This presentation involves a discussion on the associations among balance-self-efficacy, physical function, and pain interference and their implications for nursing practice. This presentation will also include a discussion on recommendations for appropriate evidence-based nursing interventions that improve physical function among community-dwelling older adults, in the context of their comorbid pain conditions as well as the effects on balance-self-efficacy.

**METHODS**

This study utilized a cross-sectional design. A priori power analysis revealed that 64 participants were required to reach a power of 0.80 at the 0.05 alpha level and a medium effect size as reported by Brovold et al. (2013).

Using convenience sampling, participants were recruited from the community, physicians’ offices, local churches, and by snowball sampling method.

Inclusion criteria included community dwelling, 50 years and older, able to read and write in English (no translation services were provided), and able to ambulate without use of assistive devices. Exclusion criteria included cognitive impairment and compromised cardiopulmonary function requiring the use of oxygen.

All questionnaires were administered using password protected computer in the center laboratory. A trained graduate research assistant (GRA) was available in case participants required assistance with completing the computerized questionnaires. The participants also filled out a demographic questionnaire which included items such as age, gender, level of education, and income among others.

**RESULTS**

The mean age of the participants was 75.4 (SD 6.9) years, with nearly half of participants (47.8%) aged between 70-79 years. Most of the participants were women (76.1%, n = 51) and had an associate degree or higher (74.6%, n = 50). Nearly half of the participants had two or more comorbid factors (44.8%, n=30). Among the participants reported annual income above $50,000 (34.3%, n = 23) and female participants reported higher mean physical functioning scores compared to their male counterparts (46.0 and 44.4 respectively).

Balance self-efficacy was significantly and positively associated with physical function, whereas pain interference was significantly and negatively associated with physical function.

**CONCLUSIONS/SIGNIFICANCE**

Interventions that improve physical function and balance self-efficacy such as physical exercise should be encouraged among older adults, whether living in the community or when admitted in acute care settings. Most importantly, adequate and safe pain management in older adults should be considered in the promotion of physical function and balance self-efficacy.

**REFERENCES**

