

Motivations to care and health motivations

A qualitative study exploring the experience of family caregivers

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Background

- Health of family caregivers
- Health capability of family caregivers
- Contribution of the adapted COM-B system
- Aims

Family caregivers and health

- ▶ A growing public health challenge
 - ▶ Complex care provided day to day in addition to personal life
 - ▶ About 10% of the population

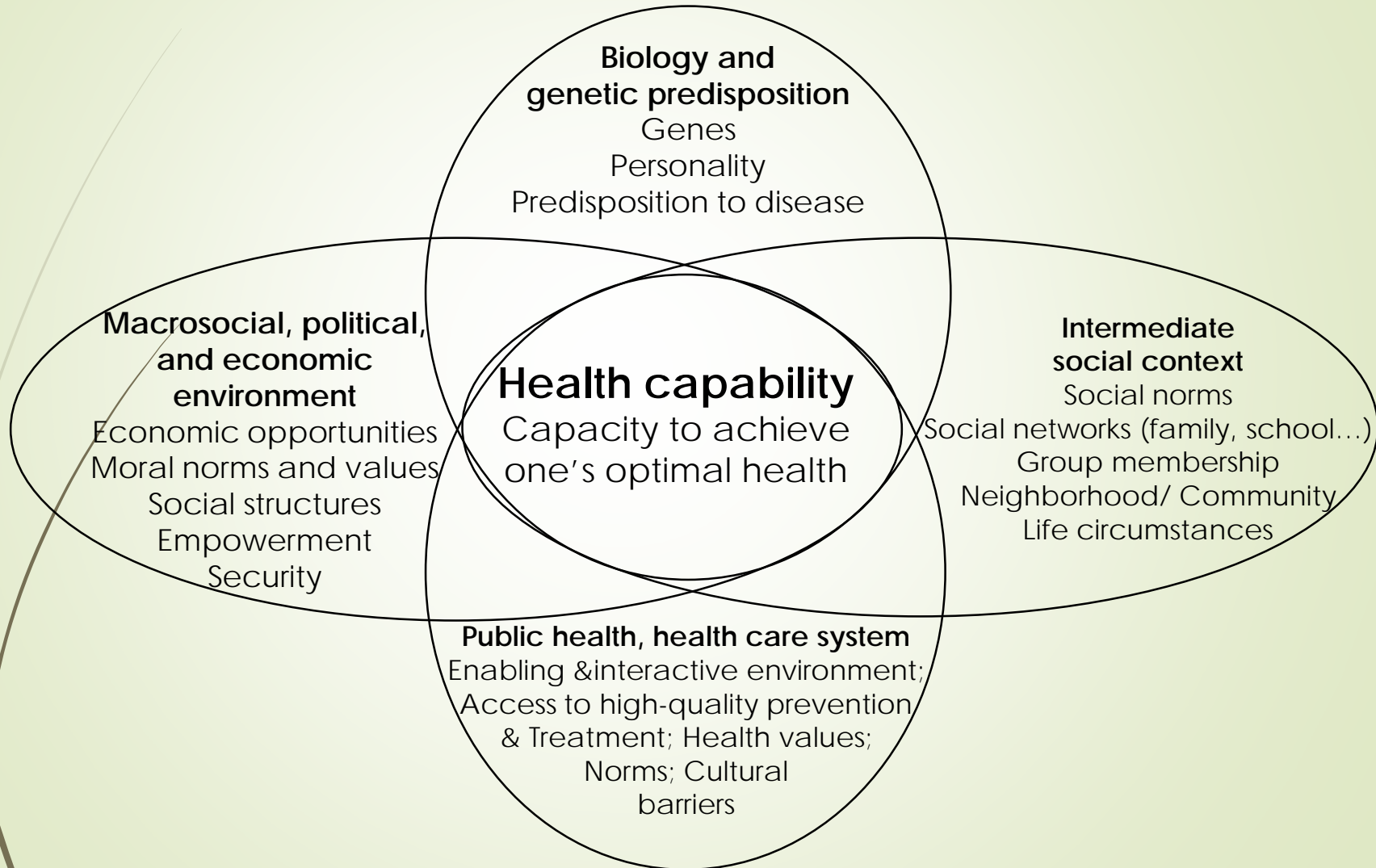
- ▶ Their lifestyle entails risks for their health (2 meta-analyses)
 - ▶ Problems with physical health (Vitaliano & al., 2003)
 - ▶ Stress, depression (Pinquart & Sörensen, 2003)
 - + Social isolation (Spitz & Sordes, 2007)

Vitaliano, P. P., Zhang, J., & Scanlan, J. M. (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological bulletin*, 129(6), 946–972.

Pinquart, M., & Sörensen, S. (2003). Differences between caregivers and noncaregivers in psychological health & physical health: a meta-analysis. *Psychology and aging*, 18(2), 250.

Spitz, E., & Sordes Ader, F. (2007). Qualité de vie, entourage, soutien social. In *Qualité de vie et maladies rénales chroniques: satisfaction des soins et autres Patient-Reported Outcomes*. John Libbey Eurotext, Paris., pp. 109–123.

Conceptual model (Ruger, 2010)



HCFC-8 factors: An attempt of operationalization

- National stroke survey – Luxembourg

- Health Capability of Family Caregivers instrument (8 factors - 20 items; Bucki, 2014)
 - Psychological health (3 items)
 - Physical health (2 items)
 - Self-efficacy (2 items)
 - Lifestyle value (3 items)
 - Family support (3 items)
 - Social capital (3 items)
 - Material condition / Security (2 items)
 - Satisfaction with health services (2 items)

How to improve the model?

- ▶ In its 8-factor version, the model lacks intentions, emotions, and behaviour-related aspects
- ▶ What factors to add?

Aims

- To identify factors of health capability associated with motivation
- To determine potential additional items to the initial HCFC-20 items instrument



8

Methods

Procedure

- Design
 - Semi-structured interviews
- Participants
 - Family caregivers of stroke victims
- Themes
 - Health status
 - How they take care of their health
 - Resources used/needed to achieve optimal health
- Data analysis
 - Coding of verbatim about motivations
 - Item formulation
 - Validation by consensus

Characteristics of the participants

- ▶ 14 family caregivers of stroke victims
- ▶ France: n=8 ; Luxembourg: n=6
- ▶ Care since 7.3 years \pm 2.9
- ▶ 50 % male
- ▶ 63.6 years \pm 10.1
- ▶ 86% partners of the victims
- ▶ 21% still working

Findings

Motivations to care

Motivations to maintain health

Motivations to care (1/2)

► Intrinsic

- Love

Ex: "This is all about love. I think if I did not love my wife, I would have gone"

- Need of the relative's presence

Ex: "*I need to see him*" ; "*I'm unable to live alone*"

- Feeling engaged

Ex: "*I'm not separated from my wife because I got engaged, I must hold on*"

- Avoidance of feeling guilty

Ex: "*I was advised not to visit him every day, but if I don't I just feel guilty*"

Motivations to care (2/2)

- Challenge of making the relative happy

Ex: *"One of the goals I have for myself is that I want my husband to have the most enjoyable life"*

➤ Extrinsic

- Avoiding the deception of the relative

Ex: *"I don't want to disappoint her, because she's a fighter"*

- ➔ Motivation to care was only addressed by French participants.

Motivations to maintain health (1/2)

► Intrinsic

Ex: "it has to be your own choice. You don't stop smoking because somebody tells you to. You stop smoking because you want it yourself"

► Amotivation

Ex: "I don't see. What motivation can you have? I don't know"

Motivations to maintain health (2/2)

▶ Extrinsic

- Responsibility of being a caregiver

Ex: "in those moments, his presence allows me not letting go. Because I have to react for me and for him"

- Desire to enjoy grandchildren

Ex: "I want to see my grandchildren grow up [...] to often see them, play with them, all that, it motivates me and it gives me strength"

- Family encouragements

Ex: "my daughters, they say 'don't force mom, stop, we need you to keep healthy'"

- Material reasons

Ex: "I earn the most money so it is not very romantic, but be it for money, it's very important that I'm in good health"

Factors and items generated

Motivation to be a caregiver

« I care for him/her because... »

1. if I didn't, I would feel like I abandon him/her, I would feel guilty.
2. I need his/her presence.
3. I want him/her to have the most enjoyable life possible.
4. I love him/her.
5. it is my duty.
6. I don't want to disappoint him/her.

Intrinsic

Extrinsic

Factors and items generated

Motivation to maintain health

« Taking care of my health is important because... »

1. I have to be able to work as it makes us live.
2. I want to see my grandchildren grow up and take care of them.
3. I need to take care of him/her.
4. noone else could care for him.
5. my relatives tell me I must keep healthy.
6. I don't want to be sick.
7. I am not motivated to take care of my health.

Extrinsic

Intrinsic

Amotivation



18

Discussion

Main findings

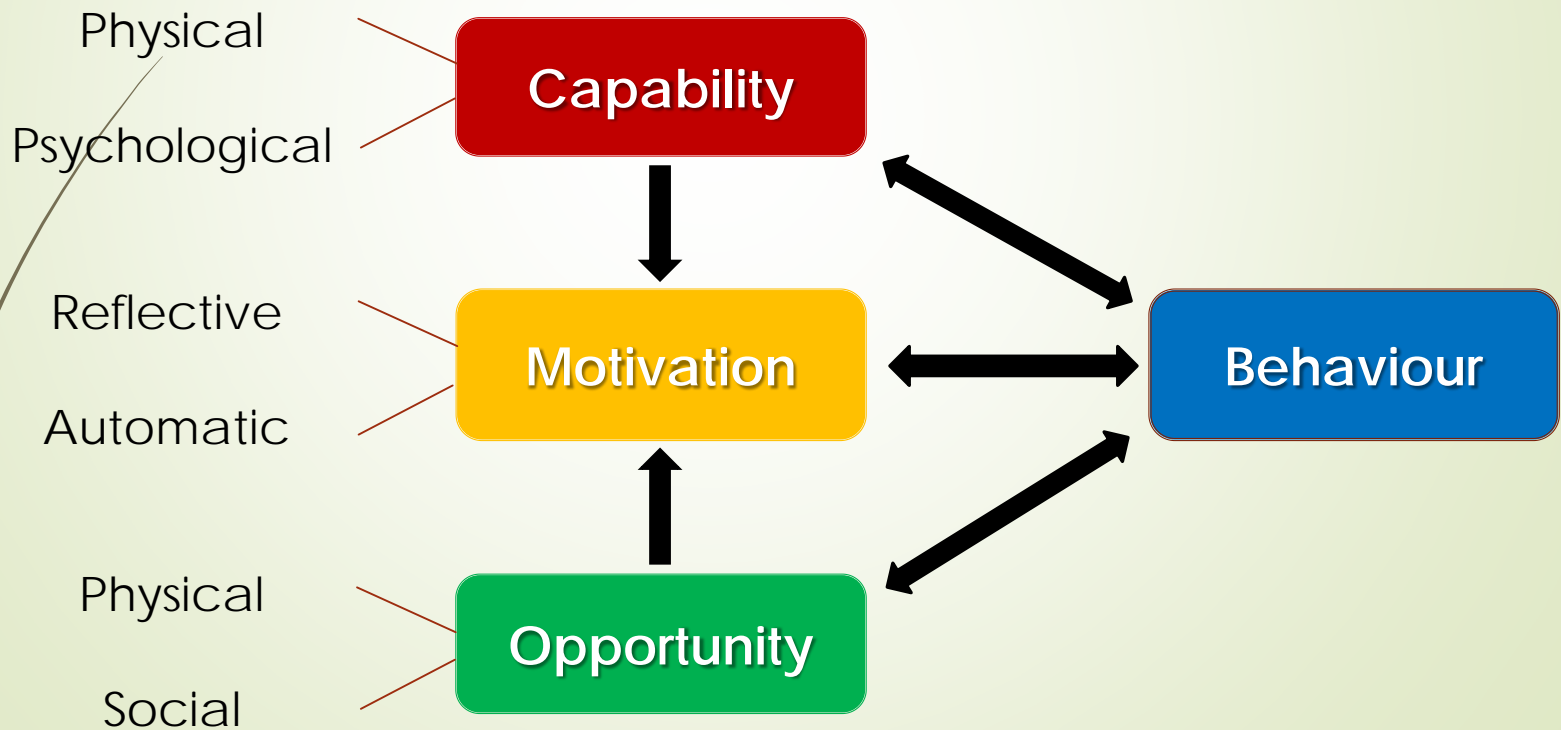
- ▶ Most motivations to care refer to a sense of duty
 - Altruistic norm (Schwartz, 1977)
 - Informed choice to be and remain a family caregiver?
 - Caregiving value?

- ▶ Health motivations are rather extrinsic
 - Most refer to duties, relationships
 - Importance of family support (Bucki & al., 2015 - submitted)
 - Healthy behaviours are associated with self-determined motivation (Ryan & Deci, 2000)

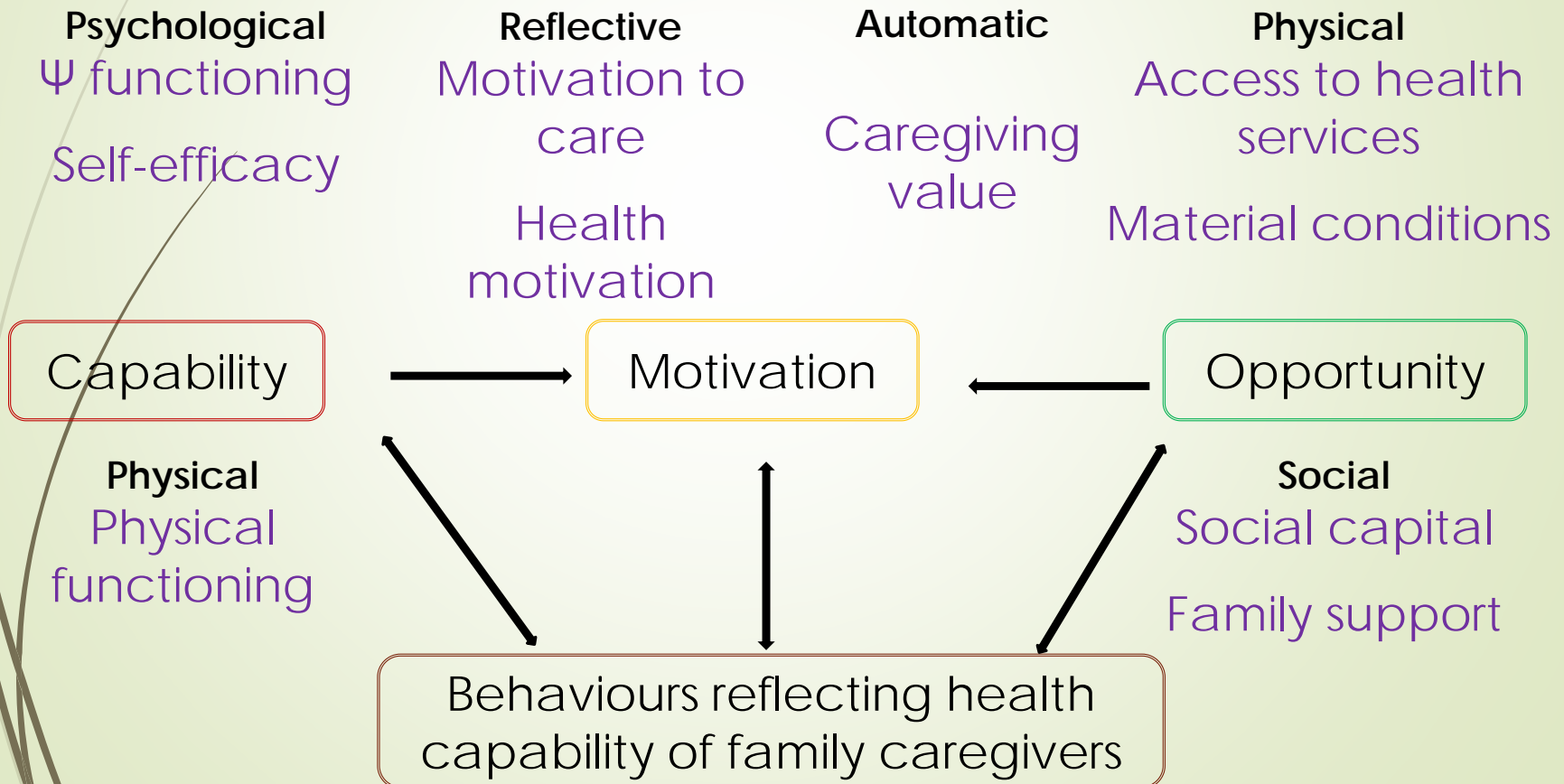
Correspondences with the COM-B system

- ▶ A framework for understanding behaviour

(Michie & al., 2011)



Health Capability of Family Caregivers and COM-B



Practical implications

- ▶ Psycho-educational interventions
 - Activation of health capability of family caregivers

- ▶ Motivational interventions can help:
 - Elucidating the inner reasons why the person keeps caregiving
 - To differentiate between their own vs. relatives' health needs

- ▶ Clinical context
 - Importance of paying attention to motivations

Research perspectives

- ▶ Validate the extended model (10 factors)
- ▶ Identify the interactions between motivation and other factors of health capability
- ▶ Determine their contribution to the model
 - Helps to orient the conception of interventions promoting health capability



Thank you.

24

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