

INTRODUCTION

- Roughly one-third of the older population suffers from pain, and if the patient dies without pain it is reported as a "good death"²
- The evidence suggests that the dying report fear of physical suffering. "Pain can increase human suffering; therefore, pain control is essential to alleviate human suffering."³
- Caregivers reported feeling of unpreparedness, and communication between the caregiver and the healthcare team helped them prepare for death and provide good care.¹



PROBLEM STATEMENT

What education is lacking for family caregivers when caring for their loved one at the end of life related to the domains of:

- 1) Medication use,
- 2) What dying looks like, and
- 3) What grief looks like?



RESEARCH DESIGN

The study used a mixed method approach:

- Educational intervention: PowerPoint presentation
- Pre and post education knowledge test
 - 10 true/false questions
 - 5 multiple-choice questions
 - 2 open-ended questions
 - Describe a good death
 - Biggest fears/concerns while providing care
- Follow-up phone call
 - Most useful/least useful education topics
 - Any additional information needed

SETTING AND SAMPLE

Participants recruited from a local church using a snowball method. The educational session was held in the church conference room.

Inclusion criteria:

- 18 years of age or older
- Caring for a loved one with a terminal illness or a progressive chronic illness
- Caring for a loved one in the home setting

Exclusion criteria:

- Less than 18 years of age
- Caring for a loved one with an acute, curable illness
- Loved one was not residing in a home setting

Final sample:

12 participants, only 6 met inclusion criteria



RESULTS

Overall: Knowledge Pre and Post-Test Results

Possible 22 points available on tests

Pre-test range: 16-21 points scored

Post-test range: 17-22 points scored

Paired t-test revealed significant change from pre-test to post-test ($t = -2.907$, $df = 5$, $p = 0.034$)

Subscale: Medication Use

Possible 5 points scored

Paired t-test revealed **NO** significant change ($t = -1.00$, $df = 5$, $p = 0.363$)

Subscale: "What Dying Looks Like"

Possible 8 points scored

Paired t-test revealed significant change ($t = -2.907$, $df = 5$, $p = .034$)

Subscale: Dealing with Grief

Possible 9 points scored

Paired t-test revealed **NO** significant change ($t = -1.085$, $df = 5$, $p = 0.328$)

Follow up Phone Calls

- ✓ All three topics were cited as most useful by at least one participant
- ✓ Medication was cited as the least useful by three of the five respondents
- ✓ Additional information requested was legal documentation:
 - ✓ DNR
 - ✓ Living wills
 - ✓ POAs

CONCLUSIONS

Education about medications was the least useful domain reported by the participants. In future education sessions, alter curriculum to include what dying looks like, dealing with grief, and legal documentation.

IMPLICATIONS

Research

- ❖ Larger, more diverse cultural groups need to be studied
- ❖ Incorporate the entire family in the educational process
- ❖ Follow-up after the death of the loved one to see if longer term needs were met

Education

- ❖ Education in the community setting should be continued
- ❖ Modules on legal issues such as living wills, POAs and DNRs need to be added

Practice

- ❖ Education can be incorporated into practice on a palliative care team on an inpatient basis
- ❖ Classes could be offered in the community on a bi-monthly basis for families receiving palliative care and/or caring for their loved ones at the end of life

Policy

- ❖ Development of palliative care centers in the community
- ❖ Educational sessions could be held in a supportive environment such as a palliative care center or church
- ❖ Support groups would be offered for caregivers that are actively caring for their loved ones at home
- ❖ Caregivers will be linked to resources for funeral home planning and legal assistance in the community



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