

Assessing communication levels among patient-caregiver dyads in familial and non-familial relationships

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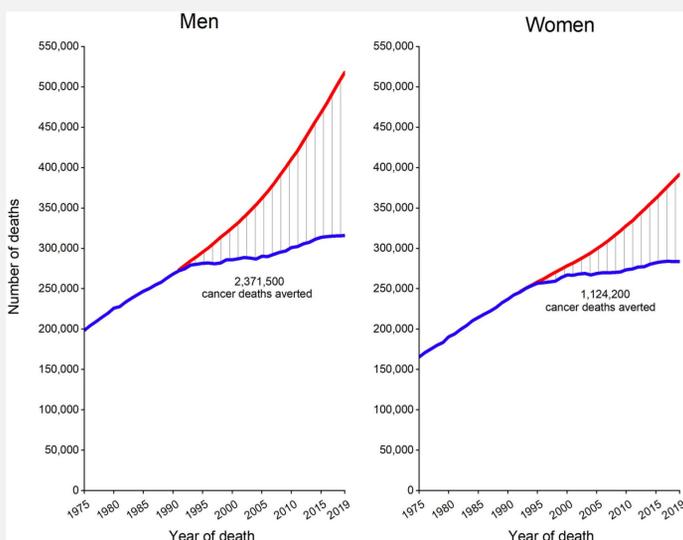


Focus

- There is a current lack of focus on differences between familial and non-familial patient-caregiver dyads
- Goal was to find ways to improve caregiver burden by identifying communication levels among patient-caregiver dyads
- Hypothesized that familial caregivers would have better communication concordance with patients, due to higher level of time spent together

Background

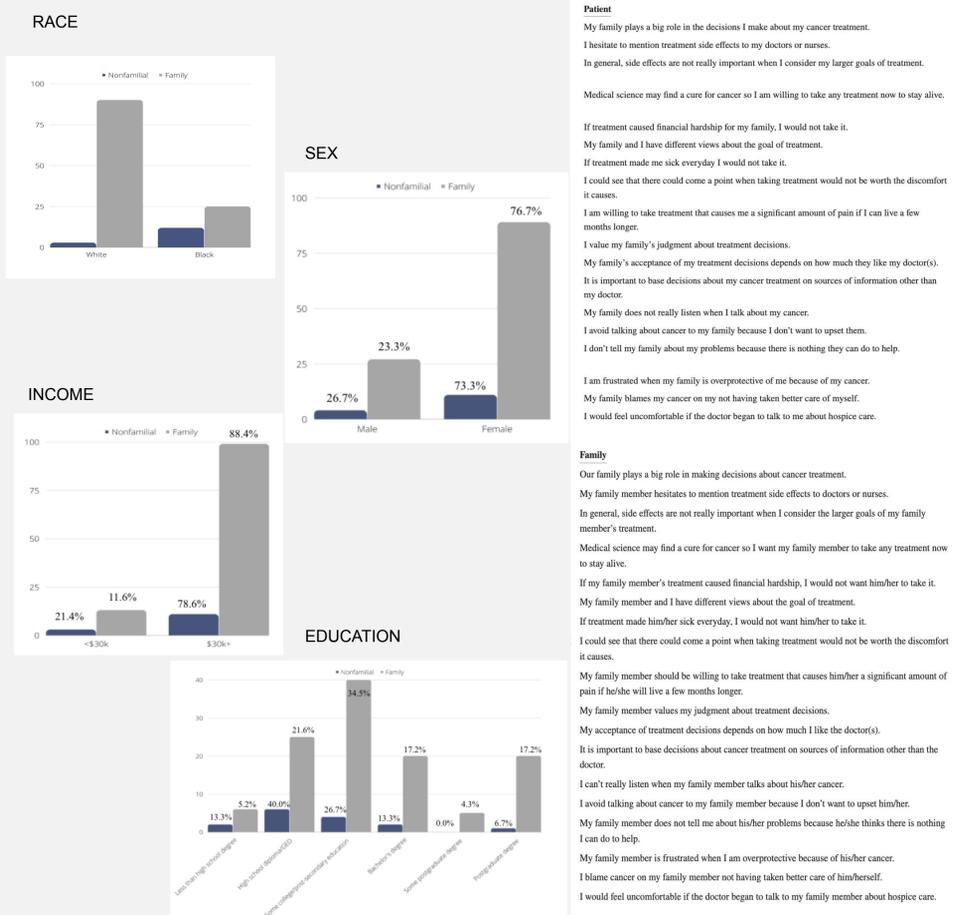
- Cancer caregivers play a crucial role in assisting patients with daily tasks such as administering medication, cleaning, and providing emotional support
- Due to caregivers and improved medical knowledge, survival rates have steadily increased
- Caregivers may be formal (paid), (i.e., nurses or trained professionals), or informal (unpaid), (i.e., friends or family)
- There is limited research on informal caregiving, specifically differences between familial and non-familial caregivers
- We specifically chose to limit our research to communication concordance between familial and non-familial patient-caregiver dyads, because communication discordance plays a role in caregiver burden



Total Number of Cancer Deaths Averted (1991 to 2019) in Men and Women, United States

Methods

- Secondary analysis of data initially collected from study of patient-caregiver dyad communication among hematological cancer patients
- Our sample included caregiver-patient pairs (N=131) composed of nonfamily (n=15) and family (116); (demographics listed down below)
- A one-way ANOVA test (single dichotomous independent variable) with a significance level of $\alpha=.05$ was applied to Cancer Communication Assessment Tool for Patients and Families (CCAT-PF) scores given familial/non-familial status
- CCAT-PF score range is 0-90; lower scores indicate better communication concordance



Results

Mean scores were

- $\mu=9.8$ for nonfamilial
- $\mu=10.8$ familial

Results were not statistically significant (p-value=0.8)



Conclusion

- Although we hypothesized that family members would have better communication concordance with their patients, our results suggest that there are no statistically significant differences regarding communication levels between familial and non-familial patient-caregiver dyads
- Results support the conclusion that communication may have a similar impact on caregiver burden for both familial and non-familial caregivers
- The small sample size of non-familial patient-caregiver dyads was a limitation of our study
- Future studies should intentionally recruit familial and non-familial patient-caregiver dyads to explore communication variation between the caregiver types
- Training for all informal caregivers should be heavily emphasized to reduce caregiver burden resulting from a lack of caregiver-patient communication harmony

References

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