Title:
Caregivers’ Perceptions of Transition of a Family Member From Acute Care to Hospice Inpatient Care

Sandra Monk, PhD
Brady School of Nursing, Shorter University, Rome, GA, USA
Laura P. Kimble, PhD
Georgia Baptist College of Nursing, Mercer University, Atlanta, GA, USA
Susan S. Gunby, PhD
Georgia Baptist College of Nursing of Mercer University, Atlanta, GA, USA
Rita Ferguson, PhD, MSN, BSN
College of Nursing, The University of Alabama in Huntsville, Huntsville, AL, USA

Session Title:
Hospital to Hospice Transition
Slot:
F 03: Monday, 30 October 2017: 9:30 AM-10:15 AM
Scheduled Time:
9:30 AM

Keywords:
descriptive phenomenology, hospice inpatient and patient-and family-centered care

References:


Abstract Summary:
Family caregivers of hospice inpatients transferred from the hospital to a community inpatient hospice setting describe what mattered most in a descriptive phenomenological study. Seven interrelated constituents based on Giorgi’s procedural method provide a structure of the findings guided by Meleis’ middle range theory of transitions and patient-and family-centered care.

Learning Activity:

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Participants will state three perceptions of what mattered most for family caregivers of hospice patients experiencing the transition of a family member from acute care to hospice inpatient care at end of life at the completing this educational session</td>
<td>Caregivers of hospice inpatients who experienced a transfer from acute care to hospice inpatient care described what mattered most during the transition. The transition was in the context of family and the whole story mattered. Seven interrelated constituents and variant meanings among the participants were delineated strictly following Giorgi’s</td>
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After completion of this presentation, participants will name three interventions hospice family caregivers described as facilitating or hindering the process of transition from acute care to hospice inpatient care.

Communication by nurses and other healthcare workers contributed to positive emotions and assisted in decision-making. Timely communication delivered in a sensitive manner was important to family caregivers. In addition, caregivers described their personal responsibility for advocacy and preventing suffering related to decisions made surrounding end of life care. Caregivers also illustrated the need for knowledgeable healthcare workers to help guide and navigate through the process of planning and delivery of healthcare services at end of life.

Abstract Text:

ABSTRACT

SANDRA ELAINE MONK

CAREGIVERS’ PERCEPTIONS OF TRANSITION OF A FAMILY MEMBER FROM ACUTE CARE TO HOSPICE INPATIENT CARE

Transition at end of life has the potential for fragmenting the delivery of health services and becoming a burden for patients and families according to the Institute of Medicine (2014). In spite of the family caregiver’s essential involvement in caring for a family member at end of life, less recognition has been placed on the emotional needs of the family caregiver (Harrington, Mitchell, Jones, Swettenham, & Currow, 2012). The purpose of this study was to explore the lived experience of caregivers during the transition of a family member from an acute care to hospice inpatient care. The study addressed the following research questions: “What are the lived experiences of caregivers during the transition of a family member from an acute care setting to a hospice inpatient setting?” and, and “What experience mattered most to family caregivers during this transition?” Subjective experiences of the caregivers were described by the researcher with a focus on transition according to Meleis’ (2010) theory of transitions and a conceptualization of patient-and family-centered care in hospice and palliative nursing. Giorgi’s (2009) procedural method of descriptive phenomenology was utilized to analyze data and to develop a structure of the experiences of caregivers in the transition of a family member from acute care to hospice inpatient care.

Study participants included 13 caregivers with a mean age of 55.2 (S.D. 12.6) years. Of those participating in the study, 77% were female. Participants completed qualitative, semi-structured interviews in a hospice inpatient setting. Seven interrelated constituent parts evolved from descriptive phenomenological data analysis to form the structure of a description of the phenomenon. Constituent parts and variations of the structure for caregivers’ experiences during transition of their family member at end of life included: Context, Caregiving, Chaos, Communication, Candor, Communication, Comfort, and Confidence. Findings of the study suggested caregivers gained confidence when shared goals for patient
comfort were met through communication and assistance with navigation. Caregiver assessment and anticipatory planning earlier in the process, informed by caregivers’ experiences for evidence-based interventions, could help ease burden, and support a partnership during transition from acute care to hospice inpatient care.