Aspects of family caregiving as addressed in planned discussions between nurses, elderly patients and family caregivers

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Introduction

Family caregivers important for self-care of elderly  
(Salyer, et al., 2012) (Vassilev, et al., 2011) (Luttik, et al., 2007)

Support of family caregivers post-discharge becomes more demanding  
(decrease in length of hospital stay and increasing complexity of care)

Communication on family caregiving issues on behalf of the coordination of care becomes more important.
Aim

To gain insight into how aspects of family caregiving are addressed during planned discussions, between nurses, elderly patients experiencing chronic conditions and family caregivers in the hospital.
Method

Qualitative descriptive design
Observations and audio recordings of planned discussions

Patients ≥ 65 years with one > chronic conditions who still live at home
Method

Participants

Patients ≥ 65 years with one > chronic conditions who still live at home

Family caregivers who were present during planned discussions in hospital
Method

Data analysis

Qualitative content analysis - summative approach

Identify aspects of family caregiving and quantify data to explore usage
## Results

<table>
<thead>
<tr>
<th>62 patients included</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>76</td>
<td>7,2</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>32</td>
<td>52</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With partner</td>
<td>39</td>
<td>63</td>
</tr>
<tr>
<td>Living alone</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>Living with child</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Living in a residential group</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Number of chronic conditions</strong></td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>1 chronic disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 ≥chronic diseases</td>
<td>43</td>
<td>69</td>
</tr>
</tbody>
</table>

Ellen Hagedoorn
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*share your talent. move the world.*
# Results

Data from 62 admissions- and discharge interviews and 22 care-plan evaluation interviews (146)

<table>
<thead>
<tr>
<th></th>
<th>Mean in minutes</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission interviews</td>
<td>21</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>Care plan evaluation</td>
<td>17</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Discharge interviews</td>
<td>5</td>
<td>4.7</td>
<td></td>
</tr>
</tbody>
</table>
Results

Presence of family caregivers

47 (76%) during admission interviews

18 (82%) during care plan evaluation

42 (68%) during discharge interviews
Content of formal interviews

Three themes

Social network
- Social network inventory
- Support & role family caregivers

Organization of care
- Nursing unit information
- Coordination of discharge

Patient related aspects
- Personal patient information
- Health status & treatment
Conclusion / Discussion