11-2-2016

Responsibility and quality of life: Nutritionrelated roles of family carers superheros

Skye Marshall
Bond University, skye_marshall@bond.edu.au

Dianne P Reidlinger
Bond University

Adrienne Young
Royal Brisbane and Women's Hospital

Elizabeth Isenring
Bond University, elizabeth_isenring@bond.edu.au

Follow this and additional works at: http://epublications.bond.edu.au/hsm_pubs

Part of the Nutrition Commons

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License.

Recommended Citation

This Conference Presentation is brought to you by the Faculty of Health Sciences & Medicine at ePublications@bond. It has been accepted for inclusion in Faculty of Health Sciences & Medicine Publications by an authorized administrator of ePublications@bond. For more information, please contact Bond University's Repository Coordinator.
Responsibility & Quality of Life
The nutrition-related roles of family carers superheros

Skye Marshall*, Dianne Reidlinger*, Adrienne Young*, Elizabeth Isenring*

a) Faculty of Health Sciences and Medicine, Bond University, Robina, Australia, b) Royal Brisbane and Women’s Hospital, Herston, Australia
c) skye_marshall@bond.edu.au, Visit my Personal Researcher page: works.bepress.com/skye-marshall/

Background & Methods
In order to help support malnourished older rehabilitation patients and their family carers, we conducted a longitudinal qualitative study using interpretative phenomenological analysis. Four female carers (n=2 daughters, n=2 wives) were interviewed during their loved ones rehabilitation admission and again two weeks after discharge. The semi-structured interviews were audiotaped, transcribed and analysed by three researchers, all Accredited Practising Dietitians. A series of “super-themes” relevant to the research question were agreed upon and discussed.

What are the nutrition and food-related roles, experiences and support needs of female family carers of community dwelling malnourished older adults admitted to rehabilitation units in rural NSW, both during admission and following discharge?

Super-theme : Responsibility
Carers saw nutrition support as one of their key roles, even during rehabilitation admission.

"... we had a picnic the other day outside, and we had salmon rolls, and a banana, no, fruit salad I made him. So when I come I bring something, just to boost what he’s getting at present” (T1, Jill, carer for Lester).

Carers felt that care-recipients assumed low responsibility for their own nutrition support, which was linked to the carers high sense of obligation.

“Mum’s always been very aware of nutrition, so it’s been hard to see her like this, in a state that she’s not really... taking care of what she needs” (T4, Amanda, carer of Velma).

Carers recognised nutrition as a problem, but failed to seek formal support, for a variety of reasons. Carers felt it was the dietitian’s and rehabilitation units responsibility to engage with them.

“Probably because I don’t know enough about a nutritionist, how they would work, it would be something that the hospital would have to talk to us about, or the hospital would refer the nutritionist to us” (T2, Cindy, carer of Leona)

“I sort of feel I understand what’s needed... unless I had a problem... when you asked me “would a dietitian help me”, I thought I knew it all” (T1, Jill, carer for Lester).

Super-theme: Quality of Life
Carers had a focus on the quality of life of their care-recipient, both as a nutrition support strategy and as an outcome of care.

“Try and make the meal time a happy time, and, umm, perhaps add a glass of port! [Laughs] To make it...as pleasant time as you can, because I think that does help the appetite” (T2, Jill, carer of Lester).

The carers’ own quality of life was linked to their burden of care, which was diverse between carers and changed over time.

“So you know, he’s not selfish in that way, he’s keen for me to have a life as well. Cause you’ve got to have a life as well, you know...Even though it might be a tiny bit restricted, it’s still a life” (T2, Jill, carer of Lester).

“I find it very hard, very constant...I find him very unappreciative” (T2, Jill, carer of Lester).

“Exactly, and this is why like carers end up themselves becoming very sick...this is why really the carers need looking after in their nutritional...” (T2, Cindy, carer of Leona).

Implications for practice
• Family carers should be recognised as an integral part of the nutrition care team, & may contribute meaningfully to interventions & quality of care delivery
• Rehabilitation health delivery system changes are required to ensure family carers are aware of the nutrition support services available to them
• Dietitians should deliberately engage family carers of malnourished patients
• Dietitians should recognise that the care-recipient themselves may assume less responsibility for their dietary intake than their carers
• Dietitians should respect and integrate carer motivations and strategies with evidence-based practice, such as a greater appreciation for quality of life
• Dietitians should utilise joint-problem solving to provide a needs-based and meaningful contribution to the pre-existing family carer-care-recipient partnership

Marshall S, Reidlinger DP, Youd A, Isenring E. The nutrition & food-related roles, experiences and support needs of female family carers of malnourished older rehabilitation patients. Journal of Nutrition & Dietetic Practice. 2017;In Press. This study received no specific funding. S Marshall is supported by an Australian Postgraduate Award for the duration of her candidature.