Barriers to Including Family Caregivers in Geriatric Hospital Care: A Qualitative Descriptive Study

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Problem

- With the United States healthcare system supporting an increasing number of older adults, the Caregiver Advise, Record, Enable (CARE) Act has been passed in 43 states to promote the inclusion of family caregivers in older adult’s hospital care.1
- Wisconsin is one of the few states that has yet to pass the CARE Act.1
- This is problematic because caregivers who are not included in their loved one's hospital care can feel unprepared for caregiving responsibilities, which can in turn, lead to poorer health outcomes for both the older adult and the caregiver.2

Objective

To explore barriers to including caregivers of older adults admitted to hospital settings

Sample

Eighteen Wisconsin-based stakeholders representing seven different groups were conveniently recruited between June 2022-September 2022:

1) older adults (65+ years of age),
2) caregivers,
3) healthcare administrators,
4) healthcare providers,
5) health information software specialists,
6) policymakers

89% female, 100% Caucasian, 89%

Data Analysis

- Descriptive statistics and thematic analysis are currently underway in Microsoft Excel and NVivo 12 Pro.

Results

- Preliminary analyses reveal three central themes regarding barriers to including caregivers in hospital care:
  1. Hospital system supports
     - Limitations in time and documentation expectations “get in the way of providing truly family-centered care.”
  2. Caregiver availability
     - Limitations of caregiver inclusion because “times that are offered for visits are during the workday and not typically during the lunch hours.”
  3. Caregiver exclusion
     - We need to do a better job of “offering [caregivers] the invitation [to participate in care] because otherwise, they might not feel that permission to go and do something.”

What could healthcare systems do to better include caregivers of older adults in hospital care?

1. Create policy & electronic medical record triggers that cue providers to ask patients about available caregiving support

2. Use virtual communication platforms to increase accessibility to caregiver education

3. Create policy requiring providers to document whether a patient wants a caregiver involved in their care process

Methods

- Qualitative descriptive study was conducted.
- 60-minute, virtual semi-structured individual interviews were completed with stakeholders.
- Interview questions were developed based on the SEIPS 2.0, a human factors framework to improve health systems.
- Data were audio recorded, transcribed, and verified by research team members.