

Results. The final sample (n=30 articles) had publication dates from 2000 to 2017 and represented international family caregivers aged 18–89 caring for patients with cancer (20%), heart disease (20%), progressive neurological disease (10%), diabetes (7%), chronic obstructive pulmonary disease (3%), and other serious, chronic conditions (40%). Self-management practices grouped into the areas of focusing on the patient's illness needs (e.g., managing symptoms), activating resources to support oneself as the family caregiver (e.g., using technology for information and support), and living with a patient with a serious, chronic illness (e.g., managing caregiver emotions). We categorized facilitators and barriers into the areas of Personal/Lifestyle Characteristics (e.g., patient empowerment), Health Status (e.g., caregiver stress), Resources (e.g., assistive devices), Environmental Characteristics (e.g., stigma), and the Health Care System (e.g., access to care).

Conclusion. Across health conditions, the family caregiver role is complex and makes considerable demands that challenge support of patient self-management.

Implications for Research, Policy, or Practice. Data indicate areas for assessment and potential intervention to support and sustain family caregivers' role in managing serious, chronic illness.

The Power of Human Connection (FR441B)

Amy An, MD, University of Rochester Medical Center, Rochester, NY. Susan Ladwig, MPH, University of Rochester, Rochester, NY. Ronald Epstein, MD FAAHPM, University of Rochester, Rochester, NY. Holly Prigerson, PhD, Weill Cornell Medicine, New York, NY. Paul Duberstein, PhD, University of Rochester, Rochester, NY.



Objectives

- Recognize the importance of therapeutic alliance between caregivers and oncologists in the care of cancer patients.
- Describe the relationship between caregiver-oncologist therapeutic alliance and the caregiver bereavement experience.

Original Research Background. The therapeutic alliance (TA) between oncologists and patients with cancer has been associated with an array of end-of-life (EOL) outcomes, but we are aware of no studies on TA between oncologists and cancer caregivers.

Research Objectives. To examine the associations between caregiver-oncologist TA and cancer caregiver bereavement outcomes.

Methods. We conducted secondary analyses of data collected in the Values and Options in Cancer Care

(VOICE) study, a randomized clinical trial aimed at improving quality of communications between oncologists and patients with advanced cancer and their caregivers. Having previously reported the intervention's effects on patient outcomes, we now report secondary analyses, focusing on the effects of caregiver-oncologist TA on bereavement outcomes in 102 caregivers. Shortly after study entry, we assessed TA using the Human Connection Scale. Two months after death of the patient, we assessed caregiver-reported experiences of EoL care using the Quality of Death scale (QOD), Caregiver Evaluation of the Quality of End-Of-Life Care (CEQUEL) and the Modified Decision Regret Scale. Seven months after death of the patient, we assessed for Prolonged Grief symptoms (PG-13) and Purpose in Life (PIL). We conducted multivariable regressions examining associations between TA and outcomes after adjusting for study design variables (e.g., intervention arm, study site) as well as caregiver age, patient gender, patient education, and whether patients lived with their caregivers.

Results. TA was significantly associated with higher QOD ($p=0.01$), CEQUEL ($p<0.005$), and less decisional regret ($p<0.01$). The relationships between TA and PG-13 ($p=0.60$) and PIL ($p<0.1$) were not statistically significant.

Conclusion. A stronger TA between caregivers and oncologists was associated with better caregiver perceptions of the quality of the patient's EOL care, and serves an important role in helping caregivers navigate the complicated environment of cancer treatment.

Implications for Research, Policy, or Practice. Improving TA between physicians and caregivers in the care of cancer patients may have widespread effects on caregivers' bereavement experiences.

Social Support and Relationship Quality as Moderators in the Association Between Heart Failure Patient Illness Severity and Caregiver Outcomes (FR441C)



Teresa Cooney, PhD, University of Colorado Denver, Denver, CO. Christine Proulx, PhD, University of Missouri, Columbia, MO. David Bekelman, MD MPH, University of Colorado, Denver, CO.

Objectives

- List two ways that caregiver burden from heart failure patient illness severity can be moderated.
- Describe the stress process model as a theory that explains the connection between heart failure patient illness severity and caregiver well-being, and the potential for social support to moderate that association.

Original Research Background. Heart failure, a leading cause of hospitalization and death, can present severe challenges for patients and their