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A Tailored Intervention for the Elderly: A Feasibility Study

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Purpose:

The study aim was to investigate the feasibility of the self-efficacy theoretical based— tailored intervention program— to reduce fear of falling, lessen incidence of re-falling, and improve functional abilities in older adults undergoing hip surgery.

Methods:

A quasi-experimental one group pretest-posttest study was conducted at a super tertiary care university hospital, Thailand. Fifteen participants who met inclusion criteria: aged 60 years or older, fall related hip fracture, scheduled for hip surgery, were recruited to participate in this study. The participants received the tailored intervention, which included comprehensive discharge planning and rehabilitation program during their admission. Briefly, they were assessed their readiness for surgery, concern, and self-care. Health education was delivered, while exercise rehabilitation protocol related to surgery types was instructed to individual participant. The Fall-Efficacy Scale, Modified Barthel Activity of Daily Living, the Incidence of Falling record from were used for data collection at pre-operation, discharge day, and six-weeks after discharge. Data were analyzed by using descriptive statistic, Friedman Test, and Wilcoxon Signed Rank Test. A feasibility of the tailored intervention was evaluated by the percentage mean score extracted from nurse's opinion on practical implementation of the intervention program in clinical setting from.

Results:

Fifteen older adults participated in the study; most participants were female (66.7%, n=10), mean age was 77.33 ± 7.3 years (range = 64-88 years). Majority of surgical procedures were the proximal femoral nail anti-rotation (66.7%, n= 10) and hip arthroplasty (33.3%, n=5). Comparing the fear of falling score, the fear of falling scores before discharge (Mean \pm SD = 29.00 ± 17.79 , $p = .002$) and six-week after discharge (Mean \pm SD = 18.88 ± 11.56 ; $p = .001$) were significantly lower than preoperative baseline (Mean \pm SD = 67.67 ± 24.15). However, the fear of falling score before discharge was not differences from six-weeks after discharge ($p = .102$). The functional ability score of the six-weeks after discharge increased significantly from before discharge ($p = .001$) and before surgery ($p = .001$). Notably, at six-weeks after discharge, there was no incidence of re-falling. A mean percentage score of the feasibility of the program was 92.36%

Conclusion:

Integrating theoretical based into clinical practice as applying a self-efficacy theory on health promotion intervention emphasizes professional nursing's role is vital to promote health, meliorate physical ability, and enhance quality of care in older adults underwent hip surgery.

Title:

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Keywords:

Fear of Falling, Hip fracture and Older adults

References:

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Abstract Summary:

the feasibility of the self-efficacy theoretical based, tailored intervention program to reduce fear of falling, lessen incidence of re-falling, and improve functional abilities in older adults undergoing hip surgery.

Content Outline:**I. Introduction:**

A: Fear of falling is a person's perception of uncertainty to maintain balance position and anxiousness to fall or re-falling.

B: Nursing intervention of the self-efficacy theoretical base could improve older adults' self-confidence to exercise and increase level of activities of daily living during rehabilitation period.

II Body:

A. Main Point#1

a) To investigate the feasibility of the self-efficacy theoretical based— tailored intervention program— to reduce fear of falling, lessen incidence of re-falling, and improve functional abilities in older adults undergoing hip surgery.

B. Main Point#2

a) Design: A quasi-experimental one group pretest-posttest study.

b) Sample: Fifteen participants, Inclusion criteria; aged 60 years or older, fall related hip fracture, scheduled for hip surgery

c) Questionnaires: The Fall-Efficacy Scale, Modified Barthel Activity of Daily Living, the Incidence of Falling record

d) Data analyzed: Descriptive statistic, Friedman Test, and Wilcoxon Signed Rank Test.

C. Main Point#3

a) 66.7% were female, mean age was 77.33 ± 7.3 years

b) The fear of falling scores before discharge (Mean \pm SD = 29.00 ± 17.79 , $p = .002$) and six-week after discharge (Mean \pm SD = 18.88 ± 11.56 ; $p = .001$) were significantly lower than preoperative baseline (Mean \pm SD = 67.67 ± 24.15)

c) The functional ability score of the six-weeks after discharge increased significantly from before discharge ($p = .001$) and before surgery ($p = .001$).

d) At six-weeks after discharge, there was no incidence of re-falling.

e) A mean percentage score of the feasibility of the program was 92.36%.

III. Conclusion:

a) Integrating theoretical based into clinical practice as applying a self-efficacy theory on health promotion intervention.

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Signed on 11/19/2018 by *Phichpraorn Youngcharoen*

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