Strategies to ensure successful community-based research with persons over 80 years old

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Introduction: Research with oldest-old persons poses multiple challenges for researchers, related to recruitment and retention as well as completeness and quality of data due to population vulnerability, and standardization of intervention despite diverse health issues. Thus, sharing results from a successful study may encourage research with oldest-old persons, which is urgently needed for health care planning.

Methods: Experiences gained during data collection of a 15-month intervention study with persons 80 years or older to evaluate an advanced nursing practice home visiting program were analysed. Useful strategies in researching oldest-old were described.

Results: Four strategies emerged as vital to achieve a sample size of 440 persons. First, a networking effort with local service providers known and trusted by elder persons was needed. Second, personal relationships with the intervention or data collection nurses and the provision of help was vital. Third, about 15% of persons received phone support to fill out questionnaires, and in about one third, missing data had to be completed by phone. Fourth, a protocol was developed to handle ethically sensitive situations. To determine the ability for participation, contact with professionals and family members was sought or assessed in a first personal contact. Ongoing study team support and regular reflective practice sessions were strategies to ensure quality and ethical conduct within the study protocol.

Conclusions: Conducting a high quality research study with frail oldest-old living at home holds particular challenges that require a locally well connected research team with considerable time and financial resources to ensure successful recruitment, retention and completeness of data. A careful study conception that balances study standardization and individual needs, as well as continued discussions are necessary to ensure the safety and well-being of elder research participants and study success.

Health and living situation of community-dwelling persons over 80 in Switzerland: preliminary results

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Introduction: To date, little empirical data are available about their particular health and living situation of persons over 80, their lay support system, and the factors that determine their ability to stay at home. The goals of the study were to identify the living situation and health status of this age group, as well as to assess their support system and need for home care.

Methods: Baseline data of a community-based nursing intervention study enrolling persons over the age of 80 years and their family members and including counselling sessions with advanced practice nurses was used for descriptive data analysis. The data set included living situation, health status, self-reported health challenges and perceived changes, and lay support system.

Results: Participants ($n=410$) were community-dwelling persons with a mean age of 85 ± 4 years, of which 74% ($n=307$) were women. The majority (83%, $n=340$) had 13 or less years of education, and 63% ($n=262$) held a professional degree. Health situations in general were more or less stable over the preceding months (50 ± 17, 0=much better, 100=much worse), and 61% rated their health as good to excellent on five-point Likert scale. Reported health issues included pain, sleeplessness, mobility, forgetfulness and incontinence. The lay support system consisted on average of 6 ± 5 family members and 7 ± 15 other persons. The majority of participants (79%) felt that they could rely on their social support system when needed.

Conclusions: Despite considerable health challenges, almost two third considered their health as good to excellent. Persons had large support systems and felt that they would receive adequate support when needed. Health needs concern management of pain, sleeplessness and incontinence, enhancement of mobility and fall prevention. The insights gained from this nursing study will provide a valuable data base to plan and ensure future nursing care in the community that supports independent living at home.

Standardization of a research-based advanced nursing practice home intervention for elderly

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Introduction: Advanced practice nurses (APNs) are considered to be instrumental for home-based health promotion and counselling. In Switzerland, the implementation of this new role is being tested with research. Despite individually diverse clinical situations and needs encountered by APNs, interventions need to be strictly controlled and standardized. This dilemma needs to be addressed to balance methodological and clinical concerns.

Methods: Based on a comprehensive literature review, a conceptual framework, and expert interviews, standardized interventions were developed for the research project that tested an advanced nursing practice home visiting program for elders and their families. Health issues that required the most home care interventions were identified and standardized to ensure best practice. The processes of dealing with the standardized measures that allowed for participative, autonomous and individualized decision-making and action between the APN and the research participant were described.

Results: Eight health issues were identified for standardization: pain, mobility, cognition, nutrition, continence, vision and hearing, case management and family system. Decision algorithms consisted of a step-wise outline of the decision-making process to guide nursing assessment, intervention, and evaluation. Based on the assessment, the standardized selection criteria defined in the existing eight standards and participants' individual goals, both ANP and participants decided together which of the health issue was of greatest concern and needed to be addressed. APNs delivered the home visits according to predefined time intervals. Using the standard and decision algorithm as a reference, concrete nursing and participant activities were discussed and decided on.

Conclusions: Standardization of nursing interventions for complex clinical situations on a high abstraction level does not inhibit individualized practice with diverse patient and family situations. On the contrary, it provides important resources to ensure both, best practice, patient self-determination, and study validity. However, standardized procedures can only work in combination with advanced nursing competencies and the proactive involvement of participants.