

Unravelling the duality of Caregivinghood

How informal caregivers describe their situation when salutogenically approached

Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligens försvaras i sal 2118, Arvid Wallgrens backe, hus 2, ingång F, den 7 juni 2017, klockan 9.00

av Mia Wennerberg

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Avhandlingen baseras på följande delarbeten

- I Wennerberg, M.M.T, Lundgren, S.M & Danielson, E. (2012). Using the salutogenic approach to unravel informal caregivers' resources to health: Theory and methodology. *Aging & Mental Health, 16:3, 391–402.*
- II Wennerberg, M.M.T, Eriksson, M, Danielson, E & Lundgren, S.M. (2016). Unravelling Swedish informal caregivers' Generalised **Resistance** Resources. *Scandinavian Journal of Caring Sciences, 30: 602-613.*
- III Wennerberg, M.M.T, Eriksson, M, Lundgren, S.M & Danielson, E. Unravelling Swedish informal caregivers' Generalised **Resistance** Deficits. *Scandinavian Journal of Caring Sciences, Epub ahead of print, April 20, 2017, doi:10.1111/scs.12446.*
- IV Wennerberg, M.M.T, Lundgren, S.M, Eriksson, M & Danielson, E. Me and You in Caregivinghood – Dyadic resistance resources and deficits out of a caregiver perspective. *Manuscript*
- V Eriksson, M, Wennerberg, M.M.T, Lundgren, S.M & Danielson, E. “Self-employed” during Caregivinghood: The contribution of Swedish Informal Caregivers' Environmental and Contextual Resistance Resources/Deficits for Health Promotion Initiatives. *Re-submitted*

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Abstract

Demographic changes and an emphasis on community care, increase the number of informal caregivers to older adults in most societies. Their willingness to provide care and that they are healthy enough to manage, is essential. To preserve and promote their health is subsequently a prioritized challenge for homecare professionals, a topic on political agendas and in research. How this may be achieved is vividly debated, and mainly focused on elimination of risks and negative aspects associated with caregiving. This situation is dual and encompasses positive and negative aspects. Caregivers' health may be promoted from both directions, but far less knowledge exists regarding positive aspects and resources to health, than regarding negative aspects deteriorating it. This is unfortunate since health promotion focusing such salutogenic resources is effective.

The overall aim of the study in this thesis was to derive congruent knowledge concerning what informal caregivers' Specific and Generalized Resistance Resources, SRRs/GRRs and Deficits, SRDs/GRDs may consist of, and to suggest how such knowledge may be used to promote their health. The design was theory-driven and mainly qualitative. Data was analyzed using inductive within-case and deductive across-case analysis focused on caregivers' tension management, and the design allowed a contextually grounded generalizable synthesis of findings (I).

Findings unravelled SRRs/GRRs and SRDs/GRDs originating from the caregiver (II, III), carerecipient (II, III), dyad (IV) and environment/context (V). These resources and deficits consisted of individualized, generalized, circumstantial or contextual characteristics described as empowering, enabling, facilitating (resources) or impeding, hampering, obstructing (deficits) caregivers' ability to acquire a 'fit' between usable resources and a desired outcome during tension management. In the synthesis, Being situated in the duality of Caregivinghood, Caregivinghood is viewed as a continuum similar to the salutogenic health ease/dis-ease continuum. The experience of having access to resources, or experiencing deficits, determines a person's movements between the continuum's two end-points. According to salutogenic theory, SRRs and SRDs thereby determine the strength of a person's SOC. A strong SOC is associated with positive health development, thereby knowledge regarding what these resources and deficits consist of is essential. Due to the nature of these concepts, health promotion should be individualized and generalized, focus on preservation of SRRs/GRRs, elimination of SRDs/GRDs and providence of GRRs when appropriate ones are lacking. This knowledge could add to the health policy documents needed at a generalized level, thereby this type of health promotion could be beneficial, not only for caregivers, but for most inhabitants where it is conducted. The study adds new knowledge to the salutogenic framework which has to be evaluated through theoretical discussions and research, since findings have the potential to explain how the SOC may be strengthened.

Keywords: Caregivinghood, Community care, Dyad, Environment/context, GRD-definition, Health promotion, Homecare, Informal caregiver and carerecipient, Policy, Specific and Generalized Resistance Resources and Deficits, Salutogenesis, Support, Theory-driven qualitative design