

**Title:**

Self-Care Ability Intervention in Elders

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elder, intervention and self-care

**References:**

Chan, A., Matchar, D. B., Tsao, M. A., Harding, S., Chiu, C.-T., Tay, B. & Haldane, V. E. (2015b). Self-Care for Older People (SCOPE): a cluster randomized controlled trial of self-care training and health outcomes in low-income elderly in Singapore. *Contemporary Clinical Trials*, 41, 313–24. <http://doi.org/10.1016/j.cct.2015.01.001>

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Sundslø, K., Söderhamn, U., Espnes, G. A., & Söderhamn, O. (2014). Self-care telephone talks as a health-promotion intervention in urban home-living persons 75+ years of age: a randomized controlled study. *Clinical Interventions in Aging*, 9, 95–103. <http://doi.org/10.2147/CIA.S55925>

**Abstract Summary:**

self-care is an essential method in nursing care of elders with the aging challenge the world is facing with, a literature synthesis of interventions promoting self-care ability is the guide of future work.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
the learner will be able to have a overall knowledge of current intervention to self-care of elders	a synthesis of articles of self-care of elder
the learner will be able to know the educational content and patterns of elder self-care.	a form of educational content/outlines of most widely used

**Abstract Text:**

The literatures synthesis aims to summarize interventions and strategies promoting self-care ability in community dwelling elders.

All time period in PubMed, and CINAHL were searched, PubMed and CINAHL were searched by using terms of self-care AND old\*/elder\* AND intervention. Inclusion criteria were articles focusing on intervention strategies and programs on self-care of elderly population, all time period included. 176 articles were identified by original search. After deleting duplicates, 145 titles remained. Exclusion criteria

include old people diagnosed with certain kinds of diseases, such as diabetes, hip fractures, hypertension, dementia et al., self-care intervention focused on partial physical body such as foot, oral self-care. Reviewing titles and abstracts reduced the list to 19 studies. These studies were read in their entirety, after which an additional 11 articles that did not meet inclusion criteria were eliminated. This finally yielded a result of 8 articles.

The results indicated that most of articles were found studying on self-care of certain kinds of diseases, such as diabetes, chronic heart failures, hip fractures or studies on self-care of special body systems, such oral and foot care. Very few researches focused on the general self-care ability of regular elderly population. Of the total 8 articles reviewed, 7 used comparison methods to evaluate the effects of self-care interventions or programs. Six articles used randomized controlled trials (RCT) as their research method, both pre and post intervention evaluation were done in intervention and control groups. One study was a pre- and post- quasi-experimental, within group study. A baseline gathering and data collection through questionnaires or interview at the beginning of intervention programs were conducted in those studies.

Three studies were from nursing homes or senior centers, 4 studies samples were from older people staying at own homes. The sample size was from 30 to 378 and aged more than 60 year-old elders. Only one study specifically focused on the group of 75 and older elders. Of the total 8 articles, they came from 7 different countries, Singapore, Taiwan, Iran, Norway, Spain, Netherlands and United States. This revealed self-care of older population had already been paid attention to by many countries, while there really had very few studies done on this topic in each country, especially in above 75 year-old elders.

Most of interventions are education based, nurses, health care workers are trained and engaged as educators or instructors in different formats of education, such as groups and/or individuals. Specific education content are developed, which focused on health goals, barriers and behavioral change, self-efficacy self-care habits, roles and relationships, emotions, stress management and psychological well-being, identity and access to healthcare resources. There are large variances in self-care evaluation instruments in these studies, the most widely used measurements were self-reported health status and self-efficacy, self-care associated scales. Few results indicated difference in self-care ability with those educational interventions, while positive experiences and satisfaction were reported by participants through interaction with health workers.