



Abstract

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Project Title: A CAREGIVER INTERVENTION TO IMPROVE HOSPICE OUTCOMES

Abstract: *Although hospice family caregivers receive support from the hospice team, research indicates that a greater level of support and education are needed to assist them with the enormous responsibility they bear for physical and emotional care. If the caregiver is not adequately prepared to assess patients and provide needed care, the patient's quality of life may suffer, and the caregiver may experience feelings of inadequacy, anxiety, and depression leading to decreased caregiver quality of life. The primary aim of this experimental study, based on the stress-process model, is to improve the quality of life of hospice caregivers by helping them to master the skills needed to better assess and manage specific problems experienced by cancer patients (pain, dyspnea, constipation), thus enhancing caregiver coping and self-appraisal of stressfulness of patient symptoms and quality of life for both patients and caregivers. The sample of 480 patient/caregiver dyads will be drawn from a large hospice in the local area and screened using measures of functional status and mental status. After consenting, subjects will be randomly divided into three groups, a control group receiving standard care (Group I), a group receiving standard care plus friendly visits (Group II), and a group receiving standard care plus the intervention (Group III). The intervention will be based on the COPE method (Creativity, Optimism, Planning, Expert Information). Groups II and III will receive visits on the same schedule to control for the effects of researcher time and attention. On visit one, caregivers in Group III will be taught to use the COPE method of managing patient problems. Visit one will last approximately 90 minutes; visits two and three will reinforce and extend learning and last approximately 30 minutes each. Group III caregivers will receive a copy of the Home Care Guide for Advanced Cancer*

and receive two supportive telephone calls from the RA-intervention nurse, one after visit one and one after visit two. Group III caregivers will be taught how to assess patient symptom intensity and given a preformatted diary in which to record symptom intensity scores twice daily. Data will be collected from patients about symptom intensity, symptom distress, and quality of life. Caregiver data will include coping, self-appraisal, and quality of life including mastery. Data will be collected from all three groups on admission to the study, immediately post intervention (day 16), and four weeks after admission to the study (day 30). One year after admission to hospice, all caregivers again will be contacted for data collection (patients are expected to be deceased). Quantitative data will be analyzed using repeated measures multivariate analysis of variance and structural equation modeling.

Thesaurus Terms:

*caregiver, hospice, patient care
coping, education, neoplasm /cancer, patient care management, patient care personnel
attitude, quality of life, self concept
clinical research, health services research tag, human subject, outcomes research*

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