



Patient education

A salutogenic program to enhance sense of coherence and quality of life for older people in the community: A feasibility randomized controlled trial and process evaluation



Khoon Kiat Tan^{a,1,*}, Sally Wai-Chi Chan^{b,3}, Wenru Wang^{c,2}, Katri Vehviläinen-Julkunen^{a,3}

^a Department of Nursing Science, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland

^b School of Nursing and Midwifery, Faculty of Health and Medicine, University of Newcastle, Australia

^c Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

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ABSTRACT

Objective: To determine the feasibility of a salutogenesis-based self-care program on quality of life, sense of coherence, activation and resilience among older community dwellers.

Methods: This is a feasibility randomized controlled trial. Sixty-four older community-dwellers were recruited from a Singapore senior activity center and randomly assigned to intervention and control groups. The intervention group attended a 12-week Resource Enhancement and Activation Program. The outcomes were assessed with the Chinese versions of World Health Organization Quality of Life Scale, Sense of Coherence, Patient Activation Measure, and Connor–Davidson Resilience Scale. Process evaluation was conducted using focus groups with the intervention group.

Results: At the end of the program, the intervention group showed significant improvement in the Sense of Coherence scale and the psychological subscale of the WHO Quality of Life scale compared with the control group. Three themes emerged from the process evaluation: participation in the program, reflection on the experience, and improving the experience.

Conclusion: A salutogenic self-care approach could be a potential health promotion strategy for older people.

Practice implications: With improved sense of coherence and psychological aspect of quality of life, older people's self-care ability may improve, leading to better health and better quality of life.

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1. Introduction

Population aging is a global issue [1]. In particular, many countries in Asia are encountering a dramatic reduction in fertility in the last decades alongside lower mortality and higher life expectancy [2]. For years, aging has been associated with physical, mental and functional decline, and old people are perceived as a burden to the society [1]. However, there has been a shift in

paradigm towards motivating older people to enhance their health and well-being, with an emphasis on resilience and resources [3]. Resilience is an important internal resource involving the development of thoughts, actions and behaviors to adapt well to threats or significant sources of stress [4]. Resources may be internal or external. Internalized resources are resources familiar and accessible to people [5,6].

Salutogenesis is a positive self-care approach that focuses on factors that support health and well-being, as well as strengthen a person's health maintenance processes [7]. Sense of coherence (SOC) is an important concept in salutogenesis theory and consists of three domains: comprehensibility, manageability and meaningfulness [8]. SOC is a disposition that enables one to preserve health as one perceives challenges as predictable and within control, and thus be motivated to identify and use resources efficiently.

Older people prefer to age-in-place and stay in their own homes because they can enjoy safety, independence and autonomy in a familiar and meaningful environment [9,10]. Thus, it is vital that older people assume responsibility for self-care. People adopt self-

* Corresponding author at: Department of Nursing Science, Faculty of Health Sciences, University of Eastern Finland, PO. Box. 1627, 70211 Kuopio, Finland.

E-mail addresses: tankhoonkiat@gmail.com (K.K. Tan), sally.chan@newcastle.edu.au (S.W.-C. Chan), nurww@nus.edu.sg (W. Wang), katri.vehvilainenjulkunen@uef.fi (K. Vehviläinen-Julkunen).

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² Analysis and interpretation of the data, drafting and critical revision of the manuscript.

³ Study conception and design, analysis and interpretation of the data, drafting and critical revision of the manuscript, and supervision.

care behavior if they feel activated [11]. Resilience enables individuals to adapt successfully when confronted with stress. Resilience is associated with physical activity, emotional well-being, social support, health-promoting behaviors, better self-care, and self-rated successful aging [12–15]. A strong SOC is required to initiate and sustain self-care behavior. Having good social support and effective coping strategies are associated with a stronger SOC, which in turn correlates with better self-perceived quality of life (QoL) among older people [16].

A review of existing literature found that there is a paucity of studies that utilize salutogenesis to develop and evaluate programs that promote self-care among community-dwelling older people [17]. To our knowledge, SOC and QoL have not been evaluated by any interventional study involving a self-care program grounded on the salutogenesis theory for community dwellers aged 65 and over [16]. There is thus a need to fill the knowledge gap. Hence, we proposed a study based on a randomized controlled trial (RCT) to evaluate a self-care program entitled Resource Enhancement and Activation Program (REAP). The protocol of this RCT has been published elsewhere [18].

This paper reports this feasibility RCT. The study has two aims. Firstly, to evaluate the effectiveness of a self-care program in promoting SOC, activation, resilience and QoL for community dwellers aged 65 and over. It was hypothesized that compared with those in the control group, participants who completed the REAP would report significant improvement in their SOC, activation for self-care, resilience and QoL. The second aim was to explore the participants' views towards the usefulness of the REAP and highlight areas for improvement in its content and delivery.

2. Methods

2.1. Design

This feasibility RCT used a two-group pre- and post-test design and the process evaluation. The process evaluation used a descriptive qualitative approach to explore older community dwellers' experience with REAP through focus groups. The study was conducted between February 2013 and August 2013.

2.2. Sample and setting

Community clubs and senior activity centers (SAC) offer a range of socio-recreational activities for, and community outreach to, older people [19,20]. These centers are usually equipped with exercise equipment and karaoke facilities, and organize programs such as culinary and exercise activities, excursions, health talks and screening. The study was conducted in a SAC in Singapore. A convenience sample was adopted. The inclusion criteria were community dwellers aged 65 or over who were able to communicate in Mandarin and/or English. Those who reported having been diagnosed with mental illness, had severe visual/hearing impairment, or were unable to commit to the 12-week program were excluded. The estimation of the sample size for this study has been elaborated in a published protocol [18]. Based on Cohen's recommendation [21], a total of 128 participants will be required for a full scale RCT of medium-sized effect with power = 0.8 and $p = 0.05$. For a feasibility study, using an upper bound of 40%, a total of 52 participants will be required [22]. As the intervention program for this study would be carried out over a period of three months and involve twice-weekly participation, attrition was expected. To account for 20% attrition, a total of 64 participants were recruited and randomly assigned to each arm. All participants in the intervention group were eligible to participate in the process evaluation regardless of whether they had completed the REAP or had dropped out of the program.

2.3. Study interventions

2.3.1. Control group

All the participants continued to take part in the activities offered by other community clubs and activity centers.

2.3.2. Resource enhancement and activation program—intervention

In addition to the activities offered at community clubs and senior activity centers, the intervention group attended REAP. REAP was developed based on existing literature and authors' previous studies [9,15,16,23]. The health promotion theoretical framework, salutogenesis, provides the program structure. REAP focuses on motivation, personal responsibilities, physical activity, and social and environmental impacts on health behavior. REAP was intended to promote understanding of external life challenges confronting older people (e.g., health, dependence care and death, confidence tricksters, environmental safety, haze and dengue) and understanding of their personal beliefs (e.g., motivation), thoughts (e.g., new roles) and emotions (e.g., stress). Through REAP, older people could review available external resources (e.g., public and health policies, neighborhood exercise facilities and groups, family and friends) and internal resources (e.g., values, assertiveness, self-efficacy skills). REAP aimed to develop the well-being and QoL of older people by strengthening their SOC, activation, and resilience through 24 activities conducted over 12 weeks. The conceptualization, development and details of REAP have been published [18]. To keep the class size small, there were two cohorts with 14 participants in the first and 18 in the second.

2.4. Outcome measures

2.4.1. World Health Organization Quality of Life

The World Health Organization Quality of Life scale (WHOQoL) measures both a person's functional ability and his/her appraisal of that ability with respect to QoL [24]. This 26-item 5-point scale consists of four subscales, namely, physical health, psychological, social relationships, and environment. The Chinese version of WHOQoL has been reported to have satisfactory internal consistency with Cronbach's alphas ranging from 0.68 to 0.79 for the subscales [25].

2.4.2. Sense of coherence

The participants' SOC and its three domains, namely, comprehensibility, manageability and meaningfulness, were measured with the 13-item 7-point Sense of Coherence scale (SOC-13). The construct and criterion validity and reliability of SOC are acceptable in various cultures and the Chinese version has demonstrated good validity and reliability [26,27].

2.4.3. Patient activation measure

Changes in activation and self-care behavior were measured with a valid and highly reliable 13-item 5-point patient activation measure (PAM) [11]. Conceptually, PAM is similar to self-efficacy and an improvement of at least four points in PAM is considered clinically meaningful [28]. In our study, the internal consistency of the Chinese version PAM was acceptable with a Cronbach's alpha of 0.894.

2.4.4. Connor–Davidson Resilience Scale

Resilience was assessed with the 10-item 5-point Connor–Davidson Resilience Scale (CD-RISC). The Chinese version of CD-RISC has demonstrated good construct validity, internal consistency (Cronbach's alpha = 0.91) and test-retest reliability (intra-class correlation coefficient = 0.90) [29].

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