



Frailty, resilience and self-efficacy: a grounded theory study of older adults and caregivers' understanding and experiences

Siew Hoon Lim¹, Truls Østbye², Fazila Aloweni¹

¹Singapore General Hospital;

²Duke-National University of Singapore Graduate Medical School

INTRODUCTION

Management and prevention of frailty is a healthcare priority. Resilience enabled an older adult to rebound from a vulnerability or stressor attributed by frailty.¹ Self-efficacy can foster effective coping mechanisms.² Building on resilience and self-efficacy, preventative or management strategies may delay onset of frailty.

AIM

To explore the perception of frailty and the role of resilience and self-efficacy among hospitalized older adults and caregivers caring for older adults in an acute care hospital setting.

METHODOLOGY

Study sample

Older adults aged 65 years and above and hospitalised in the inpatient wards and family caregivers caring for older adults.

Study design

- A grounded theory approach based on Glaser and Strauss was used to better understand frailty in the context of resilience and self-efficacy.
- In-depth interviews conducted from September 2020 to July 2021.
- Interviews were audio-taped and transcribed verbatim.
- Analysis followed the three principles in Straussian grounded theory (open, axial and selective coding process).

RESULTS

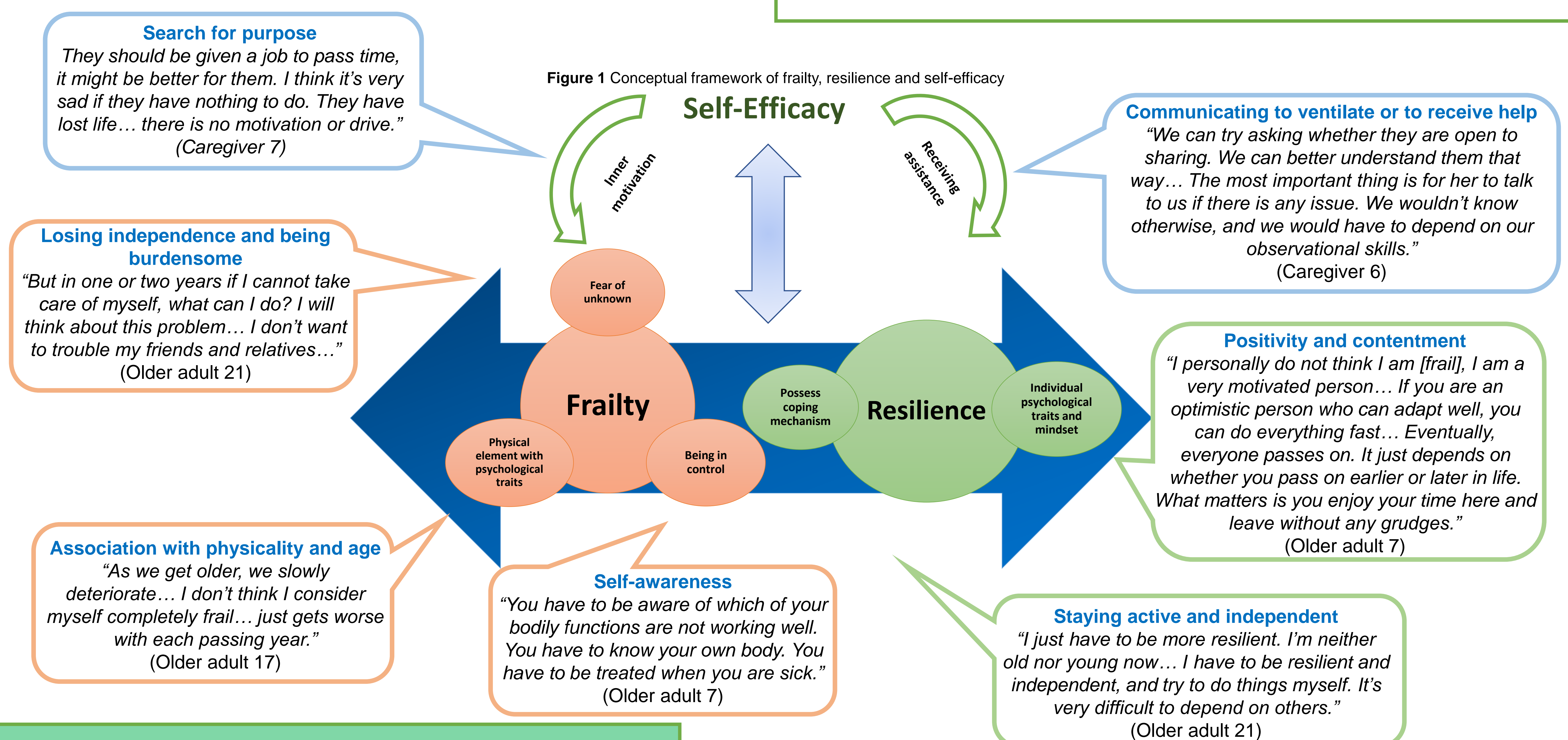
Mean age of 24 older adults was 70.4 years old, mostly females (92%) and Chinese (96%); mean age of 10 family caregivers was 51.4 years old, half were females (50%) and mostly were Chinese (80%).

Overlapping defining characteristics and perceptions on frailty, resilience and self-efficacy were identified (Table 1).

Frailty encompassed physical elements as well as manifestations of psychological traits, fear of the unknown and being in control. Resilience was determined by individual psychological traits and mindset, and possession of a coping mechanism. Self-efficacy was identified as a construct which could influence both frailty and resilience through inner motivations and the assistance received. The generated conceptual framework identified key elements of each construct and provided an understanding of their association to one another (Figure 1).

Table 1 Relationship between frailty, resilience and self-efficacy

	Frailty	Resilience	Self-efficacy
Defining characteristics	Physical element with manifestations of psychological traits -Association with physicality and age -Mental state	Individual psychological traits and mindset -Acceptance and facing reality -Positivity and contentment -Level of perseverance	Inner motivations -Search for purpose -Autonomy
Type of responses	Fear of the unknown -Negligence in health and sudden onset of illness -Losing independence and being burdensome Being in control -Involvement in lifestyle, exercise and diet -Self-awareness	Possess coping mechanism -Staying active and independent -Religious beliefs	Receiving assistance -Communicating to ventilate or to receive help -Demonstrating empathy, care and support -Family presence and social life



Conclusion

Experience of fear related to loss of function and independence due to the onset of illness were highlighted. It is vital to understand the diverse conceptualization of frailty, across psychological and social dimensions, which differed from the physical definitions of frailty. Assistance can be provided to help the elderly maintain independence, which again can aid to improve their overall quality of life. Various coping strategies can enhance self-efficacy and build greater resilience, including maintaining active involvement in health management and social life. The generated conceptual framework can be used to guide future development of interventions that specially integrate the strengthening of resilience and self-efficacy to improve frailty in the older adults.

REFERENCES

1. Hale M, Shah S, Clegg A. Frailty, inequality and resilience. *Clinical Medicine*. 2019;19(3):219-223.
2. Guccione A. Resilience and Self-efficacy As Mediators of Quality of Life in Geriatric Rehabilitation. *Topics in Geriatric Rehabilitation*. 2014;30:164-169.