

ARTICLES

Using the COPE Intervention for Family Caregivers to Improve Symptoms of Hospice Homecare Patients: A Clinical Trial

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Purpose/Objectives: To test an intervention for hospice caregivers designed to help them better manage symptoms experienced by patients with cancer.

Design: A three-group comparative design with repeated measures.

Setting: A large nonprofit hospice that primarily provides home care.

Sample: 329 hospice homecare patients with cancer and their caregivers were randomized into three groups: a control group ($n = 109$) receiving standard care, a group ($n = 109$) receiving standard care plus friendly visits, and a group ($n = 111$) receiving standard care plus the COPE intervention.

Methods: Caregivers received experimental training in the COPE intervention (creativity, optimism, planning, expert information) over nine days to assist with symptom management.

Main Research Variables: Intensity of pain, dyspnea, and constipation, overall symptom distress, and quality of life (QOL). Data were collected on admission and days 16 and 30.

Findings: Although symptom intensity for three target symptoms did not decrease, symptom distress was significantly improved ($p = 0.009$) in the COPE intervention group. QOL was not significantly different.

Conclusions: Symptom distress, a measure that encompasses patient suffering along with intensity, was significantly decreased in the group in which caregivers were trained to better manage patient symptoms.

Implications for Nursing: The COPE intervention is effective and immediately translatable to the bedside for hospice homecare patients with advanced cancer.

Key Points . . .

- The focus of hospice care for patients with cancer is decreased distress and improved symptom intensity and overall quality of life.
- A coping intervention designed to support caregivers may have a positive effect on patients' perceived symptom distress.
- Although difficult and expensive, clinical trials with hospice populations are feasible.

patient's QOL may suffer. The hospice care team relies on primary caregivers for many aspects of symptom management (Weitzner et al., 1997). Research consistently has shown that caregivers are unable to accurately assess and report the intensity of symptoms and overall QOL of patients with cancer and patients in hospice care (Clipp & George, 1992; Masters & Shontz, 1989; McMillan, 1996b, 1996c; McMillan & Moody, 2003). Symptoms such as pain, dyspnea, and constipation commonly are seen in patients with advanced cancer, but they are assessed inadequately and managed poorly in many patients (McMillan & Tittle, 1995; Moody, Fraser, & Yarandi, 1993). Pain and dyspnea have been found to create symptom distress, significantly affecting patient QOL (McMillan, 1996a; Moody, McCormick, & Williams, 1990). If caregivers are to function as a critical part

For many patients with advanced cancer, hospices provide palliative care near the end of life and supportive care to family members with a goal of improved quality of life (QOL) for both groups (Cella, 1995). As death approaches, families may be increasingly responsible for the majority of caregiving tasks, including providing emotional support, assisting with activities of daily living, administering medication, providing nutrition, and aiding with other physical aspects of care (Laizner, Yost, Barg, & McCorkle, 1993). In addition, the family caregiver is an important communication link between the patient and hospice staff, especially as the patient becomes more debilitated (Weitzner, Moody, & McMillan, 1997).

If a caregiver is not adequately prepared to accurately report the patient's condition or provide needed care, the

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