Quality of Life for Hospice Caregivers
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Introduction
The goal of hospice care is to enhance the quality of life (QOL) of patients and their families during the final stages of illness, the dying process, and the bereavement period. This goal involves using an interdisciplinary approach to attend to patients and families as a “unit of care” and to address the spiritual, physical, emotional, financial, and psychological aspects of living with a terminal illness. Despite efforts, research shows a decrease in the overall quality of life of hospice caregivers after the first 30 days of hospice care, especially in four quality of life domains: physical, financial, emotional, and social domains.

The Caregiver Quality of Life Index was developed by McMillan and Mahon in 1994. It was revised for use as an interview instrument by Courtney et al. The Caregiver Quality of Life Index-Revised (CQLI-R) consists of self-reported quality of life in four domains including physical, financial, emotional, and social domains. Each item is scaled from 0–10; a higher score indicates greater quality of life of the caregiver in the rated domain. This instrument has shown to have strong reliability and is recommended for its brevity, reliability and validity. The Assessing Caregiving for Team Intervention is a new paradigm to further explore the relationship between quality of life and intervention. ACT involves the ongoing assessment of the caregivers’ background as well as primary, secondary, and intrapsychic stressors which impact the outcome of the caregiving experience.

The purpose of this study was to examine the following questions: 1) How does the QOL of hospice caregivers change over time? 2) How does a defined intervention affect their QOL? 3) How do different interventions affect the usual trajectory of QOL? 4) How do various aspects of QOL change over time? This poster addresses the first research question.

Methods
A researcher conducted a secondary analysis of a geographically diverse randomized controlled trial. Caregivers were asked to rate their quality of life using the Caregiver Quality of Life Index-Revised (CQLI-R) instrument at baseline and every two weeks for 120 days. The first and the last measurement was used for this analysis. The mean score was compared to the mean difference and the differences were tested for significance.

Results
Table 1: The final sample included 206 participants. These participants were predominantly female (82.5%). Their demographic variables are summarized in this table.

Table 2: Summarizes the mean scores, mean difference, and test of significance for the CQLI-R. All but financial subscale dropped significantly during the hospice stay. Financial quality of life had the lowest baseline value; however, the subscore remained stable throughout the hospice experience. Social subscale followed by emotional subscore had the most significant difference.

Conclusions
- The quality of life for hospice caregivers fell significantly in emotional, social, and physical domains. In addition, overall quality of life declined.
- The social subscale had the most significant drop. This is consistent with recent findings that explored the trajectory of social support in hospice caregivers.
- Regular assessment of the quality of life of caregivers can help hospice staff develop customized plans to improve this metric overall.

References