

Title:

Listen to Me: Noncaregiving Adult Children's Needs From Healthcare Providers

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Session Title:

Promoting Health Globally

Slot:

M 13: Sunday, 30 July 2017: 10:15 AM-11:00 AM

Scheduled Time:

10:35 AM

Keywords:

Aging families, Anticipatory guidance and Intergenerational relationships

References:

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Horn, V., & Schweppe, C. (Eds.) (2015). *Transnational Aging: Current Insights and Future Challenges*. New York, NY: Routledge

Quinn, C., Clare, L. & Woods, R. T. (2012). What predicts whether caregivers of people with dementia find meaning in their role? *International Journal of Geriatric Psychiatry* 27(11), 1195–1202. doi:10.1002/gps.3773

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Van Durme, T., Macq, J., Jeanmart, C., & Gobert, M. (2012). Tools for measuring the impact of informal caregiving of the elderly: A literature review. *International Journal of Nursing Studies*, 49(4), 490–504. doi:10.1016/j.ijnurstu.2011.10.011

Abstract Summary:

The experience of adult children with healthy aging parents is largely ignored in the literature. This phenomenological study examined this experience and presented ways in which nurses can assist noncaregiving adults in navigating a life stage that involves independent but aging parents.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. The learner will be able to identify sources of worry for non-caregiving adult children with healthy aging parents and how that worry may impact family health outcomes	Findings of a phenomenological study will be discussed, with quotes from participants to support the themes presented. Findings include: a. Care-giving activities anyway: Despite denial of care-giving status, children provide care. b. Feelings of worry related to: i. Potential loss of parental good health and independence ii. Concern that healthcare providers make assumptions about their aging parents, ignoring individual and cultural differences iii. Fragmented communication between families and healthcare providers iv. Self-care – adult children struggle to balance their own well-being with family responsibilities
2. The learner will be able to formulate a nursing plan of care to include anticipatory guidance for midlife adults with healthy aging parents	Implications for nursing practice are discussed and include a. Assessment of the inter-generational family unit, including health status, age and living location. b. Assessment of adult children to include parents' health and functional status, perceived stressors and future worry. c Strategies for communication. Gerontology nurses and other providers should clearly ask how to communicate with adult children. d. Evaluation of adult children for self-care needs as family unit ages (e.g. exercise, meditation, substance use, social supports, sibling relationships)
3. The learner will be able to use findings from this study to shape future research strategies to improve clinical outcomes for aging transnational families	Implications for future research: Develop evidenced practice projects and research to explore best practices for enhancing family communication across international lines both within the family and with the healthcare system

Abstract Text:

Purpose: Based on findings from a phenomenological study, the purpose of this abstract is to present the ways in which nurses can assist non caregiving adults to navigate a life-stage that involves independent but aging parents. Extended lifespans, globalization and transnational migration will significantly reshape twenty-first century societies (Horn & Schweppe, 2015; The United Nations, 2015). In the United States, more than half the population may live up to 80 years of age, with much of that time in a relative state of good health (Arias, 2015). Adult children can expect to spend time as equal adults in this non-caregiving relationship with their aging parents. For adults with healthy and moderate to highly functioning, independent parents, this time is not defined by the stress associated with caregiver burden, but it does

have its own characteristics that impact upon the emotional and physical health of these aging families. It is important for healthcare systems and specifically nurses to recognize this new aspect of the family life course. As healthy aging is a relatively new phenomenon, little is known about the lived experience of adult children with aging parents. There is however, data to suggest that the quality of the pre-caregiving intergenerational relationship and planning for caregiving can improve clinical outcomes for the aging family during caregiving (Quinn, Clare & Woods, 2012; Fowler & Afifi, 2011).

Methods: A descriptive phenomenological approach was used to analyze interview data obtained from study participants (N=16). After IRB approval, purposive and snow ball sampling yielded sixteen participants who met inclusion criteria (English speaking, non-caregiving adult children with at least one living parent over the age of 65). Upon data saturation, the sample consisted mainly of females (75%), aged 30 to 60s, and living in the east coast of the US. Three of the participants had parents that lived transnationally in Asia (1) and Europe (2). Two in-depth, semi-structured interviews, ranging from 45 to 90 minutes were conducted and transcripts were analyzed independently by the two investigators. Joint review confirmed emerging themes.

Results: Data analysis revealed that despite self-identifying as individuals who were not caregivers, adults did, in fact, provide care to aging parents. While asserting that parents were independent, participants described activities that ranged from minor chores (taking parent shopping) to larger, more time consuming activities (accompanying parent to medical appointments and managing finances). Participants also engaged in a constant, often unconscious, evaluation of changes in parents' functionality and health, resulting in feelings of worry and concern related to potential loss of parental good health and independence. In addition, participants identified shortcomings in a healthcare system that often provides care in silos and communication between parents, healthcare providers and adult children is fragmented or absent. Lack of communication was a particular issue for participants whose parents lived internationally. Adult children want healthcare providers to avoid making assumptions about their aging parents, and to actively acknowledge individual and cultural differences. The creation of a new role of care navigator was raised by several participants. Lastly, the need for health care providers to identify and assist in self-care activities of adults with aging parents emerged.

Conclusion: These findings confirm previous studies that show adult children spend time assessing their parents for possible needs (Fingerman, Sechrist & Birditt, 2013) and also support the idea that definitions of caregiving are variable (Van Durme, Macq, Janmart & Gobert, 2012). The desire for more effective communication suggests that adult children welcome input as they anticipate a potentially stressful demand for care and support of parents. This also raises significant questions of how nurses will communicate with adult children living internationally. As globalization and expanded lifespans are likely to continue, nurses who understand the needs of aging families from a global perspective will be most likely to provide effective anticipatory guidance for this life stage. Confirmation of findings with more globally diverse researchers and participants may provide insights into interventions to reduce strain and improve clinical outcomes in aging families across the globe.