

## INTRODUCTION

- In the United States, 17,000 SCI occur each year (1)
- The average inpatient rehabilitation stay for SCI survivors has decreased to 34 days, leading to decreased time for caregivers to adapt to roles (1)
- In the current study, care transitions are defined as the period of time when an individual transitions from an inpatient setting to home
- There is limited research focused on the transition process and factors that influence the process for caregivers of individuals with SCI

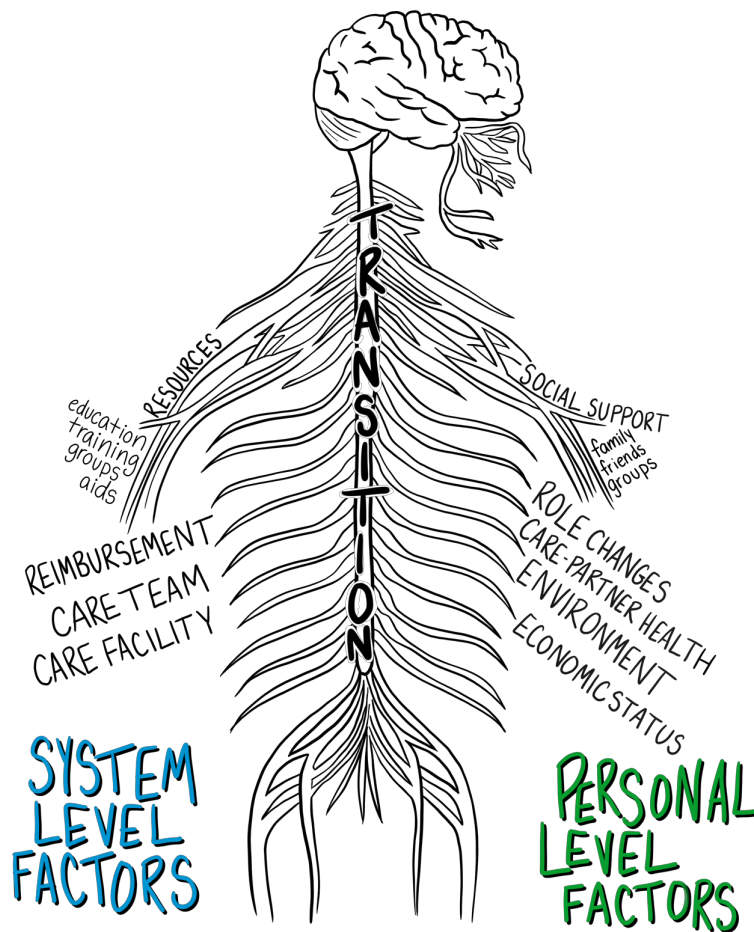
## RESEARCH AIM

The aim of the current research study was to explore experiences of transitions in care for caregivers of SCI survivors.

## METHODS

- Qualitative descriptive approach (2)
- Purposive typical sampling of SCI support groups
- 3 participants (2 mothers & 1 wife)
- Semi-structured interviews guided by the Transtheoretical Model/ Stages of Change (3)
- Categorical coding & analysis (4)
  - Data first categorized under 'general transition' and 'caregiver experiences'
  - Experiences coded & analyzed across interviews

## RESULTS



## DISCUSSION

- More system level factors are present for caregivers prior to transition home & more personal level factors are present for caregivers following transition home
- When caregivers experience an increase in factors affecting transition, it leads to greater difficulty in adjusting to their new role & routines
- Caregivers experience transition for 2-5 yrs, rather than 3 mo. - 1 yr as previous research has suggested (5, 6)
- Caregiver recommendations for transition:
  - Mental health counseling to assist in role change
  - Continued communication following discharge
  - Increased caregiver training
  - Increased social support resources such as caregiver mentor programs and/or support groups

## IMPLICATIONS FOR OS/OT

- Create caregiver programming to address care transition barriers & advocate for social support programs & increased community resources
- Recognize ourselves as system level & prioritize factors we are able to improve while preparing caregivers for factors we are unable to change. By doing so, OT can actively facilitate a positive transition process for SCI caregivers.

## REFERENCES

1. National Spinal Cord Injury Statistical Center. Facts and Figures at a Glance. Birmingham, AL: University of Alabama at Birmingham; 2018.
2. Sandelowski, M. (2009). What is a name? Qualitative description revisited. *Research in Nursing & Health*, 32(1), 35-46. <https://doi.org/10.1002/nur.20362>
3. Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 35-46. <https://doi.org/10.4276/ajhp.12.1.35.1.2>
4. Coffey, A., & Heenan, P. (1998). Chapter 2: Concepts and coding. In A. Coffey and P. Heenan, *Making Sense of Qualitative Data: Complementary Research Strategies* (pp. 26-52). Thousand Oaks, CA: Sage Publications, Inc.
5. Clark, A., Carvill, L., Morones, P., & Dimeoni, V. (2015). Informal caregivers needs on discharge from the spinal cord unit: Analysis of perceptions and lived experiences. *Disability and Rehabilitation*, 38(2), 199-202. <https://doi.org/10.3109/09638288.2015.1033937>
6. Jaythevaan, G., Craven, B. C., Cameron, J. I., & Jagak, S. B. (2019). Facilitators and barriers to supporting individuals with spinal cord injury in the community: Experiences of family caregivers and care recipients. *Disability and Rehabilitation*, 1-11. <https://doi.org/10.1080/09638288.2019.1641102>