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Do older people set goals?

A study to determine the impact of a goal facilitation tool on home based support services
John Parsons
A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Health Science, The University of Auckland, 2010
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Abstract

The primary purpose of the study was to assess the impact of a designated goal facilitation tool on health related quality of life, social support and physical function among a sample of 205 community dwelling older people referred for home based support services (HBSS). A comprehensive model was developed to consider the complex interactions inherent within the healthcare and social system within which the study occurred. One specific purpose of the model was to determine how the use of the goal facilitation tool facilitated the implementation of core components of a ‘restorative model’ of support for older people living in the community.

The participants were cluster randomised to either an intervention or control assessor (NASC). The intervention arm involved the participant completing the goal setting tool with a NASC. This established the aims of the rehabilitation episode. The participants in the control group received a standard assessment of needs. Following this the clients from both groups were referred to a HBSS organisation for service delivery. The NASC staff randomised to the intervention and all HBSS coordinators attended a standardised training programme prior to the start of the trial.

The main finding was a significantly greater change over time in Health Related Quality of Life (as measured by the two component scores of the Short Form 36 Survey (SF-36)) in the intervention group (p<0.0001 for physical component and 0.001 for mental component). The intervention group also showed significant improvements in physical function over time, as measured by the Short Physical Performance Battery (SPPB), compared to the control group (p=0.003). There was no difference in social support over time between the two groups (p=0.09). The degree of trust between NASC and HBSS coordinators was measured using standardised questionnaires and shown to be of crucial importance in optimising outcomes for the participants and was included in the model of analysis of change in SPPB and the physical component score of the SF-36. There was a marked variation across HBSS providers in terms of the types of services provided to the participants and there was a difference in the ability of the different intervention group NASC to facilitate goal directed services.

The study findings contribute to a greater understanding of the factors necessary to implement improvements in the services provided to older people receiving assistance in the home and highlight the complex interaction between the client, their family / whānau, the assessment and service delivery organisations and the direction provided by local and national policies and directives.
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