



# Activities, Adaptation & Aging

## Dignified and Purposeful Living for Older Adults

ISSN: (Print) (Online) Journal homepage: [www.tandfonline.com/journals/waaa20](http://www.tandfonline.com/journals/waaa20)


## Positive Aspects of Caregiving from the Saskatchewan Caregiver Experience Study

Steven Hall, Noelle Rohatinsky, Lorraine Holtslander & Shelley Peacock

To cite this article: Steven Hall, Noelle Rohatinsky, Lorraine Holtslander & Shelley Peacock (17 Feb 2024): Positive Aspects of Caregiving from the Saskatchewan Caregiver Experience Study, Activities, Adaptation & Aging, DOI: [10.1080/01924788.2024.2319459](https://doi.org/10.1080/01924788.2024.2319459)

To link to this article: <https://doi.org/10.1080/01924788.2024.2319459>

 View supplementary material [↗](#)

 Published online: 17 Feb 2024.

 Submit your article to this journal [↗](#)

 View related articles [↗](#)

 View Crossmark data [↗](#)



## Positive Aspects of Caregiving from the Saskatchewan Caregiver Experience Study

Steven Hall , Noelle Rohatinsky, Lorraine Holtslander, and Shelley Peacock

College of Nursing, University of Saskatchewan, Saskatoon, Canada

### ABSTRACT

Functioning as a family or friend caregiver can be burdensome, but many caregivers also find positive aspects to the experience. The Saskatchewan Caregiver Experience Study sought to examine the positive aspects of caregiving for caregivers to older adults. This qualitative descriptive study involved an online qualitative survey. The researcher-developed survey asked three specific questions. We report in this paper the findings from our analysis of the survey question: “What do you find is positive about your caregiving role?” We analyzed 350 responses to this question using content analysis. The main categories of positive aspects identified by participants were related to the (1) rewards of caregiving; (2) having the ability and opportunity to care; (3) ensuring quality care for the care recipient; and (4) the experience of personal growth through being a caregiver. As well, a fifth category was included to encompass responses from participants who stated that caregiving was not a positive experience. By gathering caregivers’ perspectives on the positive aspects of caregiving, researchers, clinicians, and policymakers can tailor services and initiatives to facilitate and enhance positivity in the caregiving role.

### ARTICLE HISTORY

Received 5 October 2023  
Accepted 12 February 2024

### KEYWORDS


Caregivers; older adults;  
aging; lived experiences;  
qualitative description

## Introduction

A third of Canadians aged 80 years or older have at least four chronic conditions (Charles et al., 2017), and most older adults who are chronically ill rely on family and friend caregivers seven days a week (Statistics Canada, 2020). With an aging population and rising prevalence of chronic illnesses (Charles et al., 2017, Choi & Seo, 2020, Larsson Ranada & Österholm, 2022), the role of family and friend caregivers (hereafter referred to as “caregivers”) has become ever more necessary to address this societal challenge (Barello et al., 2019). The majority of care being provided to older adults in the community is now delivered by caregivers, rather than healthcare professionals (Barello et al., 2019).

The role of caregiving is multifaceted and the caregiver often has to engage in, not only physical, but psychological, social, and spiritual support (Choi & Seo, 2020, Larsson Ranada & Österholm, 2022). Despite the

**CONTACT** Steven Hall  [steven.hall@usask.ca](mailto:steven.hall@usask.ca)  College of Nursing, University of Saskatchewan, Health Science Building – 1A10, Box 6, 107 Wiggins Road, Saskatoon S7N 5E5, Canada

 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/01924788.2024.2319459>

© 2024 Taylor & Francis Group, LLC

burdensome aspects of caregiving, many caregivers find positive aspects and satisfaction in their role. A growing evidence base suggests that family and friend caregivers can identify positive aspects to their role, which may have a beneficial influence on their overall well-being (Lee et al., 2022, Quinn & Toms, 2018). However, research on the positive aspects of caregiving has been limited in literature compared to the quantity of existing evidence about negative outcomes (Lee et al., 2022, Pendergrass et al., 2019, Quinn & Toms, 2018).

It has been well-iterated in literature for many years that positive aspects should be considered when supporting caregivers, as the focus should not only reduce the difficulties they face, but also enhance the positive aspects of their role (Grant & Nolan, 1993, Kramer, 1997a, Kramer, 1997b, Lévesque et al., 2002, Louderback, 2000). Positive aspects are very important and often experienced, but are a generally under-explored construct in caregiving research (Pendergrass et al., 2019). Lloyd et al. (2016) identified in their review in dementia that there are eight specific conceptualizations of the positive aspects of caregiving: role satisfaction, emotional rewards, personal growth, competence and mastery, faith and spiritual growth, relationship gains, a sense of duty, and reciprocity. Regarding role satisfaction, Lawton et al. (1989) defined caregiver satisfaction as a major dimension of caregiving that represents subjectively perceived gains from desirable aspects of caregiving.

Satisfaction is viewed as having two aspects: appraisal and outcome (Son et al., 2000). Satisfaction can be measured through the caregiver's positive appraisal of the caregiving role (Kramer, 1997a). While a caregiver's appraisal of distress leads to burden, the appraisal of positive role gain supports caregivers in recognizing their satisfaction in the caregiver experience (Kramer, 1997a). Kramer (1997a) referred to this process as the "appraisal of strain and gain" (p. 240), where gain is the extent to which the caregiving role is appraised to enhance an individual's life and be enriching. Satisfaction can also be an outcome variable, with three primary meanings: a sense of satisfaction in the role, feeling closer to the care recipient, and a sense of reward (Son et al., 2000). Positive emotional responses to caregiving involve a sense of fulfillment in caring for their care recipient (Hermanns & Mastel-Smith, 2012).

Sacco and Copel (2018) cite feelings of accomplishment, inspiration, enrichment, and invigoration in their concept analysis of "compassion satisfaction" in the nursing profession. To address the distinction between positive experiences and caregiving satisfaction, it is crucial to recognize that positive emotional responses to caregiving, such as those described by Sacco and Copel (2018), contribute to the concept of compassion satisfaction. Within the context of the caregiver experience, positive aspects encompass a broader spectrum than the singular dimension of satisfaction. However, it is highly important to note that there are positive aspects to the caregiver experience that result in role satisfaction.

The Saskatchewan Caregiver Experience Study (Hall, 2023) involved a provincially distributed online qualitative survey that sought to examine the experiences of caregivers to older adults in the Canadian Province of Saskatchewan.  $N = 355$  caregivers participated in the survey study. The survey collected data on the challenges experienced by caregivers, as well as the positive aspects they perceive from caregiving and their priorities for support. In Canadian literature, C. A. Cohen et al. (1994) explored the “enjoyable aspects” of caregiving that were reported in a large longitudinal Canadian study. Québécois scholars Guberman et al. (1993) also conceptualized motivations for individuals to continue in the caregiving role that result from positive aspects, such as emotional ties and the inherent need to help others. More recently, Quinn et al. (2022) analyzed responses from  $n = 839$  caregivers who reported satisfaction in caregiving in the IDEAL (Improving the experience of Dementia and Enhancing Active Life) cohort study, albeit these experiences were specific to caregiving in the context of dementia. Perceived benefits of caregiving included identifying aspects of personal growth and the sentiment of making a difference through their caregiving duties. Moreover, recent reviews (Lloyd et al., 2016, Quinn & Toms, 2018) have also focused specifically on the positive aspects of caregiving in dementia.

Findings from the Saskatchewan Caregiver Experience Study shed further light on the positive aspects of this complex role, without specificity to any one medical condition. The detailed categorization and inclusion of diverse perspectives contribute to a nuanced understanding of positive aspects, with practical implications for supporting caregivers and improving their overall wellbeing. As such, the purpose of this manuscript is to share the findings from our analysis of the survey responses regarding the positive aspects of caregiving.

## Methods

Our detailed research methodology for this study is reported elsewhere (Hall et al., 2024 in press). The Saskatchewan Caregiver Experience Study was a qualitative descriptive study undertaken in the Canadian province of Saskatchewan. An online qualitative survey was developed by the researchers and informed by the literature on qualitative surveys by Braun et al. (2020). The survey was hosted on SurveyMonkey (Momentive Inc, 2021) and distributed via Facebook and community newsletters in June and July of 2022 during the COVID-19 pandemic. Due to the lasting apprehensiveness of some individuals participating in in-person activities, the online survey delivery supported participation in the comfort of the participants’ homes. Purposive maximum variation sampling methods were used to recruit current and former (e.g., bereaved) caregivers to older adults, aged  $>55$  years for this study. Because caregiving is a dynamic and evolving role, we believed that incorporating the perspectives from both current and former caregivers would

allow us to explore the nuances and changes in experiences over time. We assumed current caregivers could provide insights into ongoing circumstances that contribute to the positive aspects of their caregiver experience, while former caregivers could contribute valuable reflections on the entirety of their caregiving journey.

The survey collected demographics and asked four open-ended qualitative questions regarding: (1) the challenges experienced by caregivers; (2) the perceived positive aspects of caregiving; (3) the support priorities of caregivers; and a fourth question which asked caregivers if they wished to express any further opinions. Content analysis (Hsieh & Shannon, 2005) was the method used for data analysis, in which codes were created inductively in NVivo 12 (QSR International Pty Ltd, 2019) qualitative coding software and sorted into overarching categories. The number of low-level codes per overarching category led to each category's level of importance ranking. Our NVivo 12 codebook can be found in Supplementary File 1. Lincoln and Guba's (1986) literature on credibility, transferability, dependability, and confirmability was employed to ensure rigor in this qualitative study. The study was approved by the University of Saskatchewan's Behavioural Research Ethics Board (Beh ID #3377).

## Findings

### *Participant characteristics*

A total of  $N = 355$  survey respondents were included in the study. Of the 355 caregivers who participated,  $n = 5$  (1.4%) did not respond to the question regarding positive aspects,  $n = 20$  (5.6%) explicitly reported that caregiving is not a positive experience, and  $n = 330$  (93%) shared reflections on the positive aspects of their role. The mean caregiver age was 61 (range 22–87) and the mean care recipient age was 83 (range 55–104). Participants were split almost evenly amongst urban-large (33%), urban-small/medium (32%), and rural (35%) geographic settings. Most commonly, participants were adult children caring for parents or parents-in-law, followed by spousal caregivers. Dementia was the most common medical condition of the care recipient, followed by heart/kidney/lung conditions, and cancer.

### *Qualitative findings*

The Saskatchewan Caregiver Experience Study asked participants: "What do you find is positive about your caregiving role?" Response word counts to this question totaled 5600 words with an average word count of 16 words, ranging from 1 to 195 words. The categories that were developed from the responses were: (1) caregiving is rewarding; (2) having the ability and opportunity to care; (3) ensuring quality care for the care recipient; (4) personal growth through being a caregiver; and (5) caregiving is *not* a positive experience.

### *Caregiving is rewarding*

Participants had a great amount to say about how their caregiver experience can be rewarding. One of the most reported positive aspects of the caregiver experience was getting to spend time with the care recipient. Participants also reported feelings of devastation and loneliness when they were no longer able to spend time with the care recipient in the same capacity. “He is the love of my life, married for 52 years this July, I was glad to do all I could for him, I cried lots when I had to place him in long term care.” (Caregiver to a spouse with dementia in a rural setting).

I enjoy the opportunity to spend time with my mom in what I realize are the last years of her life - there are emotional gifts that come with sharing this time with her, on a daily basis - putting old hurts to rest and coming to a place of peace with her.

-Caregiver to a parent with vision deficits and mental illness in a large urban setting

Treasuring time with the care recipient included making new memories with the care recipient and learning the care recipient’s life story. Participants who were able to learn more about the care recipient’s past reported that this was the most special part about their caregiver experience. “Grateful I still have my parent in this life. She has the best stories to tell about our family. Things I didn’t realize happened. Lots of good memories are shared.” (Caregiver to a parent who needs more support in older age in a large urban setting). For adult children who are caregivers to their parent(s), getting to know their parent as an adult supports the development of new relationship dynamics and facilitates relationship building. One caregiver to a parent with dementia in an urban large setting stated that the positive aspect of their caregiver experience was “hearing the occasional story I did not know before.”

The learning of the care recipient’s story sometimes expanded to sharing traditions and family recipes. “The fact I get to spend time with my parent. Our family is a village. We look after each other. Shared wisdom, stories, recipes, handing down family traditions to new generations.” (Caregiver to a parent with frailty in a large urban setting). Through spending time with one another and learning more about each other, new memories are forged in the caregiving exchange. Participants described the creation of new memories as a deepening of their relationship with the care recipient, with one participant stating how special it is to be in the caregiving exchange where “more treasurable memories [are] accrued.”

The idea of “facilitating happiness” and “giving the care recipient their best days” was brought about by participants. “The richness of the small moments. Reading to him and seeing that spark of humor. [Knowing] that we are all doing our best and that he is not alone.” (Caregiver to a parent with frailty in a large urban setting). Participants reported a positive aspect being when they know they have done their best for their care recipient, which was validated

through small gestures such as “seeing the smile on their face.” Giving the care recipient the best quality of life possible is an important aspect but caregivers feel rewarded knowing they are working toward providing a quality of life to the care recipients. Caregivers also feel rewarded knowing that they are keeping the care recipient safe in their care.

Love, appreciation, and dedication were three sentiments reported by participants to be positive aspects and motivators to the caregiving role. “I formed a close loving bond with both of them after years of them thinking of me as ‘only’ a daughter-in-law.” (Caregiver to a parent with dementia and a heart/kidney/lung condition in a rural setting). Providing loving care to the care recipients helped participants find strength, faith, and sometimes forgiveness in relationships that were strained in the past. Some participants reported caregiving to be an honor and a privilege, with statements such as “It is a blessing to walk your parent through old age” and “I’d do it again in a heartbeat.” Other participants mentioned the sense of purpose they derived from their caregiving role.

Feeling satisfied that I was able to provide excellent care for my mom and not some other person who doesn’t have a personal relationship. Caring for my mom gave me a sense of purpose, and I felt it was an honour and privilege to take care of her.

-Caregiver to a parent with a heart/kidney/lung condition in a rural setting

### ***Having the ability and opportunity to care***

Participants reported appreciating having the ability and opportunity to care for the care recipient. It supports them to feel helpful by improving the care recipient’s quality of life, taking on the caregiving role to protect others, or being there for the care recipient when no one else will or can be. “I was there for them, and they needed help.” (Bereaved caregiver to a parent with cancer in a rural setting). One participant wrote about taking on the role of caregiving to protect their adult children: “I like helping others and I feel as though I am also supporting our children who would have to do some of this.” (Caregiver to a spouse with diabetes and arthritis in a small/medium urban setting). Improving the care recipient’s quality of life involved supporting their independence and self-efficiency, as well as instilling a sense of safety for them and fulfilling their wishes. Being able to support independence in the face of health, mobility, and cognitive challenges gave participants a sense of a job well done.

By supporting the care recipient in their home, caregivers facilitate maintaining normalcy in the care recipient’s day-to-day lives. Continuing with “business as usual” was a value shared by participants. Participants reported being proud to provide a quality of life to the care recipient, most notably when it involves keeping the care recipient at home.

Enjoying the moments that are meaningful to them all. When they laugh and smile and feel good and safe. When they say thank you from their hearts not because I need to hear

it but because they are grateful. I'm happy they are safe with us.

-Caregiver to a parent with a heart/kidney/lung condition and post-stroke in a small/medium urban setting

The idea of reciprocity and “giving back” to the care recipient was another notable concept within the participants’ responses. In the cases of adult children providing care to their aging parents, the idea of modeling the value of caregiving for their own children was mentioned as well. “Looking back, the time I got to spend with my parents. I hope I showed my own children the importance of care and empathy.” (Caregiver to a parent with dementia and a heart/kidney/lung condition in a rural setting). Another participant stated, “We get to show our kids how we want to be treated when it’s their turn.” (Caregiver to a parent with dementia in a rural setting). Some participants who are caregivers to parents referred to the caregiving exchange as being a “role reversal,” where they noted that they have the opportunity to provide care to their parents just as their parents had provided care to them when they were children. Other participants wrote about how when you care about someone, taking on the caregiving role feels like “doing the right thing.” A participant in a rural setting referred to caregiving as a “duty of love” when discussing caring for their parent with cancer: “I feel it is a ‘duty’ of love, of life itself to show compassion for oneself and one’s parents, that it is the price of living a good life to try to do the right thing.”

I gave him the best quality of life that I could give him. Having him home taught my children compassion. Caring for my father motivated me to become a nurse and my career is caring for the [older persons] in long term care.

-Caregiver to a parent with a neurological disorder in a large urban setting

Lastly, having access to support and respite (services) facilitated the participants’ ability to provide care, which added to the positive aspects of caregiving. Proximity to services, quality care from healthcare professionals, and feeling the support from others and their communities are factors that contributed to positive aspects of caregiving. Within the responses, it was resonant how participants feel grounded when they are being heard and understood. One caregiver to a parent with dementia and a heart/kidney/lung condition in a rural setting stated that they feel positive about their caregiving role “when people actually listen to what we need.”

### ***Ensuring quality care for the care recipient***

This category involved concepts such as being fully aware of the care recipient’s situation, knowing the care recipient is safe, and having the ability to provide comfort through companionship, symptom management, and spirituality. Some caregivers reported that the care recipient used to not disclose their health and wellness status, so having the care recipient in closer geographical proximity supported these caregivers to have awareness of what was going on in the care recipient’s life. “Knowing that I helped mom as much as



I possibly could to ensure her to have some quality of life. Also, with seeing her daily I can see how she really is managing.” (Caregiver to a parent with dementia, a heart/kidney/lung condition, and mental illness in a small/medium urban setting).

Safety and knowing the care recipient is receiving the care that they need, whether from the caregiver directly or being in a quality care home, was another positive aspect reported by participants. For the participants who were able to keep the care recipient in their own home during the COVID-19 pandemic, provided a sense of relief and satisfaction in knowing they were safe and secure, with special consideration regarding the visitor restrictions that were put in place in long term care homes. One caregiver to a parent with cancer in a rural setting stated, “There is great satisfaction knowing that no COVID or long-term care hell [sic] was perpetrated on my loved one.” Many other participants made similar statements to the effect of knowing that they can provide better and more personal care than a long-term care home. Another caregiver to a parent with cancer in a rural setting reported the positive aspect of being able to protect the care recipient “from outside elements that attempt to take advantage of [older adults]”

Being able to provide comfort is an important positive aspect of caregiving. One participant who was also a nurse reported that their nursing experience facilitated them being able to provide comfort and symptom management. Other participants cited that they incorporate spirituality into their provision of care to give encouragement to the care recipient. The final positive aspect that was reported was the participants’ ability to be an advocate for the care recipient. A caregiver to a parent with a heart/kidney/lung condition in a rural setting mentioned that this ability was enhanced by “understanding their needs so they aren’t ignored by medical professionals.” Assisting the care recipient in navigating the complex Saskatchewan healthcare system takes patience and perseverance and participants reported appreciating knowing that they are doing their best to advocate for the care recipient to receive appropriate care.

### *Personal growth through being a caregiver*

Caregiver participants made direct comments toward their personal growth through being a caregiver. Participants cited the self-validation they felt through knowing they are doing their best, which included celebrating small successes and feeling good about the commitment they were making to the care recipient or family in general. Making a difference and giving the care recipient a sense of dignity also supported participants to grow as individuals and learn more about themselves and their strength and resilience.

It was a privilege to care for my parents and I came to know and appreciate them in different ways in the last years of their lives. I also learned that we are all the same in how our bodies work and that there is dignity in that. To care for and do what was needed

with great care and respect.

-Bereaved caregiver to parents with heart/kidney/lung conditions and vision deficits in a small/medium urban setting

I love my parents and would do it again for my dad in a heartbeat (he passed away) and I will continue to help my mom. I also want to help others in my community live out their last days with dignity and have someone care about them.

-Caregiver to a parent with dementia in a rural setting

### Caregiving is *not* a positive experience

While the purpose of the survey question was to determine what participants found was positive about being a caregiver, some participants shared that caregiving is not a positive experience. Repeated phrases from these participants included “nothing” and “not much.” One participant expanded on this statement in more detail: “Not a thing! We love our dad but it’s hard and stressful and never-ending chaos with no help or support from any health care in this area!” (Caregiver to a parent with dementia and a heart/kidney/lung condition in a small/medium urban setting).

Most of the participants who felt negatively about their caregiving role gave only a few words to state that their caregiving experience is solely negative. However, some participants started by saying “nothing” but expanded and reflected on what might actually be a positive aspect of their caregiving role. These responses included: (1) “Not a whole lot for me, I guess that my mother can stay in her own home.” (Caregiver to a parent with dementia and frailty in a rural setting). (2) “Not much, honestly. Just knowing that she is safe and getting the care she needs.” (Caregiver to a parent with dementia in a small/medium urban setting). (3) “Not much. I guess I’m glad he’s getting help at the moment, from someone. It happens to be me right now.” (Caregiver to a spouse with dementia in a small/medium urban setting). “It could be worse” is a reflection from a caregiver to a spouse living with dementia in a large urban setting stated that the care recipient “has not reached a violent stage yet.” Other caregivers stated it was difficult to think of how to answer this question but reflected on their emotions toward the care recipient. “That is difficult to answer other than to say I loved her, and I am willing to care for her when she no longer can care for herself.” (Caregiver to a spouse with dementia in a large urban setting).

### Discussion

Participants in this study wrote about the “rewards” of caregiving, such as getting to treasure time with the care recipient, learning the care recipient’s life story, and sentiments such as love, appreciation, and dedication. The rewards of caregiving are an important construct that is less-explored in research, but often experienced by caregivers (Pendergrass et al., 2019). From a caregiver

stress perspective, caregiving harms psychological well-being, whereas a caregiver reward perspective suggests that the provision of care benefits psychological well-being (Lee et al., 2020). However, caregivers who feel appreciated in their role have been found to have decreased levels of burden, increased confidence and better overall well-being (Frederiksen et al., 2023, Sideman et al., 2023). In a study of experiences of family caregivers to persons living with dementia, participants made note of the caregiver stress perspective, citing their feelings of loneliness, frustration, stress, and fatigue (Harris & Titler, 2022). Despite this, all participants were able to identify rewarding aspects of caregiving, which included increased togetherness, new opportunities, and a greater appreciation for the “little things” in life (Harris & Titler, 2022), which align with the findings from this study. Caregiver participants in the study by Hebdon et al. (2022) identified that most caregiving rewards are intrinsic, focusing on relationships with greater closeness and understanding, personal growth, and the ability to be there for the care recipient. Overall, it is recognized that providing adequate support and enhancing coping can help to maximize caregiving rewards while minimizing adverse health outcomes (Hebdon et al., 2022). Furthermore, social support from family and friend networks has been shown to be beneficial to caregiver well-being in previous research (Clements-Cortés & Yip, 2020, Kaewwilai et al., 2022, Karlin, 2018, Kim et al., 2023, Larsson Ranada & Österholm, 2022).

Participants reported feeling fortunate to be caregivers and foster independence and quality of life in the care recipients. Ensuring the care recipient feels safe and “giving back” to the care recipient were facets under this category. In the study by Harris and Titler (2022), the opportunity to be a caregiver was one of the most frequently mentioned positive aspects of the caregiver experience. The act of caregiving has been found to provide caregivers with a sense of giving back to the care recipients and an increased sense of meaning and purpose in life (Anderson et al., 2019, Haan et al., 2021, Hango, 2020). For example, bereaved caregivers acknowledge the exhaustion they felt in their role but many still feel grateful for being able to have enjoyed moments with the care recipients, and honored to have been able to provide family care (Haan et al., 2021).

Feelings of altruism and activism help caregivers cope with and reframe stressful caregiving experiences, which supports a sense of meaning in caregiving (Anderson et al., 2019). Feelings of reciprocity also exist, especially in the case of adult children as caregivers who want to support their parental care recipients by “giving back” the care they received when they were young (Herbst et al., 2022, Rodrigues et al., 2022). Perhaps most importantly, the facilitated ability to be a caregiver is critical to satisfaction. Participants in this study cited that having adequate access to respite facilitated their caregiving role. Accessible respite has been quantitatively explored in the study by Hogan et al. (2022), in which findings

showed that caregivers who had access to respite self-reported lower perceived stress and depressive symptoms, only mild-to-moderate burden, and as such, a higher overall satisfaction in caregiving.

Caregiver burnout has been referred to as tridimensional (Gérain & Zech, 2019). The first two dimensions are emotional exhaustion and depersonalization, depicting the negative effects of caregiver burnout (Gérain & Zech, 2019). However, the positive dimension of caregiver burnout is a sense of personal accomplishment where, despite burnout, the caregiver may gain a sense of fulfillment through their caregiving role and find meaning in it (Cross et al., 2018). Participants in this study cited self-validation through knowing that they were making a difference and learning more about themselves. In a study by Peacock et al. (2010), participants acknowledged their personal growth that occurred as a result of caregiving to a person living with dementia. “Isn’t that just the way this journey is, is constantly adapting, moving on, and adapting again and moving on” (p. 648) was stated by a participant when recognizing the transition and growth that occurs over a period of time spent caregiving (Peacock et al., 2010). Caregiving gives individuals the opportunity to discover more about themselves and skills that are attained through caregiving can foster confidence in handling challenging situations that arise other aspects of life (Peacock et al., 2010). Moreover, identification of meaning in the caregiver experience can be considered a protective factor for reducing emotional distress (Palacio & Limonero, 2020) and a mediator for resilience (Opsomer et al., 2022). The resilience process in caregiving is influenced by contextual elements such as individual history, sociocultural background, caregiver characteristics, and the behavior of the caregiver’s supportive network (Opsomer et al., 2022). Promoting a resilient coping style in caregivers can diminish the risk of stress and burden, and facilitate abilities for adaptation to new challenges (Cousins et al., 2023, Palacio et al., 2020).

Caregivers in the study who responded that caregiving was not a positive experience did not go into detailed explanation as to why they had this perspective. However, there are interesting features within the wider body of literature that could provide insight into why some caregivers are unable to identify positive aspects in their role. Studies that explore the associations of positive and negative dimensions of caregiving with caregiver well-being are scarce (Quinn et al., 2019). The idea of *role captivity* was proposed by Pearlin et al. (1990) and was described as caregivers feeling trapped in the caregiving role. In a longitudinal cohort study, Quinn et al. (2019) found that higher scores on the 3-item Role Captivity scale (Pearlin et al., 1990) correlated with lower scores on the Positive Aspects of Caregiving scale (Tarlow et al., 2004), resulting in lower overall caregiver well-being. Lindeza et al. (2020) conducted a systematic review of qualitative studies that explore the positive and negative aspects of caregiving through caregivers’ perspectives. It was found in their review that emotional and social aspects experienced by caregivers, such as

feelings of loneliness, guilt, grief, and uncertainty contribute to their negative appraisal about caregiving (Lindeza et al., 2020). On the contrary, the same systematic review found that medical counseling and formal care support contribute to positive appraisal of the caregiving role (Lindeza et al., 2020). These findings, in turn, shine light upon the need to intervene and support Saskatchewan caregivers psychologically through the difficult emotions experienced while caregiving.

### ***Study implications***

Our study makes a distinctive contribution to the discourse on positive caregiving experiences by shedding light on novel aspects often left under-explored in existing literature. Notably, our findings regarding the caregivers' role modeling for their children provides unique insights into the positive dimensions of caregiving, which, to our knowledge, have not been extensively covered in prior studies. This study not only aligns with existing research (Hebdon et al., 2022; Lee & Li, 2022; Pendergrass et al., 2019), but also extends this knowledge by emphasizing intrinsic rewards such as deepened relationships, personal growth, and the profound satisfaction of being there for the care recipient.

This study has implications for research, practice, and policy. Researchers can delve deeper into understanding the positive aspects of caregiving among different caregiver populations, such as those caring for individuals with specific chronic conditions. Exploring these positive aspects could help in developing more effective support strategies. Conducting longitudinal studies to track caregivers' experiences over time can provide insights into how positive aspects of caregiving evolve, as well as the impact on caregivers' well-being and mental health in the long term. In their mediational longitudinal study, Kayaalp et al. (2021) suggest that future longitudinal research could be designed to integrate both positive and negative aspects of caregiving, as their study primarily focused on that of negative aspects. As well, comparative studies have been conducted between different geographical areas (Rosenberg & Eckstrom, 2020); cultural backgrounds (Janevic & Connell, 2001); and socioeconomic statuses (S. A. Cohen et al., 2017). Studies such as these can reveal variations in caregiving experiences, which can lead to tailored support initiatives for different caregiver groups.

In practice, caregiver support programs should not only focus on addressing challenges and burdens but also incorporate a strength-based approach that highlights and enhances positive aspects of caregiving. These programs could involve facilitating opportunities for meaningful interactions and creating positive memories. Moreover, caregiver training and education programs should include components that help caregivers understand the positive aspects of caregiving. This can empower them to find meaning and fulfillment

in their role and build on personal growth opportunities. Professionals in caring professions can encourage family members and social networks to actively engage in the caregiving process can help share the positive aspects of caregiving, reduce burden, and enhance the overall caregiving experience.

Governments and healthcare systems should allocate sufficient funding and resources to support caregivers, including providing access to respite care, counseling services, and training programs that acknowledge and enhance positive caregiving experiences. Policymakers should consider involving caregivers in the planning and development of healthcare services. Caregiver perspectives can help ensure that services are tailored to support positive caregiving experiences. Lastly, implementing flexible employment support and policies for caregivers could enhance the balance of caregiving responsibilities with employment, reducing stress and supporting their positive experiences.

### ***Study limitations***

While this study provides valuable insights into the caregiver experience in Saskatchewan, it is important to consider limitations when interpreting the results and generalizing them to a broader population of caregivers. Since this study focuses on the positive aspects of caregiving, there is no specific comparison with negative aspects. Participants in the study self-selected to participate, which can introduce self-selection bias. Those who chose to participate may have had stronger opinions to share, potentially skewing the findings. Both current and former caregivers were invited to participate to provide a comprehensive exploration of the caregiver experience. However, we acknowledge that the inclusion of both groups introduced potential variations in circumstances, experiences, and perceptions. Current caregivers were able to offer reflection on ongoing experiences, whereas former caregivers were only able to offer retrospective insights. Additionally, caregivers who are less tech-savvy or do not have access to online platforms may be underrepresented in the study. The online survey method may have excluded potential participants who do not have internet access or who were not comfortable using online platforms. This limitation may have resulted in the underrepresentation of certain groups, such as individuals who may not be familiar with online surveys. Lastly, we acknowledge the potential for non-response bias in this study as some caregivers may have been too busy to complete the survey due to their caregiving responsibilities. Regarding our approach to analysis, the decision to categorize the extensive qualitative responses into a limited number of themes was made to facilitate a concise and organized presentation of findings. However, this reductionist approach may oversimplify the richness and complexity of the data. By condensing multifaceted narratives into broad categories, nuances and intricacies may have been inadvertently overlooked.

## Conclusion

Caregiving has a positive impact for those who receive care, but also for many of those who provide this care (Battams, 2017). The act of caregiving can provide a sense of satisfaction, giving back, personal growth, and increased meaning and purpose in life (Battams, 2017). Our findings present the perceived positive aspects of caregiving to older adults as reported by participants in the Saskatchewan Caregiver Experience Study. Although sometimes overlooked, an understanding of the positive aspects of caregiving can assist researchers, clinicians, and policymakers in tailoring services and initiatives to facilitate and enhance positivity in the caregiving role.

## Acknowledgments

We would like to thank the Saskatoon Council on Aging (SCOA) and the SCOA Caregiver Committee for their support in the development and launch of the Saskatchewan Caregiver Experience Study. As well, thank you to the caregivers of Saskatchewan for their interest and participation in this study.

## Disclosure statement

No potential conflict of interest was reported by the authors.

## Funding

Financial support was received from the Saskatoon Council on Aging, a not-for-profit organization in Saskatchewan that provides support to older adults and their caregivers.

## ORCID

Steven Hall  <http://orcid.org/0000-0002-2437-8644>

## References

- Anderson, J. G., Hundt, E., Dean, M., & Rose, K. M. (2019). "A fine line that we walk every day": Self-care approaches used by family caregivers of persons with dementia. *Issues in Mental Health Nursing*, 40(3), 252–259. <https://doi.org/10.1080/01612840.2018.1499156>
- Barello, S., Castiglioni, C., Bonanomi, A., & Graffigna, G. (2019). The caregiving health engagement scale (CHE-s): Development and initial validation of a new questionnaire for measuring family caregiver engagement in healthcare. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7743-8>
- Battams, N. (2017). *A snapshot of family caregiving and work in Canada*. Vanier Institute of the Family. <https://vanierinstitute.ca/a-snapshot-of-family-caregiving-and-work-in-canada/>

- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2020). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 1–14. <https://doi.org/10.1080/13645579.2020.1805550>
- Charles, L., Brémault-Phillips, S., Parmar, J., Johnson, M., & Sacrey, L. A. (2017). Understanding how to support family caregivers of seniors with complex needs. *Canadian Geriatrics Journal*, 20(2), 75–84. <https://doi.org/10.5770/cgj.20.252>
- Choi, S., & Seo, J. (2020). An exploratory study of the research on caregiver depression: Using bibliometrics and LDA topic modeling. *Issues in Mental Health Nursing*, 41(7), 592–601. <https://doi.org/10.1080/01612840.2019.1705944>
- Clements-Cortés, A., & Yip, J. (2020). Social prescribing for an aging population. *Activities, Adaptation & Aging*, 44(4), 327–340. <https://doi.org/10.1080/01924788.2019.1692467>
- Cohen, C. A., Gold, D. P., Shulman, K. I., & Zuccherro, C. A. (1994). Positive aspects in caregiving: An overlooked variable in research. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 13(3), 378–391. <https://doi.org/10.1017/S071498080000619X>
- Cohen, S. A., Cook, S. K., Sando, T. A., Brown, M. J., & Longo, D. R. (2017). Socioeconomic and demographic disparities in caregiving intensity and quality of life in informal caregivers: A first look at the national study of caregiving. *Journal of Gerontological Nursing*, 43(6), 17–24. <https://doi.org/10.3928/00989134-20170224-01>
- Cousins, E., Patrick, K., Chapman, K., Drost, J., & Spitznagel, M. B. (2023). The indirect effect of positive aspects of caregiving on the relationship between cognitive decline and dementia caregiver burden. *Psychogeriatrics*, 23(4), 603–608. <https://doi.org/10.1111/psyg.12966>
- Cross, A. J., Garip, G., & Sheffield, D. (2018). The psychosocial impact of caregiving in dementia and quality of life: A systematic review and meta-synthesis of qualitative research. *Psychology & Health*, 33(11), 1321–1342. <https://doi.org/10.1080/08870446.2018.1496250>
- Frederiksen, K. S., Lanctôt, K. L., Weidner, W., Hahn-Pedersen, J. H., Mattke, S., & Kuźma, E. (2023). A literature review on the burden of Alzheimer's disease on care partners. *Journal of Alzheimer's Disease*, 96(3), 947–966. <https://doi.org/10.3233/JAD-230487>
- Gérain, P., & Zech, E. (2019). Informal caregiver burnout? Development of a theoretical framework to understand the impact of caregiving. *Frontiers in Psychology*, 10, 1748. <https://doi.org/10.3389/fpsyg.2019.01748>
- Grant, G., & Nolan, M. (1993). Informal carers: sources and concomitants of satisfaction. *Health & Social Care in the Community*, 1(3), 147–159. <https://doi.org/10.1111/j.1365-2524.1993.tb00210.x>
- Guberman, N., Maheu, P., & Maillé, C. (1993). *Et si l'amour ne suffisait pas: Femmes, familles et adultes dépendants*. Éditions du Remue-ménage.
- Haan, M. M., Olthuis, G., & van Gorp, J. L. (2021). Feeling called to care: A qualitative interview study on normativity in family caregivers' experiences in Dutch home settings in a palliative care context. *BMC Palliative Care*, 20(1), 1–15. <https://doi.org/10.1186/s12904-021-00868-2>
- Hall, S. (2023). *The Saskatchewan caregiver experience study: A provincial survey to gather perspectives and set priorities for caregiver support* [Master's thesis]. University of Saskatchewan. <https://harvest.usask.ca/handle/10388/14578>
- Hall, S., Rohatinsky, N., Holtslander, L., & Peacock, S. (2024). Mapping the caregiver experience in a Canadian province: Research methodology for the Saskatchewan caregiver experience study. *Canadian Journal of Nursing Research*. <https://doi.org/10.1177/08445621241227720>
- Hango, D. (2020). Support received by caregivers in Canada. *Statistics Canada*. Retrieved July 22, 2021, from <https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00001-eng.htm>



- Harris, M. L., & Titler, M. G. (2022). Experiences of family caregivers of people with dementia during the COVID-19 pandemic. *Western Journal of Nursing Research*, 44(3), 269–278. <https://doi.org/10.1177/01939459211055773>
- Hebdon, M., Jones, M., Neller, S., Kent-Marvick, J., Thomas, M., Stewart, E., Aaron, S., Wilson, C., Peterson, N., & Ellington, L. (2022). Stress and supportive care needs of millennial caregivers: A qualitative analysis (GP704). *Journal of Pain and Symptom Management*, 63(6), 1113–1114. <https://doi.org/10.1016/j.jpainsymman.2022.04.095>
- Herbst, F. A., Gawinski, L., Schneider, N., & Stiel, S. (2022). ‘Mums are sacred, and mums don’t die’: A mixed-methods study of adult child–parent dyadic relationships at the end of life. *Journal of Psychosocial Oncology*, 40(2), 152–168. <https://doi.org/10.1080/07347332.2021.1902452>
- Hermanns, M., & Mastel-Smith, B. (2012). Caregiving: A qualitative concept analysis. *Qualitative Report*, 17, 75. <https://doi.org/10.46743/2160-3715/2012.1727>
- Hogan, L., Boron, J. B., Masters, J., MacArthur, K., & Manley, N. (2022). Characteristics of dementia family caregivers who use paid professional in-home respite care. *Home Health Care Services Quarterly*, 41(4), 310–329. <https://doi.org/10.1080/01621424.2022.2098083>
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Janevic, M. R., & Connell, C. M. (2001). Racial, ethnic, and cultural differences in the dementia caregiving experience: Recent findings. *The Gerontologist*, 41(3), 334–347. <https://doi.org/10.1093/geront/41.3.334>
- Kaewwilai, L., Duggleby, W., O’Rourke, H. M., & Santos Salas, A. (2022). Coping strategies and quality of life among Thai family carers of community-dwelling persons living with dementia: A cross-sectional study. *Journal of Advanced Nursing*, 78(9), 2785–2798. <https://doi.org/10.1111/jan.15185>
- Karlin, N. J. (2018). Older adult service usage assessment: Evidence from two rural samples. *Activities, Adaptation & Aging*, 42(4), 305–327. <https://doi.org/10.1080/01924788.2017.1412228>
- Kayaalp, A., Page, K. J., & Rospenda, K. M. (2021). Caregiver burden, work-family conflict, family-work conflict, and mental health of caregivers: A mediational longitudinal study. *Work & Stress*, 35(3), 217–240. <https://doi.org/10.1080/02678373.2020.1832609>
- Kim, K. T., Hawkins, B. A., Lee, Y. H., & Kim, H. (2023). Social support and daily life activity: Determinants of aging well. *Activities, Adaptation & Aging*, 47(2), 171–194. <https://doi.org/10.1080/01924788.2022.2106013>
- Kramer, B. J. (1997a). Differential predictors of strain and gain among husbands caring for wives with dementia. *The Gerontologist*, 37(2), 239–249. <https://doi.org/10.1093/geront/37.2.239>
- Kramer, B. J. (1997b). Gain in the caregiving experience: Where are we? What next? *The Gerontologist*, 37(2), 218–232. <https://doi.org/10.1093/geront/37.2.218>
- Larsson Ranada, Å., & Österholm, J. (2022). Promoting active and healthy ageing at day centers for older people. *Activities, Adaptation & Aging*, 46(3), 236–250. <https://doi.org/10.1080/01924788.2022.2028050>
- Lawton, M. P., Kleban, M. H., Moss, M., Rovine, M., & Glicksman, A. (1989). Measuring caregiving appraisal. *Journal of Gerontology*, 44(3), 61–P71. <https://doi.org/10.1093/geronj/44.3.P61>
- Lee, Y., Bierman, A., Penning, M., & Kemp, C. (2020). Psychological well-being among informal caregivers in the Canadian longitudinal study on aging: Why the location of care matters. *The Journals of Gerontology: Series B*, 75(10), 2207–2218. <https://doi.org/10.1093/geronb/gbaa159>

- Lee, Y., Li, L., & Heyn, P. C. (2022). Evaluating the positive experience of caregiving: A systematic review of the positive aspects of caregiving scale. *The Gerontologist*, 62(9), e493–e507. <https://doi.org/10.1093/geront/gnab092>
- Lévesque, L., Gendron, C., Vézina, J., Hébert, R., Ducharme, F., Lavoie, J. P., Gendron, M., Voyer, L., & Preville, M. (2002). The process of a group intervention for caregivers of demented persons living at home: Conceptual framework, components, and characteristics. *Aging & Mental Health*, 6(3), 239–247. <https://doi.org/10.1080/13607860220142468>
- Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation*, 1986(30), 73–84. <https://doi.org/10.1002/ev.1427>
- Lindeza, P., Rodrigues, M., Costa, J., Guerreiro, M., & Rosa, M. M. (2020). Impact of dementia on informal care: A systematic review of family caregivers' perceptions. *BMJ Supportive & Palliative Care*, bmjpspcare-2020-002242. <https://doi.org/10.1136/bmjpspcare-2020-002242>
- Lloyd, J., Patterson, T., & Muers, J. (2016). The positive aspects of caregiving in dementia: A critical review of the qualitative literature. *Dementia (London, England)*, 15(6), 1534–1561. <https://doi.org/10.1177/1471301214564792>
- Louderback, P. (2000). Elder care: A positive approach to caregiving. *Journal of the American Academy of Nurse Practitioners*, 12(3), 97–100. <https://doi.org/10.1111/j.1745-7599.2000.tb00175.x>
- Momentive Inc. (2021). *SurveyMonkey*. [www.momentive.ai](http://www.momentive.ai)
- Opsomer, S., Lauwerier, E., De Lepeleire, J., & Pype, P. (2022). Resilience in advanced cancer caregiving. A systematic review and meta-synthesis. *Palliative Medicine*, 36(1), 44–58. <https://doi.org/10.1177/02692163211057749>
- Palacio, C., Krikorian, A., Gómez-Romero, M. J., & Limonero, J. T. (2020). Resilience in caregivers: A systematic review. *American Journal of Hospice and Palliative Medicine*, 37(8), 648–658. <https://doi.org/10.1177/1049909119893977>
- Palacio, C., & Limonero, J. T. (2020). The relationship between the positive aspects of caring and the personal growth of caregivers of patients with advanced oncological illness. *Supportive Care in Cancer*, 28(7), 3007–3013. <https://doi.org/10.1007/s00520-019-05139-8>
- Peacock, S., Forbes, D., Markle-Reid, M., Hawranik, P., Morgan, D., Jansen, L., Leipter, B. D., & Henderson, S. R. (2010). The positive aspects of the caregiving journey with dementia: Using a strengths-based perspective to reveal opportunities. *Journal of Applied Gerontology*, 29(5), 640–659. <https://doi.org/10.1177/0733464809341471>
- Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30(5), 583–594. <https://doi.org/10.1093/geront/30.5.583>
- Pendergrass, A., Mittelman, M., Graessel, E., Özbe, D., & Karg, N. (2019). Predictors of the personal benefits and positive aspects of informal caregiving. *Aging & Mental Health*, 23(11), 1533–1538. <https://doi.org/10.1080/13607863.2018.1501662>
- QSR International Pty Ltd. (2019). *NVivo 12 Qualitative data analysis software*. <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>
- Quinn, C., Nelis, S. M., Martyr, A., Victor, C., Morris, R. G., Clare, L., & Team, I. S. (2019). Influence of positive and negative dimensions of dementia caregiving on caregiver well-being and satisfaction with life: Findings from the IDEAL study. *The American Journal of Geriatric Psychiatry*, 27(8), 838–848. <https://doi.org/10.1016/j.jagp.2019.02.005>
- Quinn, C., & Toms, G. (2018). Influence of positive aspects of dementia caregiving on caregivers' well-being: A systematic review. *The Gerontologist*, 59(5), e584–e596. <https://doi.org/10.1093/geront/gny168>

- Quinn, C., Toms, G., Rippon, I., Nelis, S. M., Henderson, C., Morris, R. G., Rusted, J. M., Thom, J. M., Van Den Heuvel, E., Victor, C., & Clare, L. (2022). Positive experiences in dementia care-giving: Findings from the IDEAL programme. *Ageing & Society*, 1–21. <https://doi.org/10.1017/S0144686X22000526>
- Rodrigues, R., Filipovič Hrast, M., Kadi, S., Hurtado Monarres, M., Hlebec, V., & de Medeiros, K. (2022). Life course pathways into intergenerational caregiving. *The Journals of Gerontology: Series B*, 77(7), 1305–1314. <https://doi.org/10.1093/geronb/gbac024>
- Rosenberg, M. W., & Eckstrom, E. (2020). Geographic differences in the unpaid caregiver experience from the national study of caregiving (NSOC) [journal article]. *Rural and Remote Health*, 20(4), 1–8. <https://doi.org/10.22605/RRH6062>
- Sacco, T. L., & Copel, L. C. (2018). Compassion satisfaction: A concept analysis in nursing. *Nursing Forum*, 53(1), 76–83. <https://doi.org/10.1111/nuf.12213>
- Sideman, A. B., Merrilees, J., Dulaney, S., Kiekhofe, R., Braley, T., Lee, K., Chiong, W., Miller, B., Bonasera, S. J., & Possin, K. L. (2023). “Out of the clear blue sky she tells me she loves me”: Connection experiences between caregivers and people with dementia. *Journal of the American Geriatrics Society*, 71(7), 2172–2183. <https://doi.org/10.1111/jgs.18297>
- Son, G. R., Zauszniewski, J. A., Wykle, M. L., & Picot, S. J. F. (2000). Translation and validation of caregiving satisfaction scale into Korean. *Western Journal of Nursing Research*, 22(5), 609–622. <https://doi.org/10.1177/01939450022044629>
- Statistics Canada. (2020). *Caregivers in Canada, 2018*. Retrieved July 12, 2021, from <https://www150.statcan.gc.ca/n1/daily-quotidien/200108/dq200108a-eng.pdf>
- Tarlow, B. J., Wisniewski, S. R., Belle, S. H., Rubert, M., Ory, M. G., & Gallagher-Thompson, D. (2004). Positive aspects of caregiving: Contributions of the REACH project to the development of new measures for Alzheimer’s caregiving. *Research on Aging*, 26(4), 429–453. <https://doi.org/10.1177/0164027504264493>