Autonomy, self-rated well-being and physical functioning among physically frail elderly in nursing home settings

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Introduction

International studies show that frail elderly living in nursing home settings tend not to ask for control or choices in daily life. Living in a nursing has been found to lower residents’ abilities and possibilities of making choices and decisions about activities. Perceived lack of control is considered to be injurious to residents’ physical and mental health. Professionals’ sensitivity towards residents’ activity choices is at a constant risk of receding into the background due to time schedules and the organisation of work.

Studies have shown that giving the frail elderly more control of e.g. how and when to get assistance in ADL, increases their alertness and participation in daily activities.

In Denmark, there is a lack of studies about frail elderly in nursing home settings and a need for evidence of best practice.

This Ph.d. project is part of a Nordic multi-centre study. The aim of the multi-centre study is to describe the impact of individually tailored programmes in nursing home settings on residents’ physical capacity, degree of independence in ADL and self-rated well-being.

Aim

To investigate perceived autonomy among physically frail elderly people in nursing home settings and to measure the effect of an individually tailored 12-week-programme based on individual wishes for daily activities.

Methods

120 physically frail and cognitive well nursing home residents are included. Lot into either a Control group or an Intervention group divides participants. The Canadian occupational Performance Measure identifies wishes for daily activities at baseline (T1) by and the individual programmes are planned on this basis. Perceived autonomy is measured at T1, T2 (after 12 weeks) and T3 (after 12 more weeks) by using “The Autonomy Sub-dimension” in the MAP test (The Measure of Actualization of Potential) [1,2]. The test represents a subjective measure, which elucidates perceived autonomy. A summary score of a 5-degree Likert type scale scores the items. The test is originally Canadian and have been translated into Danish after permission from the authors. Validity and reliability is tested and found high according to The Quebec Longitudinal Study on Aging [1,2].

Preliminary results

It is demonstrated that the participants in the present study perceive their autonomy as rather good. If this pattern continue to show throughout the study, Danish elderly in nursing home settings might tend to perceive themselves as more autonomous than elderly in other European countries.

<table>
<thead>
<tr>
<th>Perceived Autonomy at T1</th>
<th>Mean score of six questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3,15: low</td>
<td>12%</td>
</tr>
<tr>
<td>&lt;3,15-3,99: average</td>
<td>55%</td>
</tr>
<tr>
<td>&lt;4,00: high</td>
<td>33%</td>
</tr>
</tbody>
</table>

n=33

Discussion

If this tendency persists, and the results of individually tailored 12-week-programmes also reveal a positive effect on perceived autonomy, Danish nursing homes may have good potential for preserving and enabling autonomy. Nevertheless, there is a lack of evidence and descriptions of tools for treatment and care for the physically frail elderly in nursing home settings in Denmark. Therefore, it is important to document practice, evidence base knowledge and develop guidelines and education for all professionals who work in nursing home settings in order to secure residents’ autonomy.

References