A Framework to Assist Family Caregivers in Acute Care

August 2016

Network of Excellence in Seniors’ Health and Wellness
seniorsnetworkcovenant.ca
Individuals can find themselves taking on the role of a caregiver when a family member or friend suffers a health-related issue (e.g., family member falling and breaking a hip). Caregivers, who may or may not be family members, are often ‘lay people in close supportive roles who share in the illness experience of the patient and who undertake vital care work and emotion management.’ When the patient is in acute care, the role of the caregiver typically involves the provision of emotional support, communication, and assistance with activities of daily living. Following discharge, the caregiver’s role evolves, becoming primarily responsible for the patient’s recovery. In such instances, caregivers are rarely prepared to take on this role and may experience stress and negative health consequences as a result. In turn, caregiver strain can contribute to poor patient rehabilitation outcomes and/or impact the sustainability of home care.

Research consistently emphasizes the unmet support needs of caregivers. There have been several interventions developed to support caregivers as they transition into the caregiver role. These interventions provide information about the patient’s health condition and treatment, and the community services available. They also address the caregiver’s personal needs by providing counseling and problem solving training. The majority of these interventions are implemented during, or immediately following, discharge of the patient from acute care and occur in a hospital setting. The interventions result in small to moderate improvements in caregiver strain, distress, psychological well-being, and quality of life; yet, when the intervention is tailored to the specific needs of the caregiver, larger improvements are observed.

Caregivers can experience distress, burden, and poor quality of life due to patient and caregiver factors. Patient factors include: patient comorbidities, cognitive dysfunction, behavioral problems, and depression symptoms. Caregiver factors include: caregiver comorbidities, lack of social supports, lack of perceived control, increased time and difficulty completing care tasks, and higher interference in daily life and personal activities.

Framework to Assist Family Caregivers in Acute Care

Cameron and colleagues developed the “Timing It Right” framework to assist family caregivers as they transition into the caregiving role. The framework is comprised of four phases: onset, stabilization, preparation, and implementation. Each phase is described below, highlighting issues for caregivers as they transition from admission to discharge in an acute health setting.

Onset Phase: The onset phase follows an acute health event or patient diagnosis. During this phase, caregivers may feel a great deal of anxiety and concern over the immediate survival of the patient, and wish to understand ‘what it’s all about.’

Stabilization Phase: The stabilization phase begins once the patient’s health condition has improved. Caregivers often experience relief, but have yet to realize the cognitive and/or
physical impairment experienced by the patient or how this impairment will impact their lives once the patient returns home. Caregivers may:

- seek out information from health care staff regarding the effects of the health event, including cognitive, physical, and emotional impacts on the patient²⁷⁻²⁹
- willingly step into the caregiving role and place the needs of the patient ahead of their own needs³⁰
- participate in the rehabilitation process and request updates on the recovery of the patient²⁹,³¹
- experience stress as the patient undergoes assessments and they realize the extent of the caregiving role they must take on at home²

**Preparation Phase:** The preparation phase begins as discharge approaches. During this phase, caregivers have spent a lot of time in the acute care setting, placing other demands and responsibilities on hold. They may begin to worry about their ability to care for the patient and may:

- request information to help them provide care at home, including: the warning signs to look for that may indicate a new acute event, how to avoid or prevent recurrence, and how long recovery may take¹²⁻¹⁴, ²⁵,²⁸,³²
- request feedback about their ability to provide care, and ask for training to build confidence and enhance their skills²⁵,³³
- ask to be involved in discharge planning³⁴
- ask for information about community services available, including assistance with submitting applications to community service organizations²⁹,³²
- experience increased strain as they struggle to meet the demands of existing family and work responsibilities while preparing to take on the caregiving role²

**Implementation Phase:** The implementation phase begins when the patient return home from acute care and it may continue for several months. During this phase, patients learn how to adapt to their new circumstances, caregivers apply the skills they learned in the acute care setting, and professional care becomes intermittent based on the patient.²⁵,²⁹ Caregivers may:

- experience difficulty coordinating physician follow-ups, providing transportation, assisting with mobility, and keeping up with medications, diet, and lifestyle changes²⁹,³¹,³⁵,³⁶
- become anxious about their ability to care and have feelings of inadequacy²⁵,²⁸
- approach community services because they feel home care is too restrictive²⁵
- feel unprepared and unsupported in the caregiving role¹⁴,³⁷
• start to experience the consequences of providing care, including emotional, physical, and social strain\textsuperscript{30,38-40}

• try to move past the injury and seek normalcy for the patient\textsuperscript{41}

• develop feelings of solidarity and closeness with the patient\textsuperscript{42}
References


Developed for Covenant Health

Network of Excellence in Seniors' Health and Wellness by

Lori-Ann R. Sacrey, PhD, and Dr. Jasneet Parmar, MBBS

© 2016