

# **Empowering caring-efficacy and knowledge of caregivers of patient after fall**

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According to statistics report of Hospital Authority, accidental fall constitutes the 5<sup>th</sup> leading conditions for hospital admissions and hospital stay. Falls are prevalent in elderly despite fall prevention had been a common and robust topic in healthcare. Fallers would experienced decreased functional independence in activities of daily living, decreased mobility, decreased quality of life, increased need for caring by others and allegedly greater burden to their families as well.

Among various fall prevention program no matter in community as primary prevention or in hospital as secondary prevention, common theme are shared including awareness on problem of falling and preventability, and improving knowledge and management of intrinsic and extrinsic risk factors. (Hahn. A et al 1996) The current study aimed at exploring the fall efficacy, and caring efficacy of their caregivers, and their knowledge on risk factors for fall.

From 2008 to 2010, over fifty sessions of fall prevention program had been provided to patient after fall and their caregivers in Tung Wah Eastern Hospital. The program was held every two week regularly, contents include education on prevalence and consequence of falls, intrinsic and extrinsic risk factors for fall, introduction of assistive devices and home safety modifications, provision of carer training as well. During the period, 70 caregivers attended the fall prevention program. They were asked to fill in a questionnaire before and after the session. The questionnaire was designed by occupational therapist after detailed literature review on efficacy and risk factors for fall, and pilot use of standardized instrument like the fall efficacy scale (FES). A timely and efficient questionnaire was developed with two efficacy question asking efficacy in caring and fall prevention ranging from very unconfident to very confident, and 16 questions about their knowledge on fall risk factors including intrinsic factors and extrinsic factors.

The efficacy rating and knowledge score before and after the session were collected and analyzed. Paired sample t-test was used to measure the statistical significance of changes. The mean caring efficacy increased from 2.16 to 2.66, fall prevention efficacy increased from 2.06 to 2.49, intrinsic risk factor knowledge increase from 10.19 to 11.47, extrinsic risk factor from 14.6 to 17.41 with all changes statistically significant with p value 0.000.

To look at the changes more specifically, caregivers who perceived very unconfident in caring decreased 30% to 11% and unconfident from 27.1% to 12.97%. The percentage of caregivers perceived very unconfident in fall prevention decreased from 40% to 18.6% and unconfident from 24.3% to 15.7% both moving towards positive efficacy greatly. In knowledge scoring, the minimum intrinsic factor scoring only increased from 2 to 4, where minimum extrinsic factor scoring maintained at zero. This may suggest that the knowledge on risk factor for fall prevention is still under look for some caregivers.

Yet, this study had some limitations as it merely measure the effectiveness of improving self-efficacy and knowledge of their caregivers, it does not actually look at the clinical significance in fall reduction after the program, it also does not look into the carryover effect of the program overtime, which were both prudent to look at the impact if resources allowed. Overall, bringing awareness of risk factor and enhancing efficacy of patient's family in caring and fall prevention are beneficial and important elements.