

The Use Of Evidence to Construct a Learned Resourcefulness Intervention Program for Older Family Caregivers



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Introduction-1

- Global populations are rapidly aging.
- Increasing number of older adults, family caregiver assume major responsibility for the care of their family elders.
- Theory-based intervention for family caregivers of older adults is effective.

Introduction-2

■ Elderly family caregivers

1. Decline in physiological function.
2. Increased frustration
3. Psychological distress
4. Depression
5. Caregiver burden

Introduction-3

- Special attention has not been given to the caregiving issues and health status of family caregivers.
- Older family caregivers who utilize learned resourcefulness (LR) can effectively **improve their health** and **reduce caregiver burden, increasing their quality of life** (Zauszniewski et al., 2014).

Study Purpose

- To develop a learned resourcefulness training program suitable for older family caregivers based on a foundation of empirical methods and learned resourcefulness theory.
- In order to help older family caregivers adapt to long-term caregiver stress.

Lecture Review-1

- LR is a behavioral science theory.
- Improving individual cognitive and behavior change effectiveness (Zauszniewski, 2016).
- Focus on a person's ability to use their personal resources to deal with daily stressful.
- Previous studies found LR training improved perceived stress, health, and coping strategies (Chen et al., 2015; Zauszniewski et al., 2014).

Methods

- A **two-stage implementation** scheme were adopted.
- **Stage I** : Consisted of a systematic review of literature in databases and through group discussions with 5 experts and researchers.
- **Stage II** : Used to pilot-test the program feasibility with 30 older family caregivers who care for the patient with disabled older adults at home.

Participants-1

■ The disabled older adults

1. Aged 60 years or above.
2. Barthel Index (BI) score of 60 and below.

■ Inclusion criteria for older family caregiver

1. Aged 60 years and above.
2. Family caregivers of disabled adults who received home care service.
3. Cognitive intact as screened by a Short Portable Mental Status Questionnaire (SPMSQ) score of 8 and above.

(Pfeiffer, 1975).

Participants-2

- Exclusion criteria:

1. Mental disabilities.
2. Taking care of the disabled adults in the institutional setting.

Ethics

- It was approved by the Institutional Review Board of the university hospital.
- The potential participants were initially contacted by the staff of the hospital.
- Obtained written informed consents from themselves.
- Participants were informed that they could terminate their participations in the study at any time.

Procudes-2

- The construction of a suitable and localized clinical application program group discussions with 5 experts and researchers.
- The preliminary learned resourcefulness program :
 1. problem-solving strategies.
 2. organizing daily behavior.
 3. using self-regulation.
 4. shaping positive situations.
 5. changing negative thinking.
 6. exploring new ways of thinking.

Procedures-3

- In Stage II : the program lasts for four weeks, with training conducted once a week.
- During Week 1, a 30–40-minute learned resourcefulness training session is conducted through individual coaching.
- During Weeks 2–4, a 10–15 min telephone follow-up session is conducted once a week.

Data Collection

- Data were collected from October to November 2018 by a researcher.
- After 4 weeks, a program feasibility evaluation was conducted, included **suitability, helpfulness, neediness, usefulness.**
- Rating scale adopted 0-10 (lower scores indicated negatively).

Results-1

Table 1. Demographic Profiles (N= 30)

Variables	<i>n</i> (%)	<i>M</i> ± <i>SD</i>
Ages (years)		71.72±5.71
Gender		
Male	7(23.33)	
Female	23(76.67)	
Relationships with the disabled adults		
Spouse	25(83.34)	
Son/daughter	1(3.33)	
Son/daughter-in-law	4(13.33)	
Chronic disease		
No	7(23.33)	
Yes	23(76.67)	

Results-2

- The developed LR program from stage I included 6 items with 18 contents and takes 40 minutes.
- LR program feasibility in stage II showed average ranged from 7.78 ± 1.05 - 9.00 ± 0.85 .

Conclusion

- Older family caregivers confirmed that the LR program was suitability, helpfulness, neediness, usefulness.
- Developing a suitable and localized LR training program, we hope to use this program as an intervention measure in future experimental studies.

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*Thank you for
your attention*

