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)

Conceptual model (Ruger, 2010)

**Health capability**
Capacity to achieve one’s optimal health

- Biology and genetic predisposition
  - Genes
  - Personality
  - Predisposition to disease

- Macrosocial, political, and economic environment
  - Economic opportunities
  - Moral norms and values
  - Social structures
  - Empowerment
  - Security

- Intermediate social context
  - Social norms
  - Social networks (family, school...)
  - Group membership
  - Neighborhood/Community
  - Life circumstances

- Public health, health care system
  - Enabling & interactive environment:
    - Access to high-quality prevention & Treatment
    - Health values
    - Norms; Cultural barriers

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
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 ±2.9
- 50% male
- 63.6 years ±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.
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. No one 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.
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

**Capability**
- Physical (Psychological) function
  - Self-efficacy

**Reflective**
- Motivation to care
  - Health motivation

**Automatic**
- Caregiving value

**Opportunity**
- Access to health services
  - Material conditions

**Social**
- Social capital
  - Family support

**Behaviours reflecting health capability of family caregivers**

**Background**

**Methods**

**Findings**

**Discussion**
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.

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