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A Family Experience of Decision-Making Home Care for the Cancer Elderly With In-Home Medical Care

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Purpose:

The number one cause of death in Japan has been Cancer since 1981 as like other world regions, and over 300,000 deaths have been recently accounted annually. Over half of patients wished home care after the treatment at an acute care hospital with average 16.2 stay days (Ministry of Health, Labor, and Welfare, 2016), but about 80% of them were died at hospitals in Japan. A family feels difficulties for making a decision whether the acceptance of home care of a cancer elderly patient with in-home medical care or the place of recuperation for the patient instead of home at the time of discharge of an acute care setting.

This study aims to identify the process in which a family experiences about the decision-making of home care for the cancer elderly with in-home medical care at the discharge from an acute care hospital.

Methods:

Data were collected using semi-structured interviews of 13 subject (8 females and 5 males; 9 partners and 4 children) from 4 prefectures of the west part of Japan. The participants were agreed with the study participation orally and in writing after approving the ethical committees from an institution. The data of the obtained verbatim transcriptions were interpreted and analyzed by the continual comparative analysis method, a modified grounded theory approach.

Results:

The results indicated that there were 18 different concepts generated in the family's decision-making process for the cancer elderly with in-home medical care. "Unintentional care wish" formed from <the family ties> was clarified as being an essential first step, and "switch on care" was clarified as the final step in the decision-making process. This process was explained by 4 categories in addition to < the family ties>: <making conscious on care by myself >, <imaging of care by myself>, <hospital constrains>, and <support around from professional staff>.

Conclusion:

To make decision on home care by a family with the cancer elderly to need medical care was identified to decide care by a family self as the essential point. This decision will of a family was influenced by a patient's feeling, recommendation from other family member, and professional staff's support.

Title:

A Family Experience of Decision-Making Home Care for the Cancer Elderly With In-Home Medical Care

Keywords:

Decision-Making, Family and Home Care

References:

- 1) Kinoshita,K. (2003).Practice of Grounded Theory Approach. Japan: Kobundou.
- 2) Ministry of Health, Labour and Welfare. (2016). Overview of medical facilities (dynamics) surveys and hospital reporting. (accessed on 1 December, 2017)

file:///C:/Users/Misae%20Ito/AppData/Local/Microsoft/Windows/INetCache/IE/WGWIFCDK/02_02.pdf
- 3) Kageyama,Y, Asano,M. (2017). Thinking about the patient's wishes: practical wisdom of discharge planning nurses in assisting surrogate decision-making. Nordic College of Caring Science. doi:10.1111/scs.12399
- 4) Watanabe,M., Shimizu,N. (2015). Seamless medical treatment support for cancer patients. Japan: Igakusyoin.
- 5) Yanagihara,K.(2008). Factors in the Process and Structure of the "Will Determination" by Families of Cancer Patients – Focusing on the Social Work at the "Gear Change" Stage and Terminal Stage – Japan Lutheran College,42,77-96.

Abstract Summary:

The learner will be able to identify the process of home care decision-making of a family for the cancer elderly with in-home medical care at the discharge from an acute care hospital.

Content Outline:**OBJECTIVE**

The number one cause of death in Japan has been Cancer since 1981 as like other word regions, and over 300,000 deaths have been recently accounted annually. Over half of patients wished home care after the treatment at an acute care hospital with average 16.2 stay days (Ministry of Health, Labor, and Welfare, 2016), but about 80% of them were died at hospitals in Japan. A family feels difficulties for making a decision whether the acceptance of home care of a cancer elderly patient with in-home medical care or the place of recuperation for the patient instead of home at the time of discharge of an acute care setting.

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METHODS

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RESULTS

The results indicated that there were 18 different concepts generated in the family's decision-making process for the cancer elderly with in-home medical care. "Unintentional care wish" formed from <the family ties> was clarified as being an essential first step, and "switch on care" was clarified as the final step in the decision-making process. This process was explained by 4 categories in addition to < the family ties>: <making conscious on care by myself >, <imaging of care by myself>, <hospital constrains>, and <support around from professional staff>.

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Professional Experience: I have worked as a nurse in Kobe University Hospital for 8 years. At the 3rd year as a nurse, I contributed to train juniors as a preceptor. And I had realized the role about the planning and management of educational guidance for a ward staff at the viewpoint as an educator. In this year, I enrolled in the Master program of Graduate School, Kawasaki University of Medical Welfare. I would like to pursue 'caring' in nursing.

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