CNE Quiz: Informal Care Provided by Family Caregivers: Experiences of Older Adults With Multimorbidity

1. Multimorbidity is the co-occurrence of:
   A. two or more chronic or acute diseases/medical conditions in an individual, regardless of whether they are coincidental.
   B. three or more diagnoses in three or more diagnostic groups according to the ICD-10 classification in individuals 75 or older who have been hospitalized three or more times during the past 12 months.
   C. three or more chronic or acute diseases in individuals 65 or older, according to the World Health Organization’s (n.d.) “Healthy Aging.”
   D. four or more concurrent chronic or acute diseases/medical conditions in individuals 80 or older who have been hospitalized three or more times during the past 12 months.

2. Older adults with multimorbidity often find the health care system overwhelming because of:
   A. different routines and sign-in procedures experienced at each visit.
   B. difficulty knowing who to contact with questions or for more information.
   C. a lack of professionals to make house calls to observe their living arrangements.
   D. fragmented care from different specialists without knowledge of their living arrangements.

3. An explanation for the increased need for informal caregivers is:
   A. lack of community-supported professional caregivers.
   B. increasing longevity and older adults living alone.
   C. restricted beds in hospitals for older adults with multimorbidity.
   D. conditions associated with old age and limited resources for all levels of care.
4. Hellström and Hallberg (2001) and Büscher, Astedt-Kurki, Paavilainen, and Schnep (2011) suggest a benefit of professionals collaborating with older adults and their caregivers is:
   A. gaining an awareness of older adult and caregiver relationships.
   B. being able to design a system that integrates additional social services.
   C. building a partnership to understand older adults’ total care environment.
   D. assisting with anticipating the future need for added health care services.

5. The study design was:
   A. a survey questionnaire.
   B. observational.
   C. interview-based descriptive.
   D. quantitative correlational.

6. What percentage of participants were hospitalized at least three times in the previous year?
   A. 25%.
   B. 50%.
   C. 75%.
   D. 100%.

7. Participant interviews were evaluated using what type of analysis?
   A. Thematic.
   B. Conventional content.
   C. Phenomenological hermeneutical.
   D. Qualitative content.

8. Participants expressed feelings of being a burden to their relatives because:
   A. family members disagreed as to who could help.
   B. they were concerned they took too much time away from their children.
   C. they were less able to be supportive as their own health needs increased.
   D. gradual absences and shorter visits occurred with family members.

9. Older adults with multimorbidity should be involved in their own health care to:
   A. decrease dependency on family caregivers to represent their interests and needs.
   B. increase communication with the primary provider through a single caregiver.
   C. decrease the number of professional caregivers for continuity of care.
   D. increase use of professional caregivers to reduce dependence on relatives.

10. Wolff and Agree (2004) found that women 65 and older receiving informal care had a risk for depression when there was no:
    A. collaboration with social services.
    B. consideration of their wishes.
    C. consistency in the care regimen.
    D. communication with their family.

11. Researchers report that the demands placed on informal caregivers suggest that professional caregivers should:
    A. develop hospital-based support groups for informal caregivers.
    B. suggest compensation for informal caregivers.
    C. create caring relationships between the patient and relatives.
    D. arrange breaks (e.g., caregiver respite care).

12. A limitation of the study was the:
    A. caregivers’ gender.
    B. participants’ cognitive abilities.
    C. researchers’ experience.
    D. project location.

CNE Answers
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