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Conference Abstract

Family caregivers' experience of in-home knowledge translation

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Abstract

Little attention has been given to approaches to optimize physical, social, and emotional health for those with disabilities. This is particularly so for the frail elderly, who experience chronic symptoms of urinary incontinence (UI), and their family caregivers. Although UI can be managed with conservative techniques, UI is a principal reason for the breakdown of family care arrangements and care recipient admission into long-term care.

The incidence of UI in homecare settings ranges from 13% to 53% (Landi et al., 2003), and it is anticipated that this will increase with an aging population (Canadian Continence Foundation, 2007). Family caregivers, who provide up to 80% of health and social care for older adult family members, may lack knowledge about UI management (Jansen & Forbes, 2006). Having limited knowledge about how to manage UI symptoms may negatively impact upon the health of older adults, who experience physical debilitation and social isolation associated with incontinence. Caregivers' health also is undermined by the strain of unsuccessful UI management (Brittain & Shaw, 2007). As well, UI results in annualized in-home expenditures of \$2.6 billion in Canada.

Despite these dire consequences, research affords little insight into our understanding of family caregivers' experience of the knowledge translation (KT) process among home care providers and care recipients related to continence promotion for eldercare. Thus, limited understanding exists of how UI management knowledge might be translated to support caregivers' efforts to address the

challenges of providing UI care, and as a health promotion approach to enhance physical and socio-emotional function of in-home care recipients and their family caregivers.

The purpose of this phase one interpretive phenomenological investigation, foundational to a phase two grounded theory study, was to explore caregivers' (n=4) UI KT experience between and among homecare providers and care recipients within a rural homecare setting in Saskatchewan, Canada. Immersion and crystallization methods were used to analyze in-depth interviews.

Findings portrayed caregivers' experience of KT as a dynamic process of working together/not working together promoted by facilitators and impeded by barriers within the context of homecare and personal attributes. Insights suggest that social interaction, particularly within working relationships, is an important part of caregivers' way of learning UI care and may contrast with the traditional didactic professional transfer of in-home care information. Enhanced understanding of family caregivers' experience of KT may promote evidence-informed approaches to the management of UI-related functional disability and other chronic conditions for the frail elderly. Ultimately, insights gained from this research may minimize UI costs and long-term care admissions and inform KT strategies related to the healthcare system priority of promoting health and quality of life for older adults and their caregivers.

Keywords

knowledge translation, caregivers, older adults, urinary incontinence

Presentation available from the [FICCDAT Growing Older conference site](#)