

The Hospice Institute of the Florida Suncoast

Benefits of Training End-of-Life Caregivers Evaluation of Caregiver Data – *Caregiving at Life's End*

142 trainers attended CGLE during the reporting period
In the first 17 months after training, 79 trainers returned caregiver surveys
They reported they had trained 2,052 caregivers (25% of initial goal)
Extrapolated to all trainers, 3,692 caregivers may be trained.

Benefits of Caregiver Training

- Caregivers who completed pre- and post-surveys (N=926)
- Significant increases shown in comfort, closure and caregiver gain
- Exposure to training curriculum at greater than the intended level (9.28hours) had significant increases in comfort and closure but not gains (compared to those who averaged 5.26 hrs.)
- The curriculum improved all three outcomes
- Half of the caregivers received fewer than the recommended amount of training



Factors Associated with Caregiver Comfort, Closure & Gain

- Factors associated with *caregiver comfort*
 - Whites, exposure to curriculum (higher scores)
 - Older caregivers (lower scores)
- Factors associated with *caregiver closure*
 - Whites, spouses, adult children, poorer health (higher scores)
 - Older caregivers (lower scores)
- Factors associated with *caregiver gain*
 - Spouses, exposure to curriculum (higher scores)
 - Older caregivers (lower scores)

Exposure to the Curriculum

- Average Number of Sessions = 4 (range 1-9)
- Average hours in training = 7.6 hours (range 1-16)
 - Median: 7.5 hours
 - Half of the caregivers received more than the recommended exposure

Analyses

- Chi-square and ANOVA

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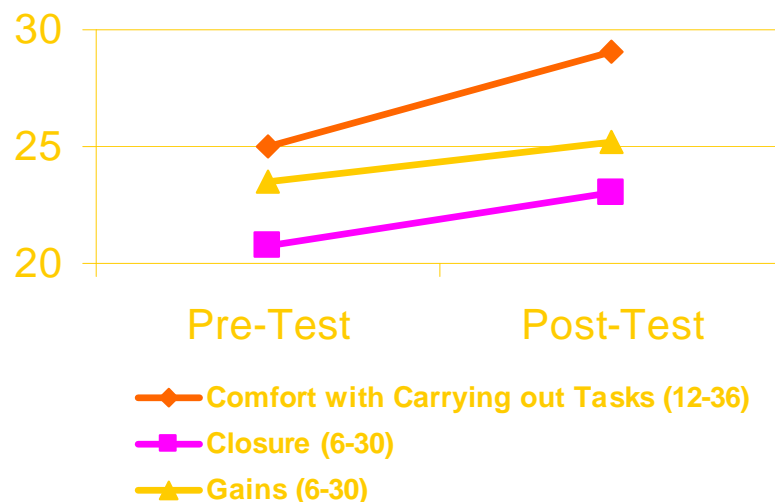
- Paired sample t-tests
- Multiple linear regressions (to test the intensity of the intervention, controlling for background characteristics)
 - Experimental/not conclusive

Caregivers who attended the Caregiving at Life's End classes were administered a pre-survey at the end of the first session and a post-survey at the end of the last session.

- No significant demographic differences between caregivers who responded to just the pre-survey or both surveys
- Caregivers who completed just the pre-survey were more likely (8%) to receive individual training than those who completed just the post-survey (1%) or both surveys (2%) – they had slightly fewer hours of training (7.5) compared to those who completed both surveys.
- Caregivers who only completed the post-survey provided significantly longer hours of care per week (61 hours compared to 47 hours), less training (3.8 sessions).

Response Rate and Demographics

- Response Rate
 - 78 trainers (55%)
 - 1,756 caregivers (87%)
 - 926 completed both pre- and post-surveys (46%)
 - Complete data came from 69 out of the 78 trainers
- Demographics of sample
 - Caucasian (88%) female (81%) 60 years old
 - Adult children (35%) spouses (29%) and non-caregivers (36%)



Results: Benefits of the Curriculum

- Suggestive; not conclusive (low R^2)
- Factors associated with caregiver comfort ($R^2=.04$):
 - Whites, exposure to curriculum (higher scores)
 - Older caregivers (lower scores)
- Factors associated with caregiver closure ($R^2=.07$):
 - Whites, spouses, adult children, poorer health (higher scores)
 - Older caregivers (lower scores)
- Factors associated with caregiver gain ($R^2=.03$):
 - Spouses, exposure to curriculum (higher scores)
 - Older caregivers (lower scores)