Describing Strengths of Elders with Chronic Illness

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- Authors report no conflicts of interest

Background

A strengths-based approach to assessment:

- Recognizes and values the positive aspects of patients' experiences to empower them to manage their chronic illness by recognizing existing resources and support systems
- Patient strengths are rarely documented in EHRs due to lack of standardized terminologies
- The Omaha System holds promise to document strengths relative to the 42 defined health concepts
  - knowledge (superior knowledge)
  - behavior (consistently appropriate behavior)
  - status (no signs/symptoms)

Study Purpose

Identify Omaha System concepts within existing strengths-assessment narrative data

Methods

- **Design:** Secondary analysis of existing data
- **Sample:** narrative data from interviews that included patient-identified strengths
  - 33 older community dwelling adults with multiple chronic conditions
  - Average age 76.9 years
  - Caucasian, non-Hispanic
  - Primarily female
  - 12 to 15 co-morbid conditions
  - Average of 17 daily medications
- **Setting:** Large Health Care Home in the upper Midwest

Methods

Procedures:

Free text mapping process - Existing definitions of Omaha System concepts used to classify strengths phrases

1. Graduate nursing student trained in Omaha System concept definitions created an initial mapping with annotated rationale
2. Researchers from the parent study (CEV and DEH) reviewed and revised the initial mapping
3. The entire research team created a final mapping through consensus.

Data Analysis: Summarized using descriptive statistics

Results

- 411 Strengths phrases mapped to concepts
  - 30 strengths phrases mapped to 2 concepts
  - 9 strengths phrases mapped to 3 concepts
  - 2 strengths phrases mapped to 4 concepts
- Strengths mapped to 18 of 42 possible concepts
  - Strengths predominately mapped to concepts in the Psychosocial domain

Examples of Mapping Text to Omaha System Concepts

ID	Spirituality
A	Faith, attends church weekly
C	Spiritually and mentally active
D	Feels blessed
D	Faith in God
D	Involved in church
E	Attends church regularly
J	Has her faith
L	Attends church

ID	Interpersonal Relationship
F	Daughter is good support, helps by talking w/ him when he worries
G	Wife is great support
H	Close relationship with family
I	Good family support; keeps in close contact with siblings
I	Granddaughter helped with spring cleaning of windows & screens
K	Loves her family
K	Support from family (intergenerational support)

Social Contact			
ID		ID	
B	Lots of activities, enjoys the activities	T	Patient feels she has many people to talk to
M	Helps at food shelf	F	Gets out with friends once in a while
O	Member of Senior Center	W	Very social
J	Belongs to Orchid Society resulting in travel	W	Belongs to many organizations
J	Quilter: attends classes, annual shows	L	Volunteer work-VFW, American Legion, etc.
N	Belongs to Red Hat Society	V	Enjoyed visiting with friends recently
N	Provides community services for others in community	Z	Go to Peace Church for senior dining

Patient Strengths Profiles

- Patients had an average of 7.2 strengths
  (Range = 4 to 12)
- No two strengths profiles alike

Patient X
Caretaking / parenting
Cognition
Communication with community resources
Health care supervision
Income
Medication regimen
Mental health
Nutrition
Residence

Patient Y
Cognition
Health care supervision
Interpersonal relationship
Mental Health
Personal Care
Social contact

Discussion

- Elders with multiple chronic conditions have numerous strengths, primarily in psychosocial domain
- The Omaha System data architecture can accommodate a strengths based approach
- Interventions can be planned and directed toward patient strengths

Conclusions

- Strengths descriptions should be standardized using defined terms
- Potential to extend use of Omaha System concepts that includes strengths
- Encourage a strengths-based approach

Next Steps

- Standardized descriptors for strengths to allow for a holistic representation of individual's strengths as well as problems
- Develop and test care plans that incorporate standard language that includes strengths in planning and interventions

Thank you!

Questions?