

School of Health Professions Institute of Nursing

A Community-Based Action Research Project Developing a Nurse-led Family-Counseling Program for Families of the Elderly

Romy MAHRER-IMHOF, Hannele Hediger, Rahel Naef, Lorenz Imhof



Acknowledgements / Sponsoring

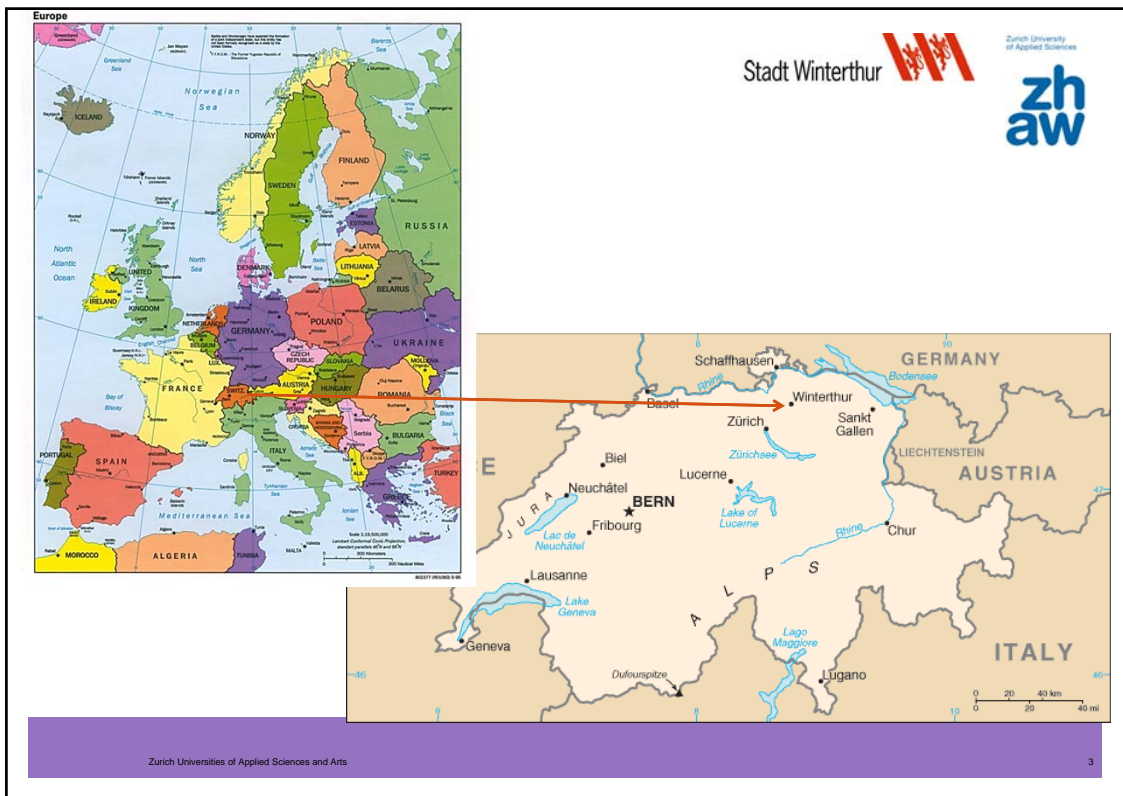
No conflict of interested to declare

Heinrich & Erna Walder
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City of Winterthur

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Truth about age

- Never before such high life expectancy
- 20-25 years after retirement - more time than childhood and adolescents
- Different health status in the elderly
- More generations live together over longer periods of time



New challenges for all generations

Höpfliger et al,2012;Imhof et al,2012

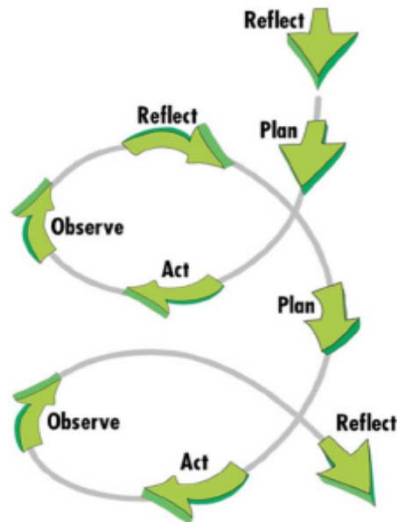


Families conquer the challenge

Family support for elderly people 80+ years

	N	Mean	±SD	sum
hours / week	459	22.3	48.3	10'235
Intensive support (7/24)	40	168.0		6'719
support (not 7/24)	419	8.4	18.3	3'526

Methode: Community-Based Participatory Action Research (CBPR)



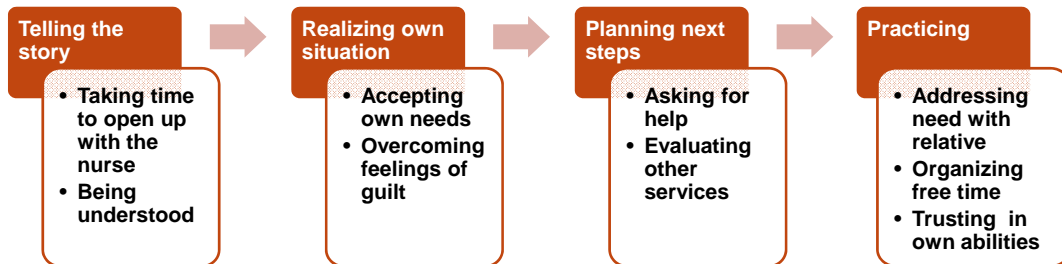
Glason et al, 2008

2. Plan : Concept

- **Individual counseling** for single family members and/or family as a group
- **Peer group** for family members
- **Public events** for family caregivers



3. Reflect: Benefits of Counseling



Start next CBPR - Cycle

- Announcing the counseling program
- Including more family members in research group
- Adapting questionnaires
- Proactive follow-up by counseling team



**Plan
Evaluation**

- Individual counseling sessions
 - **Preparedness for care** (Family Care Inventory, Archbold et al,2001)
 - **Caregiver Burden** (Cargiver Burden Scale, Barkas 2004)
 - Ecomap and Genogram
 - Satisfaction with counseling (ANP-IQ, Imhof et al, 2010)
 - Benefit of counseling (semi-structured interviews)

**Implement
Caregiver Characteristics**

	Caregivers (n=16)
Gender, n (%)	
female	12 (75)
Age in years, $M \pm SD$ (range), n=12	52.5 \pm 15.4 (24-87)
Marital status, n (%¹)	
Married/partnered	9 (75)
widowed	1 (8)
unmarried / single	1 (8)
divorced	1 (8)
no data	4
Relation to care recipient, n (%)	
partner	2 (13)
children	11 (69)
others	3 (19)

Implement Caregiver Characteristics II

Same household	
no	14 (88)
Main Caregiver	
yes	8 (50)
Caregiving time (n=8)	
In years, $M \pm SD$ (range)	5.8 ± 5.7 (0-16)
In hours/week, $M \pm SD$ (range)	58 ± 85 (0-168)

Implement Care recipients Characteristics

Care recipients (n=13)	
gender, n (%)	
female	7 (54)
Age in years, $M \pm SD$ (range), n=12	
	82.3 ± 9.1 (64-92)
Marital status, n (%¹)	
Married / partnered	3 (25)
widowed	7 (58)
single	
divorced	2 (17)
No data	1
Number of Children, $M \pm SD$ (range), n=12	
	2 ± 1.5 (0-5)
Lives alone, n (%¹)	
yes	9 (69)

Support Services

Services	Care recipients (n=13)
Community nursing	4
Household aid	1
Cleaning lady	2
Day care	2
Healer	1
Alarm system	1
Visiting service	1
Meals on wheels	1
No services	6

Topics

Use of resources	Auxiliary materials at home, maintenance of flat, living situation at home	18
Respite Care	Nursing home, Day resp. Night care, Community nursing,	18
Health of care recipient	Dementia, cognitive decline, depression	10
Challenging behavior of care recipient	Aggression, refusal, decline of communication skills, personality changes	9
Caregiver	Guilt, shame, own health, relief of strains	9
Legal issues	Will, inheritance, pension claim	7
Family conflicts	Demarcation disputes, relationship among family members	5
Health care system	Conflict with nursing staff, transportation	3

Reflecting Caregiver Burden

	pre (n=6)	post (n=6)	p-value ¹
Burden², M ± SD (range),	65.6 ± 30 (12-100)	50.6 ± 33.1 (17-100)	.23

¹ Wilcoxon-Test, Z-value=-1.214; ²Scale: 0=no burden to100=very high burden

Reflecting Preparedness

	pre (n=8)	post (n=8)	p-value ¹
Preparedness, M ± SD (range),	2.0 ± .62 (.63-2.5)	2.4 ± .58 (1.4-3.0)	.067

¹ Wilcoxon-Test, Z-value=-1.832; ²Scale: 0= not at all prepared to 4=very well prepared

Reflecting Feedback

- a very competent, and warm hearted person with a lot of empathy allowed an open and informative exchange of ideas.
- The conversation was without any stress. The high amount of sympathy eased the situation.
- I could distance myself from the situation of my mother which made it possible to consider new interventions. I felt very well supported and understood. We focused on core problems. Thanks a lot.

Conclusions Family Counseling

- Counseling families at home
- Nurses as liason person to existing networks and services
- Educated Advanced Practice Nurses
- Principles of empowerment and self management
- Focus on skill building and well-being

Conclusions CBPR

- Stamina is needed for CBPR
- New skills in advertising and marketing are necessary
- Needs time

Questions?



Thank you

Romy Mahrer Imhof, PhD, RN
Professor family-centered nursing
University of Applied Sciences
Technikumstr. 71
8401 Winterthur
romy.mahrer@zhaw.ch



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