Abstract Title:
The Experience, Adaptation, and Coping of Orthopedic Trauma Family Caregivers

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Background & Purpose:
Orthopedic injury is the leading cause of trauma admissions for adults under age 65, and can result in significant caregiver distress. While a growing body of literature describes the family response to traumatic brain injury and chronic illnesses, little is known about family response to orthopedic trauma or effective support for the caregiver. This study describes the range of stressors and burdens experienced by the orthopedic trauma family, and responses and strategies employed by those assuming the primary caregiving role.

Study/Project Design:
Hypothesis-generating qualitative study with retrospective and prospective investigation.

Setting:
Suburban Level I Trauma Center; interviews conducted at hospital and caregiver home.

Sample:
Convenience sample of caregivers of severely orthopedically injured adults; no SCI/TBI (retrospective, n=8; prospective, n=12).

Procedures:
In-depth semi-structured in-person interviews conducted with participants. Phase I: Single interview conducted 1-5 year post-injury; data analyzed to develop interview guide for Phase II. Phase II: Caregivers recruited upon admission to hospital during 4-month period in 2010. Three interviews conducted between admission and 5 months post-injury for each case. A friend and the patient were also interviewed for their perspective on the caregiver’s experience. Further data collected from observations of the caregiver and patient in the hospital and home. Interview transcripts and field notes analyzed within-case and across-case to identify the range of experiences and common themes regarding burdens, stressors, facilitators, barriers, coping, and impact.

Findings/Results:
Orthopedic trauma caregivers expressed a strong need for information about the patient’s condition, treatments, and care plans during the hospitalization. Factors influencing inpatient information acquisition included time at the patient’s bedside, nursing and other provider communication, caregiver fatigue, and caregiver resources. Staff assisting in negotiation of the complex and unfamiliar hospital system eased the experience and facilitated coping. Once home, caregivers’ primary concern was patient health management. Influences on caregiver capacity to adapt to this role included work benefits, financial resources, patient acuity, family responsibilities, perception of social support, patient personality, and caregiver coping style. The lack of professional help with coordination of care in the community was a significant universal challenge. Outcomes included positive and negative changes in family well-being, increased caregiver self-confidence, and adjusted life priorities.

Discussion/Conclusions/Implications:
Understanding the caregiver experience enables nursing staff to offer appropriate support and guidance. Adaptation to the caregiving role is influenced by healthcare system factors and caregiver resources. Hospitals instituting caregiver-centered systems of information from admission to discharge may facilitate adaptation and improved caregiving. A “trauma medical home” coordinating provider care and offering caregiving guidance could address caregiver concerns and mitigate stress. Further study is needed to verify these findings in a wider population of orthopedic trauma caregivers.