

AN INTERNATIONAL EXPLORATION OF PATIENTS AND FAMILY DURING ACUTE CARE:

WHAT PREDICTS FAMILY STRENGTHS AND RESOURCES.

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SIGNIFICANCE

Family has a strong influence on the health of its members and understanding their needs improves the family's ability to support the patient (Coyne, 2013; Northouse, 2012)

Family will often fail to seek help as they feel lost in the health system (Coyne, 2013).

International research is important to build collaborations and develop interventions which can be used internationally (Tishelman, 2013).



AIM AND RESEARCH QUESTIONS



Aim

The aim of this international research was to investigate the patient and family needs, strengths and resources in acute oncology care to identify influencing factors.

Research questions

What are the needs of the patient and family during oncology care?

What are the factors which influence how nurses meet the family needs?

What are the influencing factors for family strengths and resources?

FAMILY CARE IN DENMARK

- Focused on the term: “the patient in the center” with the risk of overlooking the family as a unit
- Family nursing is common practice in children’s departments
- A Danish study (n=4023) by the National Cancer Society showed that 30% of patients didn’t think professionals cared for their relatives (Barometerundersøgelsen 2013)
- Including family and understanding needs
- Paradigm shift in Denmark



FAMILY CARE IN AUSTRALIA

- Aiming for a Patient-centred approach, incorporating patient and family
- Directions for patient-centred care developed by Australian Commission on Safety and Quality in Health Care (2011).
- Most Australian hospitals aim to:
 - Improve patient decision making

However have a:

- Lack of coordinated care
- Family often not included in the patient care



METHOD

Guided by the Family Systems Theory

Descriptive cross sectional design

- 4 Surveys in each questionnaire

Sample: patients and their family members

[up to 3]

- Odense University Hospital
- Gold Coast University Hospital



FAMILY FUNCTIONING AND NEEDS

ICE Expressive Family Functioning Questionnaire: 17 item four domains

- Emotional: understanding how family express emotions
- Collaboration and Problem Solving: understanding how family works together
- Communication: open discussion of feelings
- Behaviour: understanding how family reacts

ICE Family Perceived Support Questionnaire: 14 items 2 domains

- Cognitive support from nurses: information family meetings
- Emotional support from nurses

FAMILY STRENGTHS AND RESOURCES

FHI: 20-item scale three domains

- Commitment: how the family works together
- Challenge: how the individual sees the adversity
- Control: sense of control over the situation

F-COPES: 29 item scale five domains

- Social support: seeking support from extended family
- Reframing: capacity to redefine adversity
- Spiritual support: faith in God
- Mobilising community support: seeking health professional support
- Passive appraisal: acceptance of problems active engagement in change

DATA ANALYSIS PLAN

Data entry in each country

Data analysis completed Australia

Data was checked, set up into domains, factor analysis and Cronbach Alphas completed

- Descriptive demographic data
- Means, correlations
- Regressions



RECRUITMENT AND SAMPLE

Multi-site volunteer recruitment

- Inpatient ward areas
- Day oncology areas

Purposive sample- 232 participants Australia and Denmark

139 patients with cancer

93 family caregivers

- Children, partners, parents, family members, friends

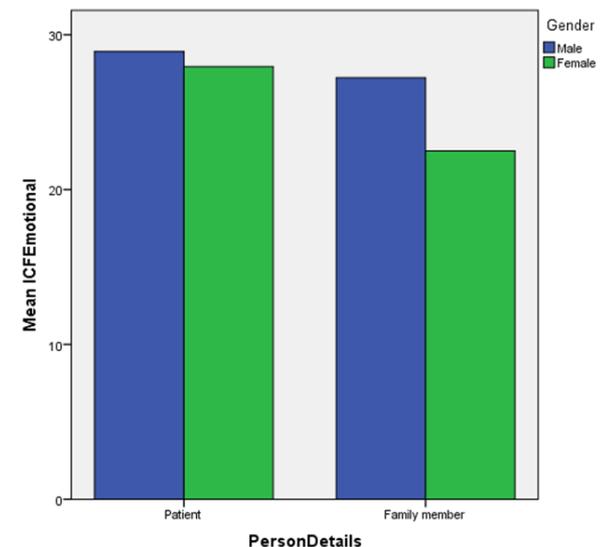


PARTICIPANT CHARACTERISTICS

	Australia n=122	Denmark n=110
Patient	83 [male 44: female 39]	56 [male 24: female 32]
Family members	39 [male 11: female 28]	54 [male 29: female 25]
Age mean	Patient 63 years	Patient 59 years
	Family member 56 years	Family member 56 years
Day oncology	87	101
In patient	35	9
<u>Cancer type</u>		
Breast	15	13
Lung	8	8
Prostate	4	1
Stomach colon	17	11
Other, skin, haematological [AUS]	39	23

RESULTS

- **Data analysis completed as a full group**
 - Minimal difference between countries
- **Difference between patient and family identified in subgroups: family lower reported levels**
 - Emotional support from nurses
 - Family communication
 - All groups of resources
 - *Sense of control patient lower scores*
- **Age influenced family strengths and use of resources with youngest and oldest participants scoring lower**
- **Significant correlation between all scales**
- $[r = .244 - .469, n = 223, p < .001]$



PREDICTORS OF RESOURCES

Multiple stepwise regression of all variables revealed:

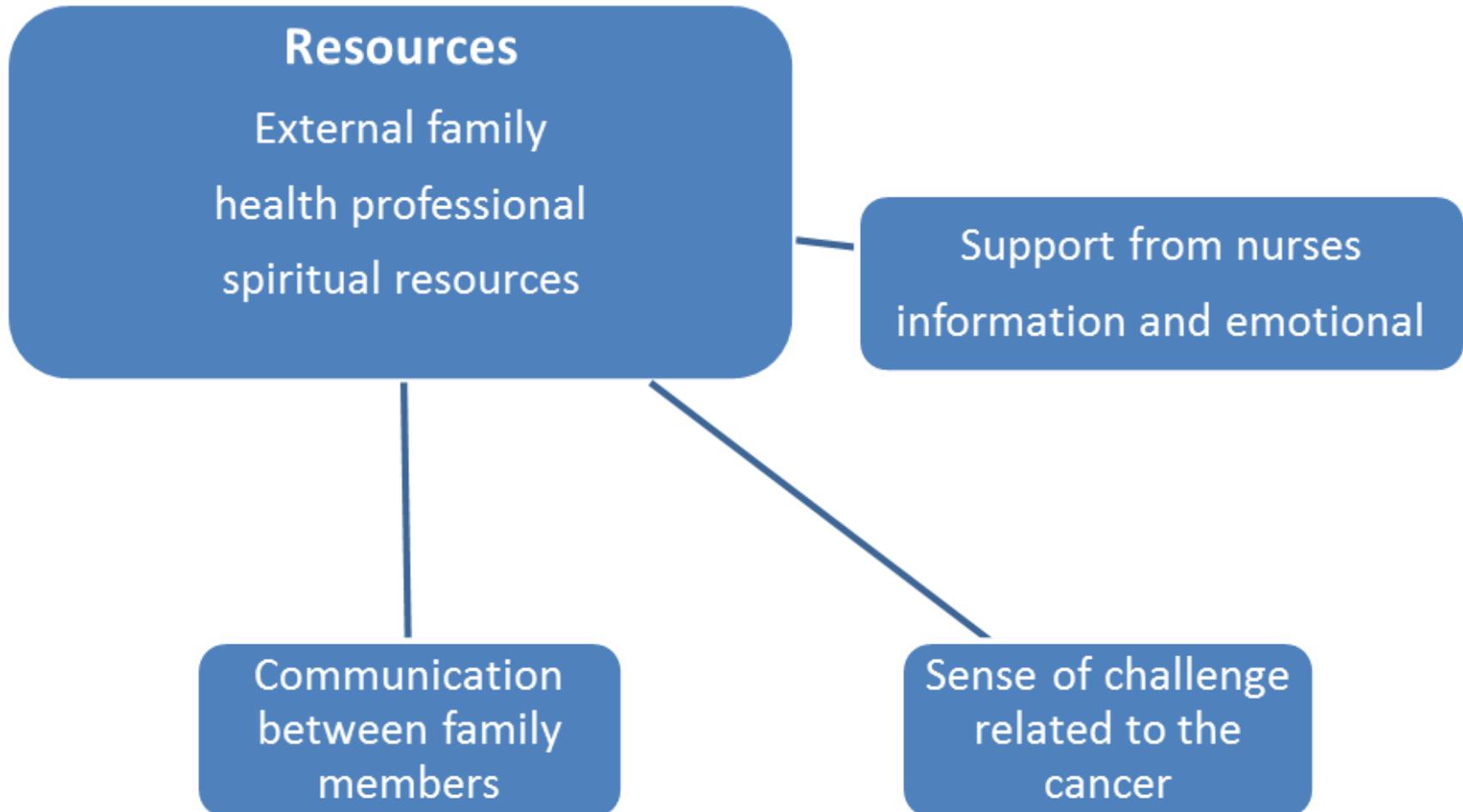
The main predictors of using resources [DV] were the independent variables:

- cognitive and emotional support from nurses ICEFPS
- challenge FHI
- communication between family members ICEEFF

- $(F(4, 207) = 36.88, p < .001) R^2 = .42$
 - 42 % confidence
 - which is good



WHAT DOES THIS MEAN?



SUMMARY

- **Understanding family needs is important as they may have more unmet needs.**
- **Families who can communicate openly about their needs and distress are also more likely to ask for help from the nurses.**
- **Appraisal and sense of challenge - predicted > external resources**
- **Families whose emotional and information needs are met are more likely to ask for help.**
- **Family who don't ask need even more help!**



RECOMMENDATIONS

Family should be included as patient's unit of care!

Family communication is key

- **redefine the cancer**
- **draw on family strengths**
- **work together as a family**



Understand needs and tailor support to empower the family

International collaboration works



THANK YOU AND QUESTIONS

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