

# Building Family Caregiver Skills Using a Simulation-Based Intervention: A Randomized Pilot Trial

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**OBJECTIVES:** To evaluate the feasibility, acceptability, safety, and fidelity of a psychoeducational intervention to improve family caregiver technical and communication skills using structured simulations.

**SAMPLE & SETTING:** 18 family caregivers of adult patients receiving radiation therapy for head and neck cancer at University Hospitals Seidman Cancer Center in Cleveland, Ohio.

**METHODS & VARIABLES:** A two-group, randomized pilot trial design was used. The intervention consisted of four one-on-one sessions between the caregiver and nurse interventionist during the patient's first, second, fourth, and sixth week of radiation treatment. Participants completed measures of self-efficacy for caregiving, anxiety, depression, and health-related quality of life at baseline, during the fifth week of radiation therapy, and four weeks after radiation therapy.

**RESULTS:** 4 of the 9 caregiver participants completed the intervention. Improvements in scores for the intervention group were noted for self-efficacy, global mental health, anxiety, and depression.

**IMPLICATIONS FOR NURSING:** Refinement of the intervention is needed to improve feasibility. Although a caregiver intervention that incorporates simulation for skills training is acceptable and safe, flexibility in protocol is needed.

**KEYWORDS** family caregivers; experiential learning; simulation; head and neck cancer

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**B**urdens on family caregivers of patients undergoing treatment for head and neck cancer (HNC) are substantial and often require gaining new knowledge and technical skills to manage treatment side effects, medications, nutritional supplements, and tracheostomy and gastrostomy tubes. According to a report from the National Alliance for Caregiving (2016), 72% of the approximately 2.8 million caregivers of patients with cancer in the United States perform complex medical tasks; however, 43% of caregivers report having received no formal training. Training aims to increase caregiver confidence for performing skills, which has been associated with lower caregiver burden (Mollica, Litzelman, Rowland, & Kent, 2017).

In addition to hands-on care, caregivers must be able to communicate with the patient, other family members, and healthcare providers about the patient's diagnosis and care. Communication skill building is essential to reducing the communication burden and challenges of family caregivers of patients with cancer, such as initiating discussions, sharing emotions and feelings, and providing information to others about the patient's diagnosis (Wittenberg, Borneman, Koczywas, Del Ferraro, & Ferrell, 2017). The potential for communication burden in caregivers of patients with HNC is high, as they often must adapt to a dramatically altered lifestyle and changing roles within the family (Penner, McClement, Lobchuk, & Daeninck, 2012).

The impact of HNC on the psychological health of the caregiver is significant. According to a study by Vickery, Latchford, Hewison, Bellew, and Feber (2003), caregivers have significantly higher levels of anxiety than patients during treatment. Forty percent of caregivers of patients with HNC can be classified