

2023

Exploring the influence of contextual factors and the caregiving process on burden, quality of life, and outcomes of heart failure (HF) dyads after a hospital discharge guided by the Individual and Family Self-Management Theory (IFSMT): A mixed method study.

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Purpose

The purpose of this study is to explore the influence of contextual factors and the caregiving process characteristics on the proximal outcomes of the patient and caregiver after discharge from the hospital.

Background

- ❖ Heart failure (HF) is an increasingly common chronic illness, with unique caregiving needs and a high rate of hospital readmissions.¹
- ❖ There is little research on the perceived burden of HF caregivers at the time of an acute exacerbation hospitalization and discharge.¹

Theory

The proposal is being guided by the Individual and Family Self-Management Theory (IFSMT) to explore the influence of contextual factors and caregiving process characteristics on the proximal outcomes of the patient and caregiver after discharge from the hospital.

Study Model

AIM 1: Outcomes - Caregiver Burden

Patient QOL (SF-12)	Caregiver QOL (SF-12) Life changes (Bakas) Burden (Zarit Burden Interview quantitative, qualitative from probing questions)
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AIM 2: Caregiving Process Characteristics

Patient Goal Congruence (PI self report interview) Self-efficacy (Self-Care of Heart Failure Index v.6 (SCHFI))	Caregiver Goal Congruence (PI self report interview) Self-efficacy
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AIM 3: Contextual Factors

Patient Disease Trajectory (Demographics form) Comorbidities (Charlson Co-morbidity index) NYHA (medical record) Ejection Fraction % (medical record)	Caregiver Time as a caregiver (Demographic form) Number of hours/week of caregiving tasks (Demographic form) State of employment (Demographic form) Health Status (Demographics form)
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Methods

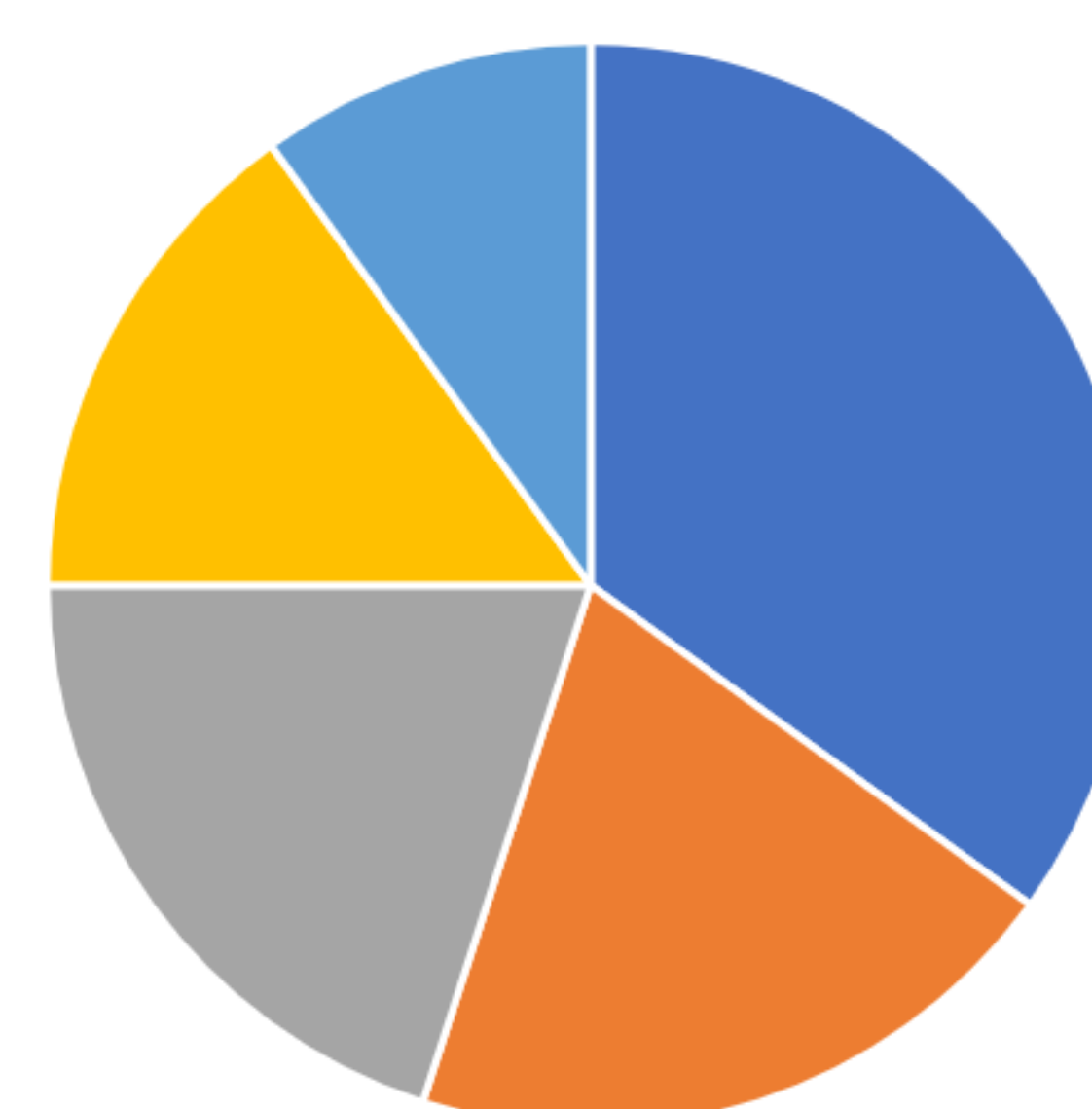
This was a cross-sectional, mixed-methods (quantitative/qualitative) study. (n=12 dyads).

Results

- ❖ 12 HF dyads completed questionnaires and a face-to-face interview at the one-week post-discharge outpatient visit.
- ❖ Caregivers = 6 female and 6 male participants with a mean age of 65.76.
- ❖ Caregiver burden, quantified by the Zarit Burden Interview (ZBI),² showed a median of 15 with an interquartile range of 4 – 31, indicating a low level of burden.
- ❖ Male caregivers had lower burden scores compared to female caregivers ($p = .35$).
- ❖ Goal congruence was present between caregivers and patients in terms of number of hours of caregiving.
- ❖ Caregivers who worked full-time and took care of higher NYHA class patients all had higher scores in the ZBI and the Bakas Caregiving Outcomes Scale (BCOS).³

ZBI Qualitative Themes

- Social Isolation
- Fear of Future
- Patient Dependence
- Patient Expectations
- Financial Issues



Discussion

- ❖ First study to address exploring perceived caregiver burden at the time of an HF patient post-acute discharge outpatient visit.
- ❖ Including caregivers in HF education at the time of hospital discharge is important to potentially improve HF dyad outcomes and reduce re-hospitalizations.
- ❖ This study emphasized the importance of understanding the effects of contextual factors on the caregiving process and dyad outcomes
- ❖ Increased burden may have important implications for discharge planning.

Future Research

- ❖ Future research using mixed methods and longitudinal designs should be performed, using a larger sample with more diversity, to further tease out factors that contribute to the trajectory of HF disease and subsequent burden.

Funding

Sigma Theta Tau – Creighton
University Winnifred E. Pinch Award
Gamma Pi At Large Chapter – UNMC Sister Patricia Miller Evidence-Based Practice in Nursing



Gamma Pi
at-Large Chapter

References

Provided upon request