

***Prevention of Secondary Complications among
Physically Dependent Older Adults by
Improving Family Caregivers
Practices***

Thesis

***Submitted in Partial Fulfillment for the
Doctorate Degree in Nursing Sciences
(Community Health Nursing)***

By

Farida Kamel Yousef

(M.Sc. Nursing, 2002)

Faculty of Nursing- Ain Shams University

***Faculty of Nursing
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Supervisors

Dr. Suheir A. Mekhemar

*Prof. of Community Health Nursing
Faculty of Nursing-Ain Shams University*

Dr. Amira Ahmed El Beih

*Prof. of Community Health Nursing
Faculty of Nursing-
Ain Shams University*

Dr. Nadia Yanni Seif

*Prof. of Community Health Nursing
Faculty of Nursing-
Ain Shams University*

***Faculty of Nursing
Ain Shams University***

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الوقاية من المضاعفات الثانوية لدى كبار السن المعتمدين علي الغير جسمانياً بتحسين مهارات مقدمي الرعاية من أفراد الأسرة

رسالة

توطئة للحصول على درجة الدكتوراه في علوم التمريض
(تمريض صحة المجتمع)

مقدمة من

فريدة كامل يوسف

ماجستير تمريض صحة المجتمع (٢٠٠٢)
كلية التمريض - جامعة عين شمس

كلية التمريض _ جامعة عين شمس

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تحت إشراف

أ.د. سهير عبد الحليم مخيمر

أستاذ تمريض صحة المجتمع
كلية التمريض - جامعة عين شمس

أ.د. نادية يني سيف

أستاذ تمريض صحة المجتمع
كلية التمريض - جامعة عين شمس

أ.د. أميرة أحمد البيه

أستاذ تمريض صحة المجتمع
كلية التمريض - جامعة عين شمس

كلية التمريض - جامعة عين شمس

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LIST OF ABBREVIATIONS

ADLs	: Activities of Daily Living.
AHRQ	: Agency for Healthcare Research and Quality.
BMI	: Body Mass Index.
CDC	: Center for Disease Control.
CSI	: Caregiver Strain Index.
DCP	: Disability Creation Process .
ECG	: Electro-cardiograph
HCB	: Home- and Community-Based.
IADLs	: Instrumental Activities of Daily Living.
MEPS	: Medical Expenditure Panel Survey.
OACP	: Older Adults Care Providers.
PDOA	: Physically Dependent Older Adults.
QOL	: Quality of life.
SD	: Standard deviation.
SPSS	: Statistical Package for Social Science
W.I.D	: World Institute on Disability.

Operational Definitions

A depending Condition: Is a disease, disorder or event that had lasted or is likely to last for six months or more, or has produced a long-term effect, resulting in one or more of the limitations, restrictions or impairments used to identify dependency.

Family Caregiver: An adult family member who is an informal care provider to an older individual at home.

Secondary complication: Is defined as a physical or medical consequence that happen to a person with dependency who is more susceptible to the underlying impairment, including adverse health outcomes, wellness, participation and quality of life.

ABSTRACT

Older adults with physical dependent are risk for secondary health complications, specific attention must be paid to prevent the occurrence of secondary complications. Meanwhile, families suffer from problems related to the informal care of those with dependency. The study aimed to prevent secondary complications of physically dependent older adults by improving family caregivers' practices. The study settings included the Geriatric follow-up clinic at Ain Shams University Hospitals and El Sahel Teaching Hospital. A convenience sample (54) representing 10% of all clients in the two clinics, attending the clinics within a period of 3-6 months after discharge from the hospital, have any level of physical dependency, and free from any secondary complications. The data collection was carried out using the following tools; an interviewing questionnaire sheet for the physically dependent older adults, Functional Health Pattern, Client's Medical Assessment Form, Interviewing questionnaire for caregivers, an observational checklist for caregivers practices, Caregiver Strain Index, and an observational checklist for the home environment. Findings revealed that, the mean age of the studied sample was 69.17 ± 5.91 . Older adults were suffering from more than one health diseases. The caregivers' age ranged between 15 to more than 45 years old. Caregivers' practices for the physically dependent older adult were evaluated before and after program implementation. Before the program, the correct practices were very low, but they have shown statistically significant improvements in all aspect of practices after program. These improvements were in association with the knowledge improvement. Added to this is the effect of the intervention program in reducing their stress, and the practical knowledge to improve home care. The study concluded the training program had positive effect and improvement in the practices of the physically dependent older adults' caregivers. Follow up clinics should include a simplified educational booklet in Arabic language and illustrated pictures about physical dependency, risk factors, secondary complications and management is recommended to be handled to the physically dependent older adults' caregivers to help them to be acquainted about condition, treatment and care.

Key words: Older adults, physically dependent, secondary complications, Family caregiver.

INTRODUCTION

One of the main features of the Egyptian population over the last few decades is the gradual increase in the absolute and relative numbers of older people. The percent of older people (defined as 60 years of age or more) was 6.9% of the total population according to Egyptian census **(CAPMAS, 2004)**. The expected percentage of older people may reach 8.9% in 2016 and 10.0% in 2026. Accordingly, the expected rate of increase in total population from 1996 to 2026 is about 57%, while the expected rate of increase among older people during the same period is about 79% **(Gad Allah, 2004)**.

The absolute number of older adults aged 65 years and above with dependency increased from 26.9 million in 1982 to 34.1 million in 1996. However, the rise in numbers indicates a growing need for different programs and services **(NIDRR, 2000)**. Dependencies sharply increase with age. They reach nearly 75% of those over the age of 80, who may have one or more severe dependencies. Among the most debilitating conditions are osteoarthritis, cardiovascular diseases, diabetes, and cognitive disorders such as Alzheimer's disease. Older adults are at risk for excess dependency, or impairment of function which directly attributable to disease, when social and physical support are inadequate **(APA, 2007)**.

The cause of dependency among older adults is highly complex and is increasingly involve interplay among specific risk factors, including impairments in physical ability and cognitive status, besides subsequent illnesses, injuries, or other problems **(Gill et al., 2002)**. Dependency among the older adults, and the attendant need for informal and formal care, which increasingly affect older people, their families, and the health care system as the population continues to age **(Guralnik et al. 2005)**.