Background
Degenerative arthritis is a common and serious chronic illness that impacts the quality of life of older adults. Total hip replacement (THR) should be considered as joint degenerate continuously, and effective nursing care should be provided to improve the recovery.

Aims
To examine the effectiveness of the empowerment education program on primary (self-care self-efficacy and competence) and secondary outcomes (Activities of Daily Life, mobility, depressive mood, and quality of life) for older adults with total hip replacement surgery.

Methods

Design
• A prospective, randomized control trail conducted in 2 hospitals in northern Taiwan from 2013 Sep to 2014 May.
• 108 participants were randomly assigned to either the empowerment education group (EEG, n=59) or the comparison group (CG, n=57).
• The outcomes: at admission (T1), 1 day before discharge or at discharge (T2), one month after (T3), and 3 months (T4) after discharge.

Inclusion criteria included
1. Age ≥20 years
2. Had 1st THR
3. no cognitive impairment or psychiatric illness
4. speak and read Chinese
5. no participation in another study, and willingness to participate in this study

Empowerment education
• 5 times in 12 weeks
• 6 components: Partnership, listening, dialogue, reflection, action, feedback
• 5-step: 1. motivating patients self-awareness 2. assessing the causes of the problem 3. goal setting 4. individual self-care plan development 5. checking whether goals or plans have been achieved

Results

Demographic data: The majority of participants were
• ≥65 years (52.6%; mean=66.05, SD =9.46)
• male (54.3%)
• ≤6 years of education (58.1%)
• married (78.4%)
• living with family (90.5%)
• overweight or obesity (62.9%; mean=25.67, SD =3.39)
• osteoarthritis/ avascular necrosis of the femoral head were the Diagnosis for THR
The two groups were well balanced.

Impact of Empowerment education on outcomes

Mixed model analysis

Discussion
• We provided a pre-operation (McDonald et al., 2014), an individualized (Jeong & Kim, 2014), a cognitive focus (MacDonald et al., 2014), and a follow-up EE program to participants based on their own needs of THR that may be mechanisms of effectiveness of this EE intervention. The EE intervention encourages THR patients to explore their needs, worries, their own ability to meet their needs, and to seek and use their resources. EE program usually is applied to promote self-management in patients with chronic conditions (Tsai & Chen, 2013). 90.48% of EE program was applied in Diabetes care (Kuo & Wang, 2013).
• The first trial to use the EE intervention for patients with THR.
• We designed a two-stage program that allows participants to be aware of or acquire a sense of control over their THR. During hospitalization, participants’ individual needs were recognized and the self-care education necessary was provided. During follow-up, we encouraged them to execute the strategies by themselves, control their own health issues, and record diary entries for their self-care behaviors and concerns that can be used as data to discuss with researchers by phone or at OPD every 4 weeks.

Conclusion
• This is the first study done using empowerment education intervention to promote total hip replacement patients' self-care.
• Empowerment education program can significantly improve the self-care competence, and self-efficacy, and lower depressive inclination among older adults with total hip replacement.