

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

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

Conclusion of Findings

A pretest-posttest control group, experimental design was designed to examine the effects of a 3 month-nutritional education program in promoting healthy eating of the elderly in the northeastern region of Thailand. It examined the difference between the effects on the elderly who participated in a 3 month-nutritional education program and those who did not receive the program.

The intervention was conducted during a nine-month period, from December 2008 to August 2009. Ninety elders and 90 family members agreed and were enrolled in this study. There were seven participants excluded from the study, two from the experimental group, and five from the control group. The drop out rate was 7.78%. Therefore, 83 participants remained in the study, 43 in the experimental group and 40 in the control group.

The instrument used for data collection was The Elderly Healthy Eating Scale to measure healthy eating behaviors. The scale was tested for its reliability from which the Cronbach's alpha coefficient of 0.96 was obtained.

Pender's Health Promotion Model and health education strategies were modified for promoting healthy eating of the elderly in northeastern Thailand. Multiple educational methods using both group and individual teaching were conducted in this program aiming to increase nutritional knowledge, perceived self-efficacy, perceived benefits of healthy eating, and perceived social support from family members to the elderly; and to decrease perceived barriers to healthy eating. The group session consisted of group teaching and group discussion using healthy eating booklet and flip chart. For individual session, individual counseling was provided during two home visits, and 4 mailed handouts were sent to the participant's home.

Data were analyzed using descriptive statistics including mean, frequency, percentage and standard deviation, and inferential statistics including independent t-test, the Mann-Whitney U test, and the two-way repeated ANOVA. The main findings of the study are as follows:

1. At 3 months and 6 months, the elderly who received a nutritional education program for promoting healthy eating had significantly better overall healthy eating, food selection, food preparation and food consumption behaviors than those receiving usual education.

2. At 3 months and 6 months after receiving a nutritional education program for promoting healthy eating, the elderly had significantly better overall healthy eating, food selection, food preparation and food consumption behaviors than before receiving the program.

In conclusion, the results in this study indicated that a nutritional education program for promoting healthy eating of the elderly could improve and maintain healthy eating among the elderly in the northeastern region of Thailand.

Implications of Findings

In this section, implication of findings for nursing practice, nursing education, and nursing administration are presented as follows:

Implication for Nursing Practice

1. The nurses who work in primary health care units (PCU) can use this program to promote healthy eating of the elderly at community settings.

2. Nurses should be trained on the methods of group teaching and discussions, group demonstrations and training, individual counseling, and motivation of perceptions, so they can use the action plans in this program to promote healthy eating during regular care and home visits.

3. Individual and group teachings should be incorporated into the regular service in the PCU because they could increase nutritional knowledge, and motivate the elderly to perform and maintain healthy eating behavior.

4. Small group discussions, group demonstrations and training could encourage the elderly and their family members to share opinions/experiences, and to motivate perceived self-efficacy, perceived barriers of and perceived benefits to healthy eating. Furthermore, individual counseling, individual goal setting, and self-evaluation could effectively assist, support, guide and motivate the elderly and their

family members to find and solve their problems/barriers. Therefore, those activities should also be incorporated into the regular care and home care services in the PCU.

5. Individual home visits should also be incorporated into the regular service in the PCU because face to face contact during home visit was preferred by the elderly than telephone contact as the method to effectively enhance good nurse-the elderly relationship and effective learning.

Implication for Nursing Education

1. Nutritional education strategy emphasized on multiple education methods to increase nutritional knowledge and skills, perceived self-efficacy, perceived benefits of healthy eating and perceived social support from family members and to decrease perceived barriers to healthy eating should be addressed in nursing education since they were proved as significant factors for promoting and maintaining healthy eating for the elderly.

2. In nursing educational institutions, the nurse instructors can use the contents and teaching methods of the program in this study to guide the students' practicum on the elderly care.

Implication for Nursing Administration

The PCU's administrators should encourage PCU nurses to use health educational program developed in this study to promote the elderly's healthy eating in community settings.

Limitations of the Study

1. The participants in this study were the elderly residing outside the municipal areas, Amphoe Mueang, Maha Sarakam Province, and mostly were farmers with low socioeconomic status. Therefore, the results of this study might not be generalized to other population groups.
2. The Elderly Healthy Eating Scale had a lot of items (114 items), and was intensive time-consuming one, so it might not be practical for PCU nurses to use it during their regular work.

Recommendations for Further Research

1. Further research in a diverse population and setting should be done to assess the effectiveness of the program in promoting healthy eating for the elderly.
2. The shorter effective scale for measuring healthy eating of the elderly in northeastern Thailand should be developed.