the experience of well-being and striving towards independence, particularly after discharge. Existing research, however, has largely overlooked the dual perspectives of older adults and their relatives in balancing this act. To address this gap the present study aims to describe the meaning of striving towards independence as experienced by older adults and their relatives during the first month after early discharge from hospital to home, and how this process relates to their experiences of well-being.

Methods

Design

To gain a deeper understanding of the meaning of striving towards independence, this study employed the phenomenological Reflective Lifeworld Research (RLR) approach [23]. Guided by the philosophical lifeworld theory, which originates from phenomenology and hermeneutics, RLR strives to describe phenomena as they manifest within the lifeworld. Lifeworld theory constitutes RLR's epistemological and methodological premises [23]. The lifeworld refers to our everyday world, which is an intuited, common and pre-given world in which we act without reflection. Thus, turning to the lifeworld means turning to the fundamental experiences before they are objectified or theorised in a scientific sense [24].

Following this approach thus entails delving into older adults' and their relatives' lived experiences of striving towards independence after discharge from hospital to home.

Data collection

Data was gathered through 18 dyadic in-depth interviews involving both older adults and their relative(s). Dyadic interviews were chosen to facilitate a conversation between two participants, encouraging interaction and shared reflections. [25, 26]. This approach allowed the older adults and their relatives to share their experiences of well-being and their strive towards independence during and after the transition from hospital to home but also to complement each other's description [26].

Interviews were conducted twice between January and May 2022 by the first author under the supervision of the co-authors, who are experienced phenomenological researchers. The first interview occurred two to five days after discharge to capture the participants' immediate lived experiences of well-being and the second interview was conducted about one month after the discharge to capture their lived-through experiences of striving towards independence and well-being after discharge.

As the restrictions due to COVID-19 were still ongoing, one interview was conducted via videoconference, and another was conducted over the phone. Due to medical and personal reasons, it was only possible to interview two of the older adults and their relatives once, leading to eight older adult patients and five relatives for the follow-up interviews.

In line with RLR, interviews followed an open dialogue approach, which aims to delve into the interviewee's life-worlds and gain a deeper understanding of the phenomenon of interest [23, 27]. Therefore, an opening question was used for both interviews to encourage participants to share their lived experiences. To foster an open dialogue and obtain an immediate description of how the older adults and their relatives experienced the first week after discharge, the opening question in the first interview was: "Please tell me how you experienced the transition from hospital to home". The question was followed up by prompts such as: "How is it like to be back home? Is there anything that stands out?". In the second interview, the opening question was: "If you think back to the last weeks after the transition from hospital to home, how did you experience this time?". In both interviews, the interviewees were prompted to provide further details by sharing specific examples of what was important. Follow-up prompts were, e.g. "How did you experience this?" and "Can you give a concrete example? ".

Participants and settings

Study participants were selected from three hospitals in Austria, two in Vienna and one in Linz. In Austria, the average hospital stay in 2020 was 10.95 days [28] for people aged 65 and older. Therefore, a discharge within five days after admission was defined as early discharge for older adults in this study.

The interviewees and the first author had no prior relation to each other as they met for the first time during the recruitment. Older adults were included if they were 65 years of age and above, had undergone a scheduled, early hospital discharge, were cognitively able to be interviewed, and had relatives who supported them. Relatives — defined by older adults as their closest supporters during and after discharge — were also included in the study.

The older adults were recruited in the hospitals by either the first author or the discharge manager, who provided eligible participants with invitations and information about the study. They further informed their relatives about the study. The first author provided information at two of the hospitals, while the discharge manager provided the information at the remaining hospital. The first author provided additional details about the study to all older adults and their relatives and obtained their consent before the first interview.

As the interviews were conducted during the COVID-19 pandemic, it was a particularly sensitive time to conduct home visits with older adults. This situation posed a challenge to the recruitment of the participants. Of the 37 older adults who received the information, 27 chose not to participate, citing reasons such as health concerns, fear of excessive contacts or personal circumstances. Pragmatically, we chose to involve three older adults whose relatives did not want to take part in the study. We further chose to involve one older adult under the age of 65.

Ten older adults participated in the study, including six women and four men, aged 54 to 86 years. Furthermore, eight relatives participated in the study, four men and four women, aged 23 to 85 years. Six older adults resided with their close relatives, while four lived independently. Various surgeries (e.g. shoulder surgery, hip replacement) and treatments (e.g. hypoglycaemia, cancer) were represented among the older adults. The majority of the older adults were able to fulfil everyday tasks independently before the hospital stay. However, all older adults needed support from either professionals and/or relatives following discharge. In phenomenological methodology, the focus is on the depth and variation of experiences rather than the number and demographic characteristics of participants [23]. The authors determined that no further interviews were needed as the data provided a comprehensive understanding of the variations and depth of the participants' experiences.

None of the participants withdrew from the first interviews. However, due to a decline in their health status and loss of interest in the project, two older adults and their relatives withdrew from the second interview.

Ethical considerations

This study was conducted in conformity with the principles of the Helsinki Declaration [26] and received approval from the Danish Data Protection Agency [ID no: 2016-051-000001]. Participants were provided with written and verbal information about the study's objectives, their right to withdraw and data confidentiality. They were also informed that their anonymised data could be shared for research purposes only.

Moreover, the research was thoroughly reviewed by INNOVATEDIGNITY's Ethical Scrutiny and Advisory Board to ensure its ethical integrity and compliance with the European Union's Horizon 2020 open-access initiatives. As the study did not involve pharmaceuticals, medical products or the application of new medical methods, specific ethical approval was not required under the laws of Denmark and Austria.

Data analysis

Under the supervision of AN, the first author conducted the data analysis. Consistent with the descriptive approach of RLR, the data analyses employed both open and bridled methodologies to examine participants' striving towards independence, their experiences of well-being and the relationship between these aspects.

Dahlberg et al. (2008) emphasize the importance of reflecting on one's pre-understanding to uncover the meaning of the phenomenon in question. This involves being open and discussing, questioning and bridling personal assumptions, ideas and theories about the phenomenon to avoid grasping it too quickly, allowing it to unfold itself [23]. Applying this perspective required the authors to continuously reflect on their pre-understanding of striving towards independence as experienced by older adults and their relatives after early discharge at every step of the research process.

Data from the first and second interviews were given equal consideration during the analysis, which aimed to identify patterns of meanings and their variations, thereby elucidating the essence and constituents of the phenomenon. The essence represents the fundamental characteristics that define the phenomenon, while the constituents provide detailed nuances that further elaborate on its essential meaning [23].

The data analyses followed a tripartite structure from the whole to the parts and back to a (new) whole. Initially, the first author read and re-read the interviews to understand the whole. Subsequently, meaning units were identified by highlighting and extracting relevant sections. These units were re-read, their meanings described, and emerging meanings clustered into themes representing patterns. This process culminated in describing the essential meaning, including the essence and its constituents.

Examples of the data analysis are presented in Table 1. The Results section outlines the essential meaning and its constituents, supported by relevant interview excerpts that illustrate the meaning of each constituent.

Results

The essential meaning of striving towards independence is characterised by being at ease with all the changes following hospital discharge. Returning home disrupts the lifeworlds of both older adults and their relatives. Their lifeworlds are suddenly dominated by the constraints of illness, leaving less room for cherished routines, and previously valued habits are put on hold. However, a delicate balance emerges: older adults may feel pressured, while relatives often take on a driving role as both parties balance the process of becoming familiar and confident with the required support. The certainty of support, signs of recovery and gradual adaptation to a new reality bring prospects for the future. This sense of the future is understood as the ability to envision a life resembling the one before the hospital stay. Cherished routines can gradually be resumed, and former habits can increasingly be performed independently. This glimpse of a life resembling pre-hospital experiences serves as a critical marker of progress for both the older adults and their relatives, contributing significantly to their overall experiences of well-being.

The essential meaning is further elaborated in the following three constituents: Walking a tightrope between push and support, Steady improvement as an opportunity for new possibilities and Returning to cherished habits as a source of joy in life.

The lived experiences of striving towards independence after discharge was shared by older adults and their relatives in similar and relatable ways, albeit with nuanced differences. Therefore, the description of the constituents begins with the shared meaning, followed by the specific perspectives of older adults and, subsequently, their relatives.

Walking a tightrope between push and support

Walking a tightrope between push and support reflected a shared sense of uncertainty in navigating the unfamiliar dynamics of care - receiving care for the older adults and providing care for their relatives. However, becoming familiar with receiving and providing care was a crucial step in the journey towards independence for both the older adults and their relatives.

For the older adults, walking a tightrope between push and support meant oscillating between scepticism and accepting the homecare support. Immediately after discharge, the involvement of homecare support was perceived as an intrusion into their lifeworlds. For older adults, this intrusion was experienced as a push towards dependency. Tasks they once performed independently, such as personal hygiene, suddenly required assistance from strangers. This support was often perceived as an

Table 1 Example of data analysis: Identifying meaning units and constituents

Meaning unit	Meaning	Constituent
Older adults [Walking and driving a car] Yes, those are experiences, that I think are great. Because then one is more free. [Interview 3, second interview, older adult] So, cooking is unfortunately not possible at all. Because it is really difficult with only one arm. I mean, I can spread something on the bread. That wasn't possible before. And now it is. [Interview 6, second interview, older adult] That I'm able to shower independently again and don't need to improvise, that is a time advantage, of course [Interview 6, second interview, older adult]	Higher mobility is linked to freedom, independence, and gratitude, providing some participants with optimism. The return of independence over time is experienced as a welcoming progress despite having some constraints and decreasing the need to find alternative solutions to manage personal care.	Steady improvement as an opportunity for new possibilities
Relatives I would say that it got better and better. Not necessarily because everything is possible now again or so. It's because one adapted to the situation...ah...and because she got rid of the splint...and now she can move the arm a bit better. So, everything became easier. It's not less to do, but we get along better with it. One can plan better and such. That's how it is over time, yes. [Interview 6, second interview, relative] We are old, and then you have those things, and then I must always remind you that one can make the best out of it and adapt. [Interview 10, second interview, relative]	Experiencing that time brought improvement and fewer constraints for their loved ones; parallel to this improvement, relatives gradually adapted to the situation. Experiencing that it was possible to begin making plans again helped to cope with the situation. Mainly because the older adult and the relative got used to the situation and were able to adapt Older relatives were prepared that sickness would appear and had a strong belief that one can adapt to such situations by seeing possibilities rather than constraints	

interference in their everyday lives, evoking a sense of being a stranger within their own routines.

I feel that – even though I need it at the moment – it disturbs my life. I don't want that [Interview 4, first interview, older adult]

I need to say that yesterday at half past one, I already told my friend that I look forward to the day when it is over because that [the homecare support] is not mine. [Interview 6, first interview, older adult]

Accepting and trusting homecare support was crucial for older adults striving towards independence. Accepting homecare support also involved realising that assistance was temporary but essential for regaining independence; temporary in the sense that the support would become less needed as independence increased.

I can't say that I didn't need them. I'm happy that they came [Interview 4, second interview, older adult]

Familiarity, alongside the temporal nature of support, was another key aspect. Becoming familiar with the homecare providers, and more importantly with their competencies, enabled older adults to build up a trusting relationship. Trust was important because it allowed them to view homecare as an extension of their own abilities, providing support with daily tasks. However, this relationship was experienced as uncomfortable when the homecare provider was perceived as lacking competence in essential tasks.

Yes, and somehow, I got used to the homecare support. Over time, I found out who is capable of doing what and who is not. [Interview 6, second interview, older adult]

For relatives, walking a tightrope between push and support involved carefully balancing the extent of their assistance – avoiding excessive support while encouraging older adults to strive towards independence. This balancing act often took the form of a gentle push towards independence, ensuring that the older adults were not left alone on their journey. For relatives, this journey was shared, where even small steps were celebrated as achievements, symbolising the continuity of life.

And the success was measured by the distance we could walk together. We began to walk to the crossing and then a little further and then back, and now we can already walk in the park. [Interview 5, second interview, relative]

For relatives, serving as a continuous source of motivation was important to create an encouraging atmosphere

for their loved ones' 'training'. By constantly motivating their loved ones to push their limits, relatives reinforced their determination to strive towards independence. In this way, relatives acted as an anchor on this journey.

It's important to do what is possible. That's the reason I'm the one who always motivates you to walk a little bit, exercise and so on. [Interview 10, second interview, relative]

Steady improvement as an opportunity for new possibilities

Experiencing steady improvement involved small steps that created new possibilities for both older adults and their relatives. For older adults, regaining mobility often opened the door to these possibilities, while for relatives, confidence in the treatment and recovery process played a similar role.

The disease required older adults to adopt alternative ways to their former routines. Experiencing steady improvement involved recognising and accepting that healing takes time, and that time is essential for resuming cherished habits. Moreover, steady improvement was closely tied to hope – the hope that, with time, those habits and routines would once again become possible.

Over a long period, I had to take a nap two to three times during the day, and that became less and was completely gone when I was awake during the day for the first time. And so, I started to work in the garden again, but I'm taking my breaks. [Interview 5, second interview, older adult]

For older adults, steady improvement – and the opportunities it brought – often manifested in the ability to regain mobility, such as driving a car. This regained mobility restored a sense of freedom, which in turn fostered a feeling of progress and offered a glimpse of renewed independence for the older adults.

It's becoming better and better with everything. First, I had two crutches and now I have one...And I can drive a car again...freedom again [Interview 3, second interview, older adult]

For relatives, steady improvement after hospital discharge was often marked by a sense of relief. Previously uncertain feelings about the older adults' health status, the progression of illness or the future course of life were replaced by a growing sense of confidence in the recovery progress.

I have to say, it is...there was a time where we nearly expected the worst. She couldn't eat, was in pain all the time. Walking 20 steps, being short of breath and such things. But that drastically changed for the bet-

ter now, so you can only be satisfied and hope this will continue. In short, it went steeply uphill, and the signs are still positive and ahhh, we are satisfied [Interview 5, second interview, relative]

Also, becoming familiar with the treatment was crucial for fostering confidence and trust in both the technical and human aspects of support. Acquainting themselves with the treatment, coupled with trust in the follow-up care and support, helped relatives' stress, thereby enhancing their confidence in the recovery process.

I have to say that in the beginning, in the first week, from my side as a carer...I experienced an enormous pressure. And the pressure eased when we got used to this device and how it works...and...ehm...through that we have the certainty, that when the homecare was here, and everything was done and works, this leads to a certain calmness. [Interview 10, second interview, relative]

The period between discharge and the first weeks that followed was marked by a process of getting accustomed to the situation and its challenges. However, developing a feeling of how to handle specific situations and noticing concrete signs of recovery could open the door for new possibilities. These signs of recovery also contributed to a renewed sense of predictability. Striving towards independence required ongoing adaptation and flexibility.

I would say that it got better and better not necessarily because everything is possible now again or so. It's because one adapted to the situation...ah...and because she got rid of the splint...and now she can move the arm a bit better. So, everything became easier. There's not much to do, but we get along with it in a better way. One can plan better and so. That's how it is over time, yes. [Interview 6, second interview, relative]

Returning to cherished habits as a source of joy in life

Returning to cherished habits after the hospital discharge was a source of joy in life for the older adults and their relatives.

For the older adults, returning to cherished habits was deeply intertwined with a sense of 'I want' and 'I can'. Externally, the world around them continued as usual. Internally, however, the illness and the transition from hospital to home altered their lifeworlds as previously familiar and cherished habits became either impossible or challenging to maintain. Despite these changes, older adults experienced determination to reestablish their former habits.

And you will see that I will feel better after the rehabilitation. Because I want to start dancing again... I used to do line dancing. I started 25 years ago. And over the last 6 years, since Dad...seven years..., I never danced. Because I had pain in my muscles and I couldn't do it anymore...but there is a certain temptation...I really want that [Interview 3, second interview, older adult]

The ability to reestablish former habits was closely linked to trust in the support provided by healthcare professionals. Having trust in this external support meant being aware of opportunities but also being certain that the therapy will support them on their way to reestablishing former habits.

I'm a person who loves to do city trips...lately, we've been to Vienna, and the coffee shop was 500 meters away from the hotel and taking the subway is fine. But longer ones are not really possible...Then I would have to visit an orthopaedic to get injections [Interview 2, second interview, older adult]

For relatives, regaining joy in life was strongly interwoven with the growing independence of their loved ones. As older adults regained independence by reestablishing former cherished habits and routines, relatives also experienced renewed joy and a sense of progress towards their own independence. In this sense, independence for relatives meant temporary reprieve from their role as a caregiver, creating space for self-care and personal well-being.

And after I helped him go to bed, so upstairs where I sleep...in the bathroom, a little bit of self-care. That I treat myself, so to say. I really enjoy taking a bath and doing such things. In my opinion, that is very important. And if you do that, it relieves the tension. [Interview 10, second interview, relative]

The space for self-care further enabled rising autonomy, enabling relatives to rediscover the joy of engaging in former habits. This renewed independence, which fulfilled essential existential needs, provided a sense of relief and supported the perception of life's continuity.

And I start to hike mountains again, but that is something else [Interview 5, second interview, relative]

The regained joy in life experienced by relatives could also positively affect the older adults' lifeworlds. Sharing stories about their adventures outside the home allowed older adults to feel included in these experiences, drawing their attention away from their illnesses and toward broader engagement with life.

And then I went to the opera alone. Afterwards I told him about it and so on. And talking about things other than the current condition. So, that one isn't only focused on the disease. [Interview 10, relative]

Discussion

Our study shows that for older adults and their relatives, feelings of being comfortable and at peace are related to the meaning of striving towards independence in the homecoming after early discharge from hospital to home, ultimately fostering the lived experience of well-being. Despite facing uncertainty and unfamiliarity associated with the period, developing confidence in the support provided, gaining self-assurance through progress and reestablishing previously valued routines contributed to relieving older adults' and their relatives' feelings of unease.

Consistent with other studies [9, 10, 20, 29], our findings show that transitioning from hospital to home creates physical and relational dependency on relatives and professional care. This dependency threatens the autonomy of older adults and their relatives. Being back home, combined with the reduced physical functioning of the older adults necessitates adaptation. This finding is consistent with former research [16, 30, 31] and aligns with Meleis' transition theory [32]. For older adults, self-management after hospitalisation means adjusting to an unfamiliar situation and creating a new normal [16], aligning with Meleis' emphasis that a transition always involves redefining oneself within a social framework [32]. For relatives, the awareness that the situation was temporary, as highlighted by Petersen et al. (2021), brought distress due to the uncertainties surrounding what would follow.

Our study contributes additional perspectives to existing findings by exploring participants' experiences of striving towards independence and its relation to the lived experience of well-being. An essential element in this strive was the development of trust. Becoming familiar with and accepting relatives' and professionals' support fostered trust for the older adults in our study. Encountering trust is strongly related to self-confidence for relatives, which involves assurance that the support provided to their loved ones is appropriate. For older adults and their relatives, trust is also deeply connected to the existential dimensions of temporality and intersubjectivity. Drawing on these dimensions, our findings show that trust encompasses hope and faith in future possibilities along with mutual trust and reliance on external support. Hence, our results emphasise that trust has multiple nuances and plays a crucial role in striving towards independence. The importance of these trust nuances in the context of striving towards independence after early discharge from hospital to home can be further understood

through a deeper exploration of trust's philosophical underpinnings. Turning to Heidegger, his description of being in the world emphasises the inseparable connection between the subject, consciousness, and the world, as they are inherently intertwined [33]. In being with (Mitsein), the world is perceived as shared, grounded in responsibility and trust [34]. In this context, our engagement with the world is closely interwoven with trust. Olafson (1998) interprets trust as related to responsibility, which aligns with Løgstrup (2020), who identifies trust as a key aspect of dependence and essential to human relationships. The intersubjective nature of trust shows itself in the mutual dependency of human relationships, where one person has the power to support or hinder the flourishing of another's life [35]. On this background, our findings show that the strive towards independence paradoxically begins with dependence, achievable only through trust. Mutual trust enables striving towards independence and consequently fosters the lived experiences of well-being for older adults and their relatives, and it is rooted in dependency. In our study, the older adults rely on relatives' and professionals' care, while relatives depend on the older adults' engagement in their recovery at home. This mutual dependency involves shared responsibility: relatives support their loved ones, while older adults take an active role in their recovery. As our findings show, mutual trust becomes essential for fulfilling these responsibilities.

Our study further highlights that reestablishing habits is an essential element of well-being for both the older adults and their relative, serving as a key outcome of their efforts to strive towards independence after early hospital discharge. In line with former research [10, 15], our findings show that recovery after hospital discharge involves a gradual process of regaining independence, which slowly reopens the door to former routines and rituals for older adults and their relatives. Amongst others, in their study about older adults' experiences after discharge, Karlsson et al. (2016) found that everyday necessities, such as having an appetite, gradually returned, and that adaptation played a key role in resuming certain daily routines [15]. However, our study adds important insights, showing that striving towards independence was closely linked to the existential dimension of identity for older adults and their relatives. The post discharge period was marked by mutual dependency but also provided time for recovery, which supported both physical and mental healing. This recovery enabled the gradual reestablishment of habits that expanded their lifeworlds, fostered independence and strongly contributed to their experience of well-being.

Our findings highlight that regaining habits influences the personal space of older adults and their relative,

fostering their pursuit of independence. Merleau-Ponty [36] offers insights into this, describing how individuals belong to a personal world, yet a shared world emerges to which we must belong. Habits allow us to belong and to expand our being in the world [36]. Furthermore, habits form the body and can be understood as embodied consciousness. It can be distinguished between the habitual and the actual body. In illness, the connection between those two parts can be affected [37]. Our findings underpin this aspect of the phenomenological philosophy. Hospitalisation and discharge shifted the focus to insecurities, bodily pain and uncertainty, shrinking both life-worlds and opportunities for former habits. However, continued physical and mental recovery created new possibilities. Regaining habits, in turn, facilitates rediscovery of the self. Rediscovering oneself is a vital aspect of identity essential for striving towards independence and fostering well-being through a sense of continuity.

Strengths and limitations

The strength of this paper lies in its adherence to the principles of phenomenology, ensuring objectivity, validity and generality in the research process. In the Reflective Lifeworld Research approach, objectivity and validity are achieved by adopting an open, flexible and sensitive attitude to uncover the essence of the phenomenon [23]. The first author demonstrated reflexivity throughout the research process by critically examining her position as a research subject, thereby upholding the integrity of the study.

Furthermore, scientific research requires a level of generality to transcend individual experiences [23]. This study achieves that by expressing its findings as a general structure of meaning, which elevates the insights beyond the specific experiences of older adult patients and their relatives. As such, the results contribute to a broader understanding of striving for independence following early discharge, offering relevance and applicability across similar contexts.

The present study has four limitations that should be considered. First, the choice to conduct dyadic interviews introduced the potential for participants to influence each other's responses [26], which might have been minimised in an individual interview approach [38]. To address this, the interviewer ensured that both older adults and their relatives had adequate time to elaborate on their experiences and employed follow-up questions to encourage in-depth exploration, particularly when potential influence was detected. Second, the average interview duration was 34 minutes, with the longest lasting 56 minutes and the shortest 16 minutes. While RLR prioritises capturing rich variations in data rather than requiring extensive interview lengths [23, 27], shorter

interviews may limit opportunities for exhaustive exploration. However, by emphasising diverse and meaningful responses, the study balanced the need for data depth without overburdening participants or compromising quality. Third, the COVID-19 pandemic imposed strict restrictions on participant recruitment, leading to some deviations in the sample. Three older adult patients were included without their relatives' participation, one patient under the age of 65 was interviewed and two patients were interviewed only once due to medical and personal reasons. A thorough analysis revealed no significant differences in data from these cases. Finally, interviews with one older adult patient and their relatives were conducted via telephone or videoconference due to participants' preferences during the pandemic. As Archibald et al. (2019) demonstrated, these methods are valid alternatives to face-to-face interviews and did not compromise the quality of the data collected or the participants' overall experience [39].

Conclusions

This study explores how older adults and their relatives experience the meaning of striving towards independence after early discharge from hospital to home, a process closely linked to well-being. Both groups perceived striving towards independence as a dynamic process involving acceptance, trust and identification with the condition, underpinned by the existential dimensions of temporality, inter-subjectivity and identity. Even though older adults and their relatives found themselves in an unfamiliar situation, their strive towards independence was facilitated by being at ease.

Our findings highlight the importance of facilitating a trusting environment for older adults and their relatives to support their striving towards independence and overall well-being. This includes trust not only in professionals' and relatives' support but also trust in the future. Furthermore, our findings show that re-establishing habits is essential for their experience of striving towards independence and contributes to their overall well-being. Future research should prioritise the role of trust and re-establishment of habits in homecare after early discharge and explore care models that integrate these elements.

Abbreviation

RLR Reflective Lifeworld Research

Supplementary Information

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Supplementary Material 1.

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Authors' contributions

AD, under the supervision of AN and BM, conceptualised the study. AD and AN contributed to the study design and methodology. AD collected the data and analysed it under the supervision of AN. BM and AH acted as reviewers. AD prepared the draft, and all authors contributed to the development of the manuscript and read, revised and approved the final manuscript.

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Data availability

The datasets used and analysed in this study are available from the corresponding author upon reasonable request.

Declarations

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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