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Factors Associated With the Advance Care Planning Among Community Older Adults in Taiwan

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Purpose:

Because of the cultural taboo, few older adults in Taiwan have had the opportunity to discuss advance care planning (ACP) or to complete their advance directives (ADs). The rates of having advance directives in community older adults are low. The purpose of this study was to investigate the knowledge, attitude, and stage of change regarding ACP among community older adults and to explore the associated factors.

Methods:

It was a cross-sectional questionnaire survey conducted from October 2014 to April 2015. The older adults were recruited from two districts of Taipei. The inclusion criteria were being aged 65 years or older, being residents of the community, being able to communicate in Mandarin or Taiwanese. Based on the Transtheoretical Model, we assessed participants' ACP engagement and divided them into specific stages: precontemplation, contemplation, preparation, and action or maintain. A total of 202 community older adults completed the Knowledge, Attitudes, and Stage of Change regarding Advance Care Planning questionnaire.

Results:

The results showed that 24 (12%) older adults had completed advance directives. About 43.7% older adults are in the precontemplation stage. They lack awareness of or have no desire to engage in ACP. About 31.2% older adults are in the contemplation stage and 13.1% in preparation stage. The accurate rate for ACP Knowledge questionnaire was 54.5%. Mean attitude item score was 3.38 ± 0.55 , indicating neutral attitudes towards ACP. Factors associated with AD completion are education > 12 years (Odds ratio = 3.2, $p < 0.05$) and having better understanding of hospice care (Odds ratio = 5.81, $p < 0.001$). Factors associated with ready to complete AD are higher scores in Attitudes regarding ACP questionnaire (Odds ratio = 1.07, $p < 0.05$), education > 12 years (Odds ratio = 2.10, $p < 0.05$), and having admitted in the intensive care unit (Odds ratio = 2.95, $p < 0.05$).

Conclusion:

For future interventions to effectively increase ACP discussion among community older adults, specific education activities could be designed for individuals in different stages of readiness. The health care professionals should consider older adults' educational level, knowledge and attitudes toward ACP to provide suitable education materials, then to enhance more ACP discussion and increase their terminal-stage quality of life. A culturally oriented, theory-based ACP intervention model for community older adults can be developed, and also the intervention educational materials, standard operation procedures and evaluation tools.

Title:

Factors Associated With the Advance Care Planning Among Community Older Adults in Taiwan

Keywords:

Transtheoretical Model, advance care planning and community older adults

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Abstract Summary:

Because of the cultural taboo, only few older adults in Taiwan have had the opportunity to discuss advance care planning (ACP). The purpose of this study was to investigate the knowledge, attitude, and stage of change regarding ACP among community older adults and to explore the associated factors in Taiwan.

Content Outline:**I. Introduction**

A. Few older adults in Taiwan have had the opportunity to discuss advance care planning (ACP) because of the cultural taboo.

B. The low rates of having advance directives in Taiwan result in low quality of life in their terminal stage.

II. Main research findings

A. Based on the Transtheoretical Model, we assessed participants' ACP engagement and divided them into specific stages: precontemplation, contemplation, preparation, and action or maintain.

B. There were 24 (12%) older adults had completed advance directives. About 43.7% older adults are in the precontemplation stage. About 31.2% older adults are in the contemplation stage and 13.1% in preparation stage.

C. Factors associated with ready to complete AD are higher scores in Attitudes regarding ACP questionnaire (Odds ratio = 1.07, $p < 0.05$), education > 12 years (Odds ratio = 2.10, $p < 0.05$), and having admitted in the intensive care unit (Odds ratio = 2.95, $p < 0.05$).

III. Conclusion

A. For future interventions to effectively increase ACP discussion among community older adults, specific education activities could be designed for individuals in different stages of readiness.

B. The health care professionals should consider older adults' educational level, knowledge and attitudes toward ACP to provide suitable education materials, then to enhance more ACP discussion and increase their terminal-stage quality of life.

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