

Assessing Family Preferences for Participation in Care in Hospitalized Older Adults

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WHY: Hospitalization is a critical event in the older person's life, with profound implications for health and function. Nurses are in a unique position to work with families as partners to provide quality care to hospitalized older adult patients. Family members provide essential information, encouragement and motivation to the patient, companionship and comfort, while serving as advocates for the patient's preferences and needs. The first step in establishing this partnership is assessing the family's preferences for participation in the care of the patient.

BEST PRACTICES: The Family Preference Index (FPRI) is a brief, easy to administer instrument to measure family preferences, or family caregiver's personal choice about providing care to their hospitalized relatives. Assessment of family preference should be supplemented with an evaluation of other factors that impact caregiving ability, including the family's legal authority (including power of attorney status), as well as the family's understanding of the patient's needs, and stress level. (See *Try This*:[®] Caregiver Strain Index). This information can be included in the initial psychosocial assessment and updated as needed.

TARGET POPULATION: The families of hospitalized older adults

STRENGTHS AND LIMITATIONS: Little is known about family participation in hospital care for older adults. There is limited research and instrument development in this area. Initial qualitative study results indicate that the FPRI effectively identified caregiver preferences about providing care. However, the tool's validity and reliability has not yet been measured.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

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Family Preferences Index (FPRI)

Which of the following things would you prefer to do for your hospitalized elderly relative?
CIRCLE **NO** or **YES** for each item.

1. Being there	No	Yes
2. Maintaining linkage to life outside the hospital	No	Yes
3. Doing enjoyable activities with my family member	No	Yes
4. Providing reassurance or emotional support	No	Yes
5. Engaging in religious practice (e.g., praying with my family member)	No	Yes
6. Bringing and taking things and people between home and hospital (e.g., bringing in things)	No	Yes
7. Helping with eating & drinking, moving, bathing, toileting, or dressing	No	Yes
8. Providing information to the health care team about my family member	No	Yes
9. Learning from the health care team about my family member's care and treatment	No	Yes
10. Making sure that the health care team takes care of my family member's needs	No	Yes
11. Participating in the medical and nursing treatments for my family member	No	Yes
12. Working together with the health care team to care for my family member	No	Yes
13. Participating in decision making about my family member's care	No	Yes
14. Taking care of myself while I am at the hospital	No	Yes
15. Others	No	Yes
<p>If others, write in</p> <hr/>		

Li, H. (2002). Family caregivers' preferences in caring for their hospitalized elderly relatives. *Geriatric Nursing*, 23(4), 204-207.
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