Family Caregiving in Heart Failure: Differences with and without Palliative Care Support

Kristen Overbaugh

University of Texas Health Sciences Center, San Antonio, TX

Kristen Overbaugh is a clinical assistant professor in the department of health restoration and care systems management at the UTHSCSA SON. She is certified as an adult health clinical nurse specialist and recently completed a PhD in Nursing from the University of New Mexico College of Nursing. Her research interests include heart failure, palliative care, and improving psychosocial outcomes for individuals living with chronic illness. She is currently participating in an inter-professional hospice and palliative medicine fellowship through UTHSCSA School of Medicine Division of Geriatrics, Gerontology and Palliative Medicine.

ABSTRACT

Rationale: Despite traditional support services, family caregivers caring for relatives with heart failure (HF) experience decreases in quality of life (QOL) and physical, psychosocial, and financial stress that may lead to significant restructuring of relationships within a family. Palliative care (PC) aims to decrease suffering and improve QOL for the patient and the family and may improve the caregiving experience. Major gaps exist in the literature examining if and how PC improves the family caregiving experience within HF.

Research Questions: Is there a difference in the family caregiving experience in HF when PC is provided, and if so, how does the family caregiving process differ?

Overview: A two-phase mixed method study using an explanatory sequential design will address these questions. The Stress Process Model will guide this inquiry.

Engagement/Methods: Purposive convenience sampling will be used to recruit 70 caregiver/recipient dyads. Recruitment approaches will emphasize the importance of participants’ input in improving family centered services and potentially the larger community. In the quantitative phase, descriptive statistics will depict demographic, health, caregiving, and palliative support characteristics. Caregivers will complete the Caregiver Reaction Assessment (CRA) and the Family Caregiver Quality of Life (FAMQOL) scale. One-way MANOVA will examine differences in scores on the subscales of the CRA and on QOL between caregivers receiving PC support and those who are not. Significant results will help to prioritize recruitment for the qualitative phase. The researcher will recruit caregiver/recipient dyads with scores in the bottom and top 10% of each of the CRA subscales and on QOL to participate in semi-structured interviews. Grounded theory will guide qualitative data analysis and provide a richer understanding of the family caregiving experience from the caregiver/recipient’s perspective.

Questions: Feedback is sought on the informed consent process and appropriateness of recruitment for the qualitative phase of the study.
No handouts were provided for this presentation:

Notes: