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EVALUATION OF THE LIVING WITH HOPE PROGRAM FOR RURAL WOMEN CAREGIVERS OF PERSONS WITH ADVANCED CANCER

ABSTRACT

Background: Hope has been identified as a key psychosocial resource among family caregivers to manage and deal with the caregiver experience. The Living with Hope Program is a self-administered intervention that consists of watching an international award winning Living with Hope film and participating in a two week hope activity ("Stories of the Present"). The purpose of this study was to examine the effects of the Living with Hope Program on self-efficacy [General Self-Efficacy Scale], loss and grief [Non-Death Revised Grief Experience Inventory], hope [Herth Hope Index] and quality of life [Short-Form 12 version 2 (SF-12v2)] in rural women caring for persons with advanced cancer and to model potential mechanisms through which changes occurred.

Methods: A time-series embedded mixed method design was used, with quantitative baseline outcome measures repeated at day 7, day 14, and 3, 6 and 12 months. Qualitative data from the hope activity informed the quantitative data. Thirty-six participants agreed to participate with 22 completing all data collection. General estimating equations were used to analyze the data.

Results: Herth Hope Index scores ($p=0.05$) had increased significantly from baseline at day 7. General Self Efficacy Scale scores were significantly higher than baseline at all data time

points. To determine the mechanisms of the Living with Hope Program through which changes occurred, results of the data analysis suggested that as General Self Efficacy Scale scores increased ($p=0.001$) and Non-death Revised Grief Experience Inventory scores decreased ($p=0.01$) Herth Hope Index scores increased. In addition as Herth Hope Index scores increased ($p=0.001$) and Non-death Revised Grief Experience Inventory scores decreased ($p=0.01$), SF-12v2 mental health summary scores increased. Qualitative data suggested that through the hope activity (Stories of the Present) the participants were able to find positives and hope in their experience.

Conclusions: The Living with Hope Program has potential to increase hope and improve quality of life for rural women caregivers of persons with advanced cancer. The possible mechanisms by which changes in hope and quality of life occur are by decreasing loss and grief and increasing self-efficacy.

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Times Cited

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