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Caregiver Comfort With Tele-Hospice

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Purpose: Technology adaptation, such as tele-hospice, is changing the provision of on-demand hospice and palliative care (Phongtankuel, Adelman, & Reid, 2018). Virtual visits are facilitated by electronic tablet-based communication between hospice caregivers and the triage staff, who provide face-to-face assistance. Virtual visits are provided 24 hours daily, seven days a week, which increases timely interventions. The focus of the tele-health program is patient and caregiver comfort, inter-professional communication, and family empowerment for symptom control (Kolcaba, 2003). The ability to see the patient while assessing their clinical condition is key to success of virtual visits as the nurse immediately addresses urgent patient needs, provides support and education without delays of travel time. The purpose of this retrospective study was to examine comfort and emotional support that caregivers of community-based hospice patients derived from using electronic tablets

Methods: A retrospective, descriptive study was completed to examine comfort and emotional support that caregivers of community-based hospice patients derived from using electronic tablets (Alpha's (pseudonym) Virtual Assist (AVA) to connect to the triage care center of a large hospice located in a Midwestern state. Over a two-year period, hospice patients and their caregivers were given AVA upon admission to hospice. They continued to use AVA until hospice care was completed. A total of 667 survey responses were obtained from family caregivers. Data analysis included Pearson product moment correlations and Wilcoxon signed ranks tests.

Results: Most participants ($n = 316$, 68.8%) reported comfort with caregiving using tele-hospice with a significant positive association between Comfort Level with AVA and AVA providing emotional support ($r = .27$, $p \leq .000$), willingness to use of virtual healthcare again, ($r = .42$, $p \leq .000$), being comfortable using AVA while providing care ($r = .99$, $p \leq .000$). Wilcoxon Signed Ranks Tests were completed to compare the Caregiver Comfort Level Providing Care to Loved One in Hospice from receipt of AVA to when hospice service was completed. The differences were statistically significant for caregiver comfort level ($Z = -4.63$, $p = <.001$), and providing care with AVA technology ($Z = -4.87$, $p = <.001$).

Conclusion:

Synthesis of results: Caregiver comfort increased with the use of AVA. Results indicated that as comfort level with AVA increased, the caregiver was more willing to use virtual healthcare and provided evidence that caregivers who were comfortable with AVA were more likely to be willing to have face-to-face contact with the care team using virtual healthcare.

Discussion: AVA appears to be beneficial in providing emotional support to hospice patients and their caregivers when problems arise that may require support for pain or symptom management (Clayton, Hulett, Kaur, Reblin, Wilson, & Ellington, 2017). Participants also indicated they were comforted by having AVA available to obtain a

response immediately, instead of waiting for responses from a nurse (Tasneem, Kim, Bagheri, & Lebret, 2019; Whitten, 2019). While this study was limited to one hospice, the overwhelming positive results indicate that virtual assistance from a hospice provider could have implications in hospices where Internet is available around the world. (Connor & Gwyther,2018).

Title:

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Keywords:

caregiver, comfort and tele-hospice

Abstract Summary:

Tele-hospice is changing the provision of on-demand hospice and palliative care. A retrospective, descriptive study was completed examining comfort and emotional support that caregivers of community-based hospice patients derived from using electronic tablets. 667 survey responses were obtained. Data analysis included Pearson product moment correlations and Wilcoxon signed ranks tests.

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Author Summary: Dr. Cameron (formerly Petroulias) PhD RN is an experienced infusion nurse, nurse educator oncology and hospice nurse. She is interested in utilizing technology to enhance patient education.