Familiesundhed hvordan understøttes det?

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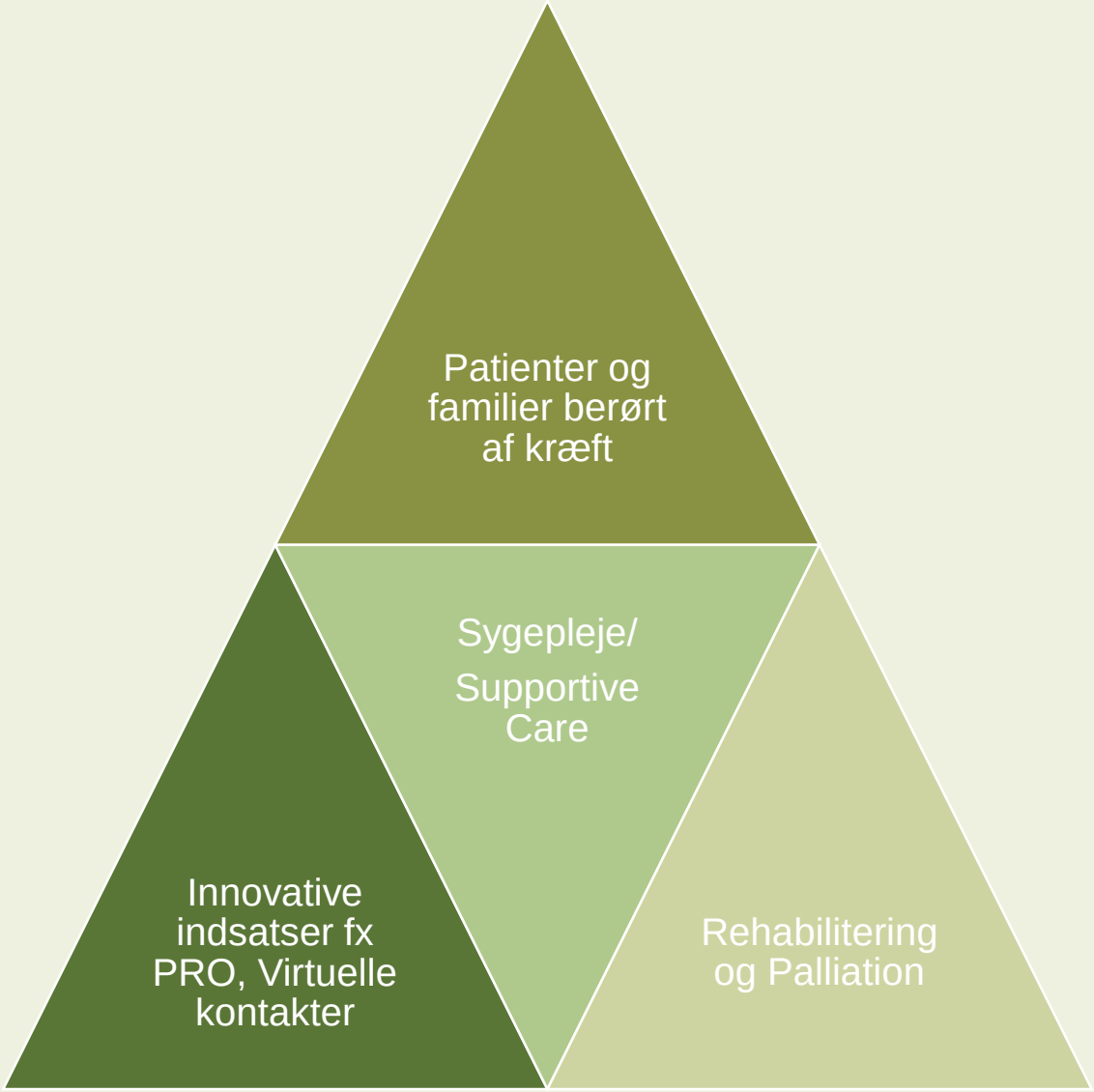

- Klinik
- Forskning
- Uddannelse
- Ledelse

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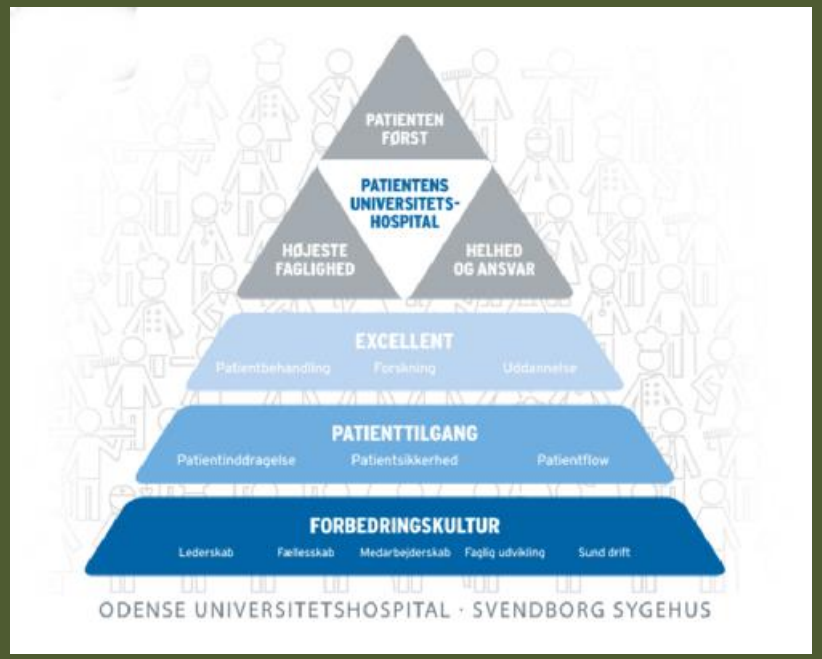
FaCe
Family focused healthcare research Center

Center for Familiesundhed

Formål med FaCe

- et tværfagligt forskningsprogram, med det formål at undersøge forskellige dimensioner af familiesundhed, når et familiemedlem rammes af sygdom
- har fokus på familier, der rammes af sygdom, og som derfor har en øget belastning, hvad enten sygdommen opstår akut eller er kronisk
- studierne skal ikke være diagnosespecifikke eller fagspecifikke
- studierne må gerne gå på tværs af specialer, afdelinger og sektorer

WORKING WITH THE FAMILY - FOR THE PATIENT



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Mål

Avoid collateral damage

Increase wellbeing

Alleviate stress

Increase adherence

Increase coherence

Increase partnerships

Increase involvement

Increase participation

Increase independence

Identify vulnerable families

Individual tailored family care

Increase satisfaction

Increase family health

Increase self-efficacy

Maintain family functioning

DEPARTMENT OF CLINICAL RESEARCH

Det rejser 2 vigtige spørgsmål:

Hvad er en familie?

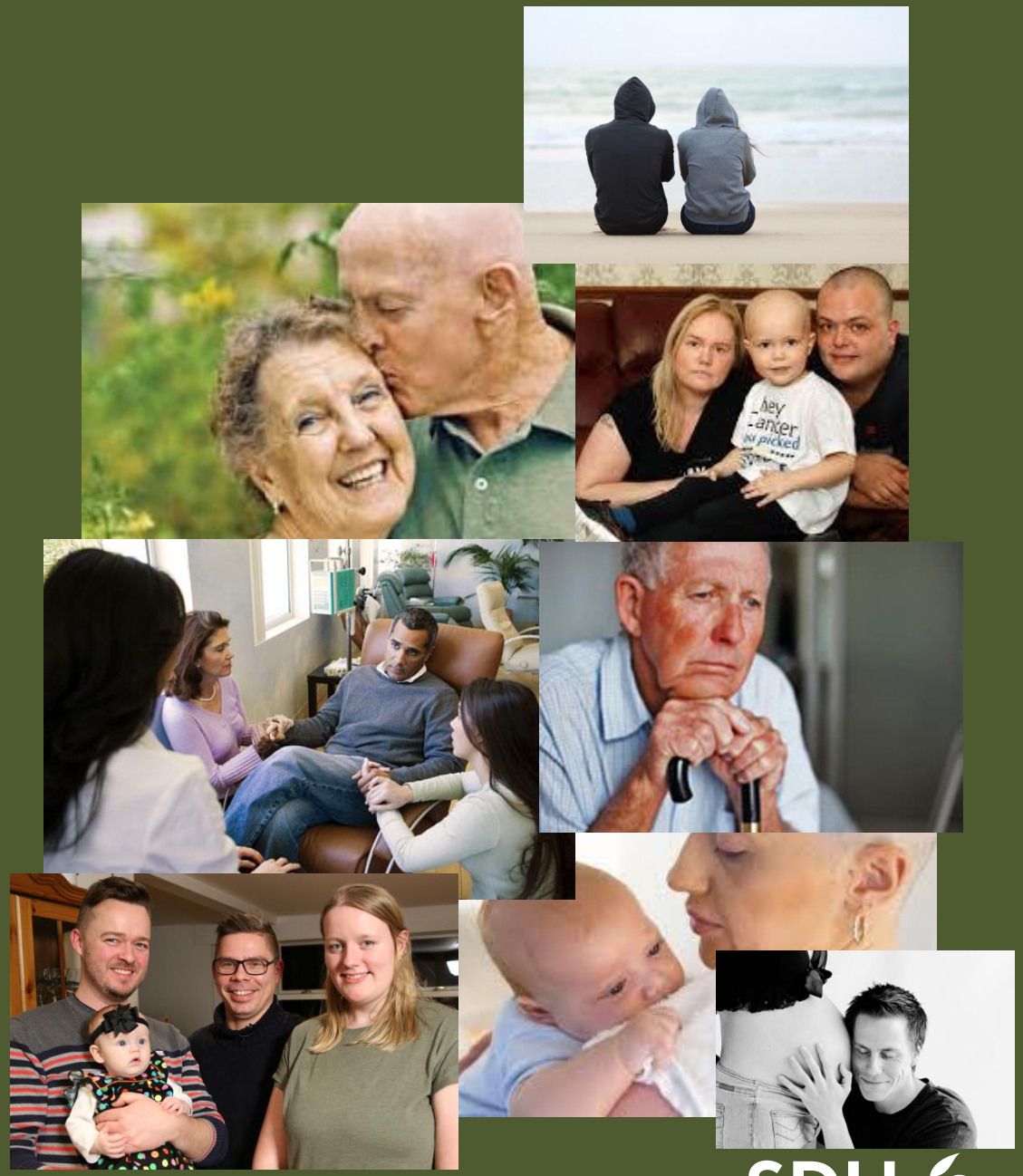
Hvad er familiesundhed for dig?

Hvad er en familie?

"Familien er samfundets naturlige og fundamentale enhedsgruppe og har krav på samfundets og statens beskyttelse"

FNs menneskerettighedserklæring 1948

"A group of individuals who are bound by strong emotional ties, a sense of belonging, and a passion for being involved in one another´s lives" **Wright et al 1996**



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Familiesundhed

“Family health is a state in which the family is a resource for the day-to-day living and health of its members. A family provides its individual members with key resources for healthful living, including food, clothing, shelter, a sense of self-worth, and access to medical care. Further, family health is a socioeconomic process whereby the health of family members is mentioned” *Encyclopedia of Public Health*

Frit oversat:

Familiesundhed er en tilstand, hvor familien er en ressource i hverdagen i forhold til familiemedlemmernes helbred. Familien sikrer hvert medlem sundhed i form af sund livsstil, mad, tøj, husly, en følelse af selvværd og støtte ifm. behandling.

Hvorfor er familiesundhed vigtig?

- Sygdom rammer hele familien!
- En aldrende befolkning
- Voksende antal borgere med flere sygdomme og tydelig social ulighed
- Familiestrukturer i forandring
- Personlig medicin
- Korte fokuserede patientforløb på hospitalerne – livet leves hjemme
- Observationer og behandling flyttes til hjemmet
- Pårørende er belastede
- Familiens funktion har betydning for samfundet

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Social determinants (alder, uddannelse og social støtte påvirker livskvaliteten hos kræftpatienter n=28 479

Table 3 QOL by cancer status and welfare state classification, adjusted for demographic variables, multilevel regression and multilevel logistic regression

	QOL Scale		Poor QOL[a]	
	b	SE	OR	95% CI
Cancer status[b]				
Currently	−0.52***	0.09	1.98***	[1.71, 2.30]
Previously	−0.12*	0.05	1.16*	[1.02, 1.34]
Age[b]				
41–60	−0.20***	0.06	1.30***	[1.19, 1.42]
61–75	0.05*	0.02	0.99	[0.90, 1.10]
Female gender	0.04*	0.02	1.00	[0.93, 1.08]
Education[b]				
Primary/Lower Second.	−0.58***	0.03	3.27***	[2.91, 3.69]
Upper Secondary	−0.31***	0.02	2.07***	[1.86, 2.30]
Not living with a partner	−0.80***	0.02	2.59	[2.41, 2.79]
Someone to discuss with [b]				
0–1	-0.60***	0.03	2.08***	[1.88, 2.31]
2–3	-0.28***	0.02	1.35***	[1.23, 1.48]

European Journal of Public Health, Vol. 27, Supplement 1, 2017, 115–119
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doi:10.1093/eurpub/ckw226

Quality of life and living with cancer: findings from the European social survey (2014) special module on the social determinants of health

Kristen Ringdal[1] and Gerd Inger Ringdal[2]

Familiemedlemmer rapporterer om forringet

- familiefunktion
- emotionelt velbefindende
- kommunikation

Familiemedlemmers emotionelle behov overses af sygeplejersker

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

Strengths and resources used by Australian and Danish adult patients and their family caregivers during treatment for cancer

E. Coyne, RN MN Hons PhD Senior Lecturer [a,*], K.B. Dieperink, RN, MCN, PhD, Postdoc [b], B. Østergaard, RN, MSc, PhD Associate Professor [c], D.K. Creedy, RN PhD. Professor of Perinatal Mental Health [d]

ORIGINAL ARTICLE

WILEY Journal of Clinical Nursing

Family functioning and perceived support from nurses during cancer treatment among Danish and Australian patients and their families

Karin B. Dieperink MCN, PhD, RN, Postdoc[1] | Elisabeth Coyne PhD, MN, RN, Senior Lecturer[2] | Debra K. Creedy PhD, RN, Professor[2] | Birte Østergaard MSc, PhD, RN, Associate Professor[3]

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Patienter og familiemedlemmer kan have forskellige perspektiver

International Journal of
Urological Nursing
THE JOURNAL OF THE BAUN
doi: 10.1111/ijun.12091

Marital rehabilitation after prostate cancer – a matter of intimacy

Karin B. Dieperink, Karen Mark and Tina Broby Mikkelsen

- Familiemedlemmer beskytter hinanden (kærlighedens skjold)
- Usagte behov er hyppige
- De har brug for at professionelle faciliterer kommunikationen – hvis emnet er følsomt

Hvilke forventninger har du til den kommende behandling?
(Pallierende kemoterapi for lungecancer)

	Lindring af ubehag eller smerter	Vinde levetid	Helbredelse	Ved ikke
1. serie n=44	13(29.5%)	35(79.5%)	9(20.5%)	1(2.3%)
2. serie n=43	14(32.6%)	31(72.1%)	11(25.6%)	4(9.3%)
3. serie n=40	15(37.5%)	28(70%)	9(22.5%)	1(2.5%)
Pårørende n=36	15(41.7%)	25(69.4%)	13(36.1%)	0(0.0%)

Ikander et al – i review

What to do?

For at fremme familiesundhed

1. Anerkend at familien som helhed er vigtig
2. Lær familien at kende – spørg: hvem er vigtig for dig?
3. Vælg familiebaseret indsats som passer til formålet og konteksten
4. Bidrag til forskning hvor der mangler viden ☺

Received: 6 August 2019 | Revised: 5 January 2020 | Accepted: 10 January 2020
DOI: 10.1111/jocn.15196

ORIGINAL ARTICLE

Journal of Clinical Nursing WILEY

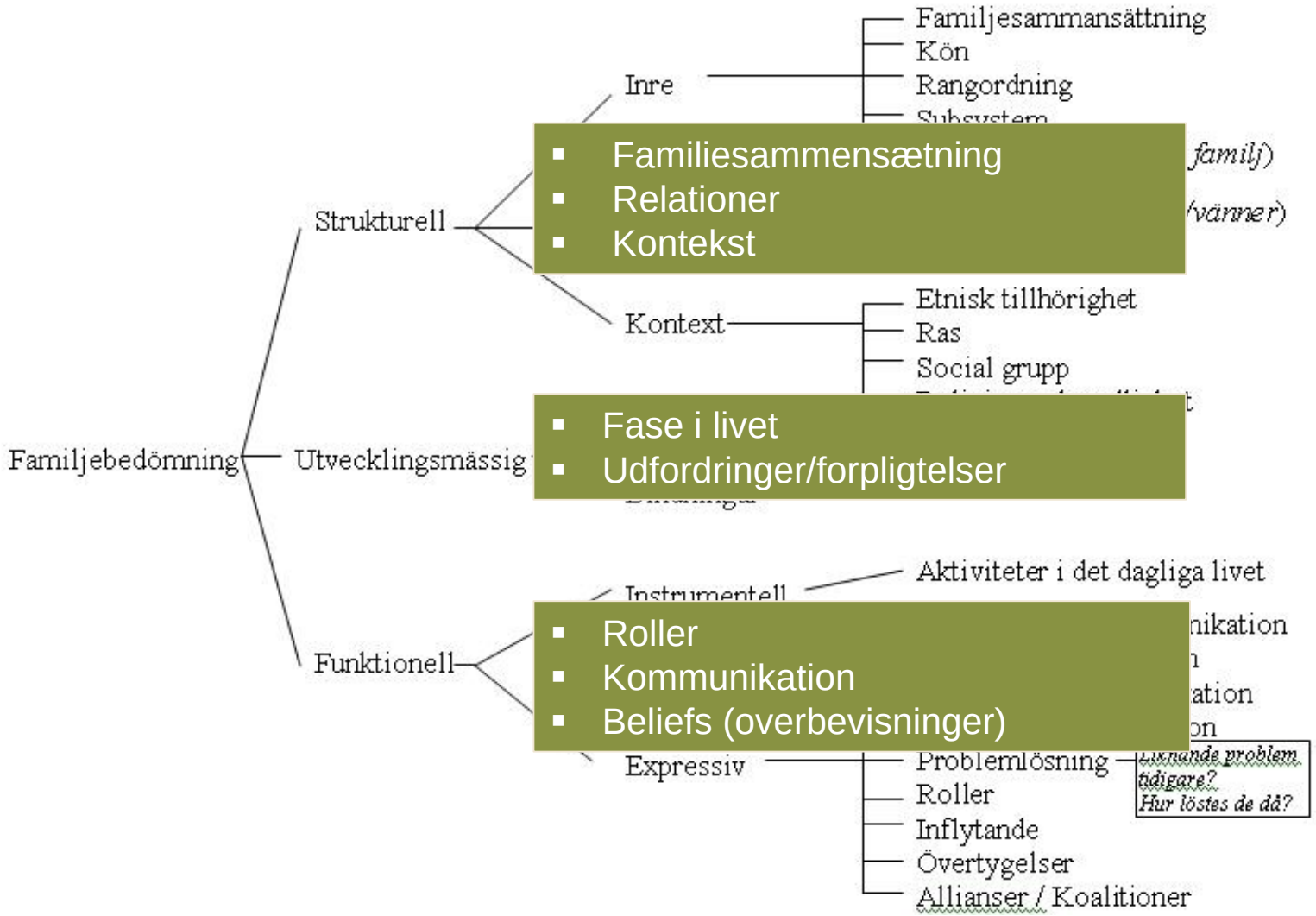
Nurses' attitudes regarding the importance of families in nursing care: A cross-sectional study

Birte Østergaard MSc, PhD, RN, Associate Professor[1] | Anne M. Clausen MSc, RN, Research Fellow[2] | Hanne Agerskov MSc, PhD, RN, Associate Professor[1,3] | Anne Brødsgaard MPH, PhD, RN, Associate Professor[4,5] | Karin B. Dieperink MCN, PhD, RN, Associate Professor[1,6] | Karen F. Funderskov MSc, RN, Research Fellow[7] | Dorthe Nielsen MSc, PhD, RN, Associate Professor[8,9] | Anne D. Sorknæs MSc, PhD, RN, Postdoctoral[1,10] | Barbara Voltelen MHSc, PhD, RN, Lecturer[9] | Hanne Konradsen MSc, PhD, RN, Professor[11,12,13]

N=1720 fra facebook

- Positiv holdning:
  - Videreuddannelse
  - Ansættelse indenfor primær sektor eller psykiatri
- Mindre positive holdning:
  - Yngre sygeplejersker
  - Ingen erfaring med alvorlig sygdom i egen familie
  - Få års ansættelse på hospital
  - Ingen videreuddannelse

Lær familien at kende – spørg ind til:



Målet med en familie intervention er:

at styrke, bevare eller genoprette familiens egne forudsætninger for at mestre sundheds- og helbredsproblemer.

Familieorienteret tilgang bygger på følgende antagelser:

1) En systemisk og processuel opfattelse af familiesundhed.

2) Familiesundhed bygger på en interaktion mellem bio-psyko-sociale og kontekstuelle fænomener.

3) Familiesundhed er afhængig af omgivelserne og af den enkeltes samspil med omgivelserne

Cancer Survivorship: Resilience Across the Lifespan
Supplement to ***Cancer***

Cancer and the Family: An Integrative Model

John S. Rolland, M.D.

Department of Psychiatry and Center for Family Health, University of Chicago Pritzker School of Medicine, Chicago, Illinois.

The stresses and uncertainties of cancer can be overwhelming for families. The Family System Illness model offers a psychosocial map to address these challenges and to make the inevitable strains more manageable. It provides a set of terms and a common language within a framework that attends to the longitudinal, psychosocial pattern of a health condition within a multigenerational, life cycle, and belief system context. Such a psychosocial framework can facilitate collaborative, effective coping and adaptation, thereby enhancing the quality of life for families affected by cancer. The model's utility is discussed for research, preventive screening, family assessment, treatment planning, and service delivery in a wide range of healthcare settings. ***Cancer*** **2005;104(11 Suppl):2584–95.**
© 2005 American Cancer Society.

FAMILY SYSTEMS - ILLNESS MODEL

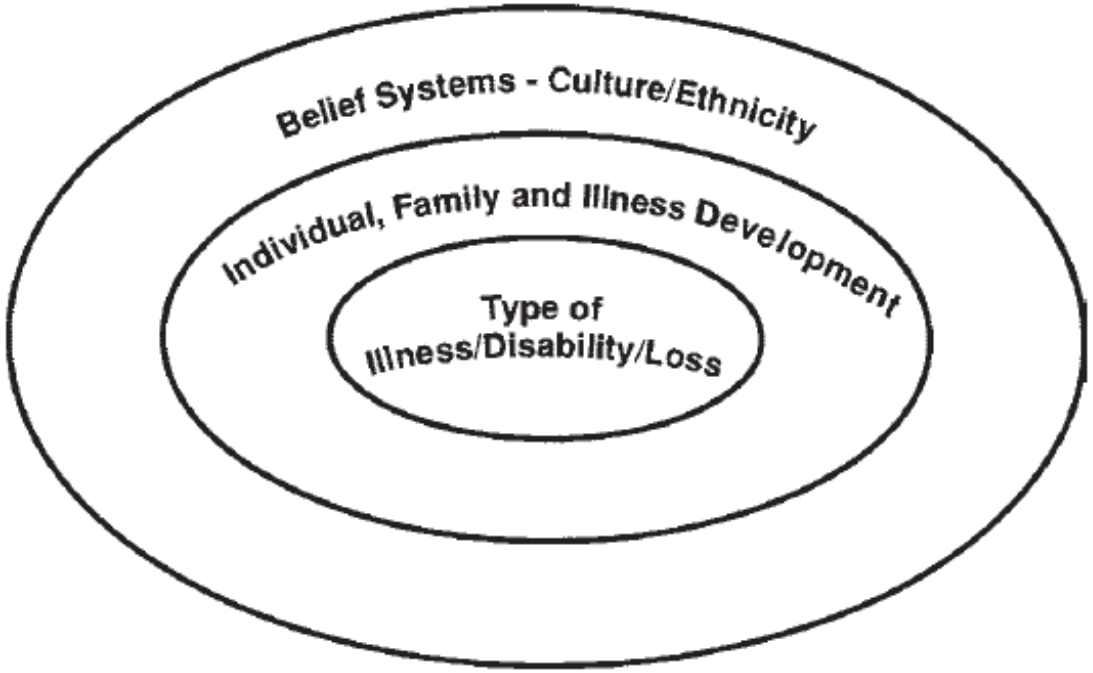


FIGURE 1. The Family Systems Illness model. Adapted from Rolland JS. Families, illness, and disability: an integrative treatment model. New York: Basic Books, 1994.[18]

Forskellige interventioner

Individuelle konsultationer med patienten (Tænk Familie)

- Patient-fokuserede interventioner
  - Empowerment
  - Self-care management
  - Autonomi vs afhængighed

Individuelle konsultationer med familiemedlemmer

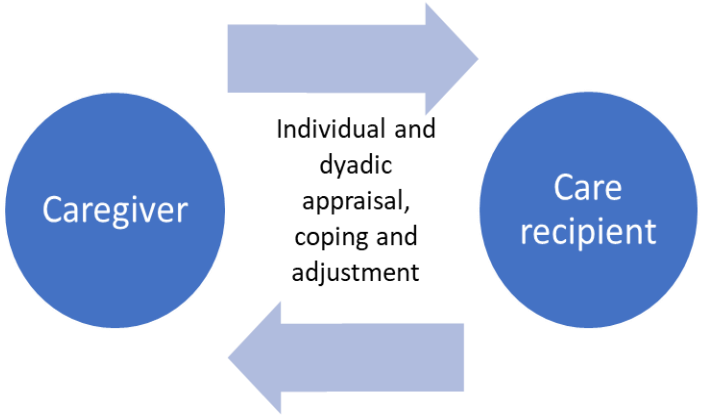
- Pårørende fokuserede interventioner
  - Empowerment
  - Self-care management
  - Reducere byrden

Gruppe konsultationer for dyad eller familien som et system

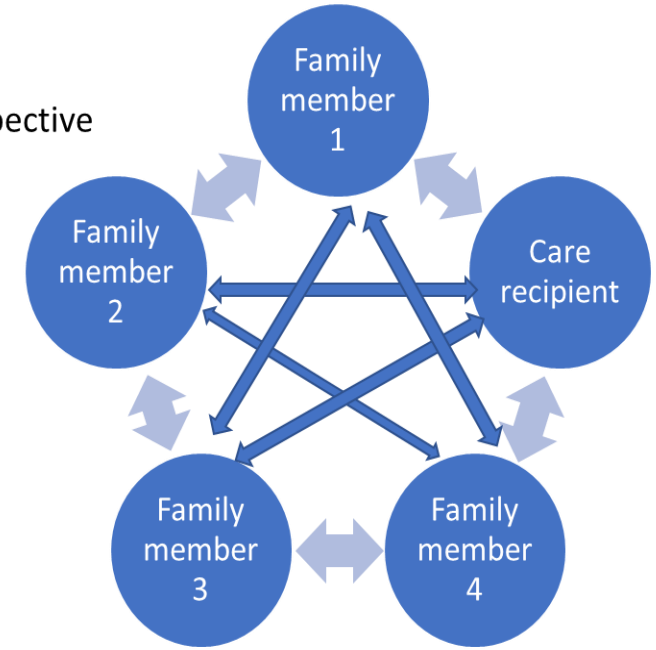
- Family-fokuserede interventioner
  - Psykoedukative interventioner
  - Fælles empowerment
  - Relationsarbejde
  - Reducere stress i familien

A. Caregiver perspective

B. Dyadic perspective



C. Family perspective



Rottmann N. Norup A. Dieperink KB Informal caregiving in life-threatening or chronic illness
In press

Der mangler stadig meget forskning - om interventioner

Scandinavian Journal of Caring Sciences
REVIEW ARTICLE
doi: 10.1111/scs.12855

Health practices in Europe towards families of older patients with cancer: a scoping review

Hanne Konradsen PhD (Dr)[1,2,3], Anne Brødsgaard PhD (Dr)[4,5], Birte Østergaard PhD (Dr)[6], Erla Svavarsdóttir PhD (Dr)[7], Karin B. Dieperink PhD (Dr)[8,9], Lorenz Imhof PhD (Dr)[10], Marie Louise Luttik PhD (Dr)[11], Romy Mahrer-Imhof PhD (Dr)[10] and Cristina García-Vivar PhD (Dr)[12]

- Begrænset viden om familie interventioner til familier med ældre kræftsyge
- Kun 12 artikler blev inkluderet - flest fra UK
- Flest kvalitative studier
- Primær familieinvolvering ifm. palliation

REHPA
Videncenter for
Rehabilitering og Palliation

Familieinkluderende indsatser kan også være innovation

ORIGINAL ARTICLE

Journal of Clinical Nursing WILEY

Telemedicine in specialised palliative care: Healthcare professionals' and their perspectives on video consultations—A qualitative study

Karen Frydenrejn Funderskov MSc, RN[1] | Dorthe Boe Danbjørg RN, PhD, Associate Professor[2,3] | Mia Jess MSc[4] | Lene Munk RN[5] | Ann-Dorthe Olsen Zwisler MD, Professor[4] | Karin B. Dieperink RN, PhD, Associate Professor[6]

JOURNAL OF MEDICAL INTERNET RESEARCH Funderskov et al

Original Paper

Experiences With Video Consultations in Specialized Palliative Home-Care: Qualitative Study of Patient and Relative Perspectives

Karen Frydenrejn Funderskov[1], RN, MSc; Mette Raunkiær[1], RN, MSc, PhD; Dorthe Boe Danbjørg[2,3], RN, PhD; Ann-Dorthe Zwisler[1], MD, PhD; Lene Munk[4], RN; Mia Jess[1], MSc; Karin Brochstedt Dieperink[1,4], RN, PhD

Review Article

PALLIATIVE MEDICINE

Video consultations in palliative care: A systematic integrative review

Palliative Medicine
1–17
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Mia Jess[1], Helle Timm[1] and Karin B Dieperink[1,2]

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Videostuegang:
Det er <u>ikke</u> bedre end at være der, men det er bedre end <u>ikke</u> at være der

Petersson et al 2020
Vestergaard et al 2019
Østervang et al 2019

"*…altså det optimale er selvfølgelig den fysiske tilstedeværelse, men hvis det ikke kan lade sige gøre, så er det absolut at foretrække videostuegang end alternativet slet ikke at kunne være der*" (Søn, 52)

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Guest Editorial

Prioritizing Family Health of Older People in Europe: Current State and Future Directions of Family Nursing and Family-Focused Care

Journal of Family Nursing
2019, Vol. 25(2) 163–169
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DOI: 10.1177/1074840719852547
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Garcia-Vivar, C., Arstedt-Kurki, P., Brodsgaard, A., Dieperink, K. B., Imhof, L., Konradsen, H., Luttik, M.L., Mahrer-Imhof, R., Ostergaard, B.,& Svavarsdottir, E. K.

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Guest Editorial

Prioritizing Family Health in Europ and Fut of Fami Family-

Journal of Family Nursing
2019, Vol. 25(2) 163–169
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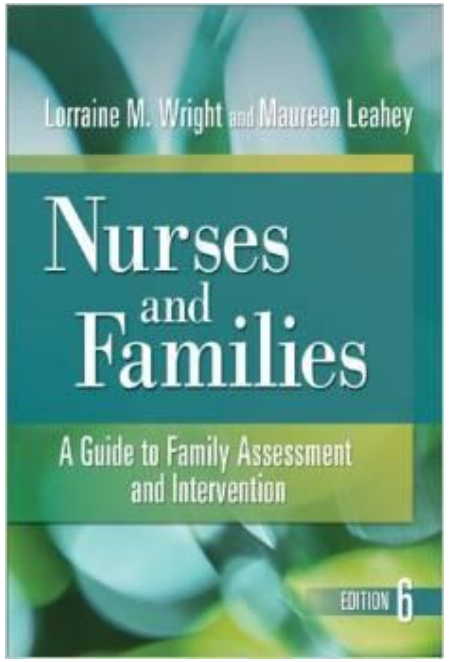
- Udvikle en fælles tværfaglig forståelse for familiesundhed og tilgang
- Identificere centrale mål (outcomes) og forskningsmetoder, der egner sig ift. at forbedre familiesundhed
- Udvikle en model for familiesundhed som kan guide kommende interventioner og forbedre metoder, der fokuserer på det selvstændige familieliv og empowerment
- Udvikle evidens for den bedste praksis ift. familiefokuserede interventioner

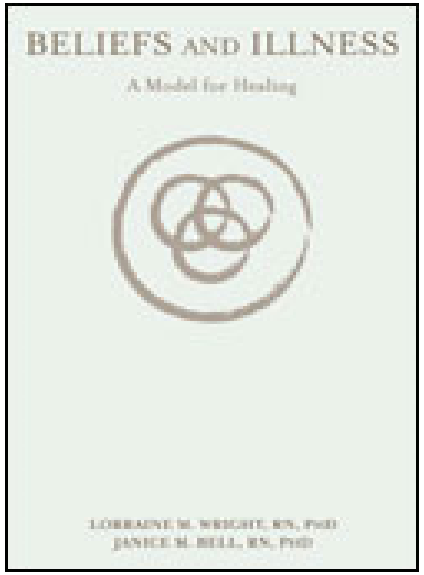
A., Dieperink, K.
r-Imhof, R.,

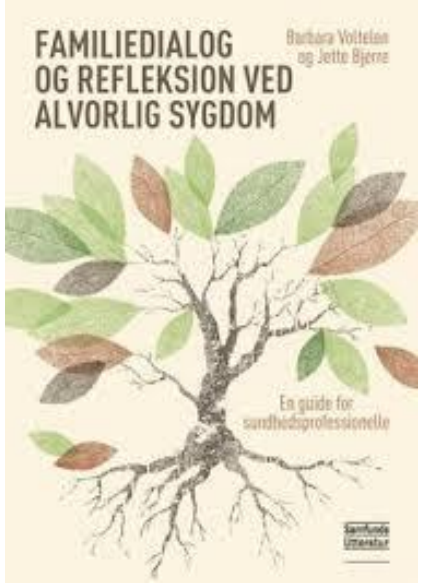
Family intervention

CFAM – Calgary Family Assessment Model

CFIM – Calgary Family Intervention Model







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Yderligere inspiration

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- International Family Nursing Association IFNA https://internationalfamilynursing.org/
- Nordic Network for Family Nursing http://www.nordicfamily2018.fi/
- Dansk Selskab for Familiesygepleje www.familiesygepleje.dk samt Facebook og LinkedIN
- FaCe SDU https://www.sdu.dk/en/om_sdu/institutter_centre/klinisk_institut/forskning/forskningsenheder/face.

Dansk Selskab for Familiesygepleje

Hold øje med:

Temanummer om pårørende i ”Sund i Syd” i Region Syddanmark efteråret 2020

Temadag 29. september 2020 – Det korte familiemøde www.familiesygepleje.dk

Research Week uge 44 OUH – FaCe holder oplæg

SE patienten - TÆNK familien

Alle kan være pårørende

Forældret bekymring

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