Session 3050 (Paper)

Family Caregiving (BSS Paper)

CONTINUITY OF CAREGIVERS’ ENSURING MEDICAL CARE AND CARE-TRANSITION PREPAREDNESS: A MEDIATION MODEL
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Studies show that informal support provided during hospitalization is essential for communicating with the healthcare team and explaining medical care. Less is known about factors explaining family caregivers’ Ensuring and Explaining Medical Care (EEMC) during hospitalization and its impact on care-transition-preparedness of patients in terms of their understanding of the explanations and instructions for continued care. This study examined whether EEMC during the current hospitalization mediates the association between involvement of the caregiver in ensuring and explaining medical care prior the current hospitalization and patients’ care-transition-preparedness for discharge. A prospective cohort study includes 456 internal-medicine-patients at a tertiary medical center in Israel, who were accompanied by an informal caregiver. Involvement in EEMC prior and during the hospitalization, covariates such as health literacy (HL) levels, demographic, health, and functional status were reported by the patients during the hospitalization; and care-transition-preparedness was reported by the patients in a week after discharge. After controlling for covariates, only high HL levels of patients and their caregivers were positively associated with EEMC during hospitalization and care-transition-preparedness (P<0.05). Moreover, mediation analysis indicated significant direct (B(unstandardized)=1.69; p=0.003) and indirect effect (Mediated effect (ME)=1.28; CI= 0.81 to 1.87) of prior involvement in EEMC on care-transition-preparedness through high EEMC during the current hospitalization, controlling for baseline characteristics of patients and their caregivers (total effect: B=2.95; p=0.001). These findings suggest that caregivers’ experience and involvement prior the hospitalization may be an essential factor in improving EEMC during the current hospitalization, and in turn improve transition outcomes.

DOES PERSONAL GOAL PURSUIT ALLEVIATE FAMILY CAREGIVER STRESS?
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Family caregivers may experience reduced stress by maintaining their sense of self throughout their time in a caregiving role. Working towards personal goals is helpful for maintaining a sense of self, but pursuing one’s own goals amidst caregiving responsibilities may be challenging. In this study, we analyze the processes by which caregivers pursue their own personal goals – and how those processes impact daily stress – in an effort to develop a deeper understanding of goal-pursuit as a potential caregiver stress-reducing strategy. We utilized daily data from spousal (N=256 days) and adult-child (N=400 days) caregivers who participated in the PULSE (Personal Understandings of Life and Social Experiences) Project, a 100-day microlongitudinal study on goal pursuit amongst people 50 and older (Hooker et al., 2013). In daily surveys, caregivers reported progress made towards a personally-identified health and social goal, along with a 4-item measure of daily stress. We ran multi-level models to assess how daily goal progress was associated with same-day stress. Spousal caregivers’ daily stress was lower on days when their health goal (Estimate = -0.107, SE = 0.20, p<.0001) and social goal (Estimate = -0.97, SE = 0.15, p<.0001) progress was higher. Similarly, adult-child caregivers’ daily stress was lower on days when their health goal (Estimate = -0.67, SE = 0.19, p<.001) and social goal (Estimate = -0.52, SE 0.24, p=0.03) progress was higher. Results support the hypothesis that maintaining personally-meaningful goals can alleviate caregiver stress, and is a promising tool for caregiver health promotion.

ENHANCING ACTIVE ENGAGEMENT FOR DEMENTIA CAREGIVERS: A SYNTHESIS OF INTERVENTIONS
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In a recent meta-analysis of interventions for dementia caregivers, psychoeducational interventions were found to be effective only if they required caregivers to apply knowledge and skills through active engagement. This emphasizes the importance of understanding which intervention components enhance application in order to improve caregiving interventions and the mechanisms by which they work. The purpose of this presentation is to identify and assess elements of active engagement within dementia caregiving interventions. Articles included in this review were published between 2009 and 2018 and identified as psychoeducational dementia caregiving interventions. Each intervention was assessed to describe: 1) how active engagement was defined, 2) the logistics for implementing the active engagement techniques, 3) and the process for evaluating active engagement components. Of 36 articles meeting inclusion criteria, 25 mentioned active engagement components of the intervention. Active components included discussion, problem-solving, practice, role-play, action plans, and homework. Only five articles provided partial descriptions of the active components, five mentioned assessing active engagement, and only one study examined the efficacy of an engagement technique. This demonstrates a significant gap in our understanding of interventions for dementia caregivers. Active engagement enhances outcomes, yet to our knowledge, the specific steps taken to engage caregivers actively and the mechanisms by which these work are unclear. This is a barrier to optimizing active engagement within intervention delivery. Clarifying processes and methods for testing mechanisms of action can further enhance caregiver engagement with interventions.

LONGITUDINAL EFFECTS OF STRESS AND COGNITIVE FUSION IN ANXIETY AND DEPRESSIVE SYMPTOMS OF FAMILY CAREGIVERS
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MET AND UNMET NEEDS OF COGNITIVELY IMPAIRED OLDER ADULTS AND BURDEN AND BENEFITS OF THEIR CAREGIVERS
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Previous studies typically assess caregiver needs when trying to interpret caregiver burden. We propose that both met and unmet needs of care recipients translate into different caregiving experiences with varying levels of benefits and burden combined. We use data on 263 caregivers of community-dwelling Singaporean older adults with cognitive impairment who participated in a community-based dementia care study conducted in 2018-2020. Our analysis produces three major findings. First, latent class analysis identifies three distinct types of caregiving experience based on caregiver-reported burden and benefits of caregiving: intensive (high burden and high benefits, 11% of caregivers), satisfied (low burden and high benefits; 54%), and dissatisfied (low burden and low benefits; 35%). Second, multinomial logistic regression shows that both met and unmet needs of care recipients are positively associated with the intensive caregiving experience, while only met needs are positively associated with the satisfied caregiving experience, in comparison to dissatisfied caregiving experience. Third, met needs in the areas of daytime activities, memory assistance, and mobility are positively related to the satisfied caregiving experience, compared to the dissatisfied caregiving experience. In other words, caregivers are more likely to be satisfied in their caregiving experiences (i.e., low burden and high benefits) if their care recipients’ problems with memory, mobility, and finding suitable and adequate daytime activities are properly managed. Our findings thus call for interventions to fulfill care recipients’ needs in a more tailored manner in order to increase satisfaction among caregivers.