

## **CHAPTER 5**

### **Conclusion and Recommendations**

This chapter is organized into four parts including conclusion of findings, implications of findings, limitations of this study, and recommendations for further research.

#### **Conclusion of Findings**

This randomized control trial, pretest-posttest control group design aimed to study the effectiveness of the family caregiver capacity building program on care ability and quality of care of dependent elders. The samples were recruited at two sub-districts of Bang Pa-in district Phra Nakhon Si Ayutthaya province. A multistage sampling method was chosen to select two sub-districts. The family members of dependent elders who met the inclusion criteria were randomly assigned into both experimental and control groups equally. Initially, 58 participants were randomly assigned to the control and experimental groups. In week-12, there were a 5% attrition rate with 55 participants who completed the study and were available for analysis, 26 in the experimental group and 29 in the control group. In week-24, there were a 10% attrition rate with 49 participants who completed the study and were available for analysis, 24 in the experimental group and 25 in the control group.

Data were collected at baseline, weeks-12, and weeks-24 using the instruments including the Dependency Screening Tool for Village Health Volunteers, the Demographic Data Form for Dependent Elders and the Family Caregivers, Preparedness for Caregiving Scale, Caregiver's Care Ability Scale, and Quality of Care Assessment Scale. These instruments were content validated by 5 experts. All instruments were tested for validity and reliability. Data were analyzed by using descriptive statistic, Chi-square test, Fisher's exact test, Independent t- test and Paired t-test.

Regarding the results, there were no differences in the demographic characteristic variables between experimental and control groups. Effects of the family caregiver capacity building program on care ability and quality of care of dependent elders are summarized as follow:

1. An average score of caregiver's care ability of the experimental group was higher than before entering the program, and better than the control group at the significant level of  $p < .05$ .

2. The experimental group had a higher average score of quality of care than before entering the program, and much better than in the control group at the significant level of  $p < .05$ .

### **Implications of Findings**

Based on the study results, the family caregiver capacity building program can improve care ability and quality of care of family caregivers who provide care for the dependent elders. This finding can be applied for nursing practice, nursing education and nursing administration which are described as follows:

#### **Implications for Nursing Practice**

The family caregiver capacity building program should be used by health care personnel working in community hospitals, and health promoting hospitals to strengthen capacity of family members in providing care for dependent elders to improve quality of care.

#### **Implications for Nursing Education**

The nurse instructors should include the family caregiver capacity building program in nursing curriculum at graduate studies, especially gerontological and public health nursing to strengthen student's ability in providing care to older persons with dependency. However, the students should be trained on empowerment program so that they are skillful and be able to implement the program.

## **Implications for Nursing Administration**

Since implementation of family caregiver capacity building program can increase ability of family caregivers to provide care for dependent elderly, the director of sub-district health promoting hospitals should facilitate the implementation of the program by supporting budget, material, and manpower.

## **Limitations of the Study**

There are possible limitations in this study that limit its applicability as presented that there were nine subjects in the intervention group and control group who were dead, hospitalized, and not available to be evaluated care ability and quality of care at 12 weeks and 24 weeks. This should be cautiously considered although it has no effect on the results.

## **Recommendations for Further Research**

Based on the limitations of this study, recommendations for further study include the following:

1. The researcher developed a capacity building program for family caregivers to promote care ability and the quality of care provided for dependent elders. The researcher met with the sample group on eleven occasions for two hours per session by planning to meet the sample group and allow the subjects to provide data aggregately and individually. After data collection, the sample group found it inconvenient to join the group for every meeting because the subjects had to provide care for dependent elders at home without other family members who were free to provide care. Hence, the researcher met the samples individually with home visits, which enabled the researcher to follow the program. In future studies, meeting with the sample group should be less frequent and aggregate data should be provided at home.

2. To confirm the effect of the program, next study should be conducted by using double-blind technique of data collection. The program should be modified and tested for its sustainability and long term effectiveness.