Renewing Everyday Hope: The Hope Experience of Family Caregivers of Persons with Dementia

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The purpose of this grounded theory study was to explore the experience of hope for family members caring for a person with dementia. Seventeen family members caring for persons with dementia were interviewed. The participants described their hope as the possibility of a positive future within their daily lives and in the social context of grief and loss, stress, fatigue, and constantly dealing with challenging behaviours of the person with dementia. The main concern of the study participants was “fading hope,” which they dealt with by “renewing every day hope” through (a) coming to terms, (b) finding positives, and (c) seeing possibilities.

The experience of caring for persons with Alzheimer’s Disease (AD) is considered to be unique and as central to the experience as the disease itself (Galvin, Todres, & Richardson, 2005). It is well documented that family caregivers of persons with dementia experience physical, psychosocial, and spiritual stress. For example, studies with caregivers caring for dementia patients suggest that the experience of care giving can affect the physical and mental health of the caregivers (Donelan, Fallik, & Deroches 2001; Fast, Eales & Keating, 2001; Gilliland & Bush, 2001; Gruenfeld et al., 2004; Willette-Murphy, Todero, Yeaworth, 2007). Physical health outcomes include a decrease in immune system response, an increased risk of cardiovascular disease and high blood pressure (Gilliland & Bush, 2001), and interruptions in sleep (Fast et al., 2001). Caregivers compared to non-caregivers have higher rates of affective and anxiety disorders (Cochrane & Lewis, 2005) and depressive symptoms (Gilliland & Bush, 2001). Caregivers have identified benefits to care giving, such as finding meaning and joy (Butcher, Holkup, & Buckwalter, 2001). Given these benefits it is important to support family members in their care giving role. As the number of Canadians with Alzheimer’s disease is projected to increase to 750,000 people by 2031 and 50% will be cared for by family members (Alzheimer Society of Canada, 2008), finding ways to support family caregivers is of urgent importance.

Hope was identified as a key psychosocial resource among family caregivers of persons with advanced cancer to manage and deal with the caregiver experience (Borneman, Stahl, Ferrell, & Smith, 2002; Herth, 1993; Holtslander, Duggleby, Williams, & Wright, 2005). For family members caring for persons with dementia, hope has been found to balance their everyday stress and maintain a sense of well-being (Irvin & Acton, 1997). Thus hope may be an important psychosocial resource for family caregivers of persons with dementia.

Hope has been defined as a “multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving future good, which to the hoping person is realistically possible and personally significant” (Dufault & Martocchio, 1985, p. 380). Understanding the hope experience and the processes by which family members caring for a person with dementia sustain their hope will provide a foundation for mental health professionals to identify ways to support care giving family during their experience. The purpose of this study is to...
explore the hope experience of family caregivers of persons with dementia.

BACKGROUND

Research studies have described the hope of family caregivers of persons who are receiving critical care (Gelling, 1999; Patel, 1996; Staples & Jeffrey, 1997; Verhaeghe, van Zuurzen, Defloor, Duijnsee, & Grypdonc, 2007), chronic care (Parse, 1999), and palliative care (Borneman, Stahl, Ferrell, & Smith, 2002; Herth, 1993; Holtslander, Duggleby, Williams, & Wright, 2005). They also have described the hope of families caring for persons with HIV/AIDS (Kylma, Vehvilainen-Julkunen, & Lahdevirta, 2001) and advanced cancer (Benzaein & Berg, 2005; Borneman et al., 2002; Chapman & Pepler, 1998; Clayton, Butow, Arnold, & Tatertassal, 2005; Herth, 1993; Holtslander et al., 2005). Common findings of these studies were the importance of hope to the caregivers of persons who did not have dementia. Common themes of the hope experience of family caregivers of persons with non-dementia chronic illnesses emerging from research were: (a) spirituality (defined as meaning and purpose in life) (Borneman et al., 2002; Holtslander et al., 2005; Kylma et al., 2001; Patel, 1996), (b) positive relationships (Borneman et al., 2002; Gelling, 1999; Holtslander et al., 2005; Parse, 1999; Patel, 1996), (c) loss/grief (Chapman & Pepler, 1998; Herth, 1993), and (d) feelings of control (Gelling, 1999; Holtslander et al., 2005). Additional research is needed to determine if there are similarities and or differences in the hope experience of family caregivers of persons with dementia with other family caregivers.

Only one reported study focused on the hope of family members caring for persons with dementia (Irvin & Acton, 1997). In this study 88 caregivers were asked to complete a questionnaire of hope and well-being as measured by the General Health Questionnaire. A significant positive relationship was found between hope and well-being. The findings emphasized the importance of hope for family caregivers of persons with dementia, however they did not add to our understanding of these caregivers’ hope experience. Many theories and conceptual models of hope have been developed using non-caregiver populations (Dufault & Martocchio, 1985; Faran, Herth, & Popovich, 1995; Morse & Doberneck, 1995; Synder, 2002) and do not appear to be applicable to the hope experience of family caregivers. Three studies of hope in family caregivers have used a grounded theory approach to develop a substantive theory of hope (Holtslander, Duggleby, Williams, & Wright, 2005; Kylma, 2001; Verhaeghe, van Zuurzen, Defloor, Duijnsee, & Grypdonc, 2007). Although there were similarities in some of the findings of these studies there were marked differences in their core concepts and emerging theories.

The emerging theory of hope, “Hanging on to Hope,” was developed from a grounded study of hope in family caregivers of terminally ill cancer patients in Canada (Holtslander, Duggleby, Williams, & Wright, 2005). In this emerging theory, family caregivers described going through the processes of living in the moment, being positive, and writing their own story so that they could live with hope. Hope was viewed by participants as a dynamic inner strength that was a psychological resource for family caregivers to deal with the care giving experience. Hope as a resource to help family members continue care giving was also reported in another grounded theory study of 22 family members of traumatic coma patients in intensive care in Belgium (Verhaeghe et al., 2007). For families of persons with traumatic injuries, hope was a stepped process dependent upon the condition of the care giver’s family member. Hope alternated with despair. The alternation of hope with despair also was found in a grounded theory of the hope experience of caring for persons with HIV/AIDS in Finland (Kylma et al., 2001). In this grounded theory study, eight caregivers were interviewed. Study participants described their experience of living with fluctuating waves of hope and despair. Hope was described as a future-orientated belief in existing possibilities.

The difference in findings among these three grounded theory studies of the hope experience of the family caregiver reflect the complexity of the hope experience as it is possibly related to diverse cultural, geographic, and care giving experiences. For example, much as the care giving experience of caring for a person with dementia differs from the experience of caring for a person with advanced cancer, HIV/AIDS, or who are in a traumatic coma, it is possible that the hope experience differs as well. Significant gaps exist in our knowledge about the hope experience of family caregivers; the inner processes and meaning of hope for the caregiver of persons with dementia need to be explored in order to support family caregivers.

The purpose of this study was to explore the experience of hope from the perspective of family members caring for a person with dementia with the specific aims of also exploring the processes of hope for these family caregivers and constructing a tentative, emerging theory of the hope experience of this population.

METHOD

Because of the significant gaps in our understanding of the complex phenomenon of the hope experience of family caregivers of persons with dementia, Charmaz’s (2006) constructivist grounded theory approach was used. Using Charmaz’s grounded theory approach, an emerging theory of the study phenomena is conceptualized is articulated, while acknowledging the subjectivity and importance of the social context in which the phenomena are experienced. This study was approved by an ethical review board.

Sample and Setting

The study was conducted in the homes of family members caring for persons with AD in a rural western Canadian health region. Family caregivers are a family member or significant other identified by the patient or home care coordinator as the patients’ primary source of emotional and physical support.
The study included men and women who were: (a) 18 years of age or older, (b) the primary caregivers of a person diagnosed with AD who were receiving services home and long-term care services in a Canadian western health region, and (c) English speaking. Using the selection criteria, the potential participants were identified by a home care coordinator and asked if they would like to speak to a trained research assistant (RA) about participating in a study. When the potential participants agreed, the RA contacted them by phone and arranged to meet with them in their homes. At the first meeting a written informed consent was obtained and whenever possible an assent form was obtained from the person with AD.

A purposive and theoretical sampling approach was used to reach theoretical completeness, defined by Charmaz (2006) as saturation. Recruitment of study participants stopped when the data collected was determined by the research team to be rich and sufficient and no new properties of the categories or theoretical insights were being gained. Purposive sampling was used to obtain a diverse sample of participants who: (a) had a range of ages as increasing age has been found to be related to hope (Benzein & Berg, 2005), (b) were men and women, as it is uncertain if gender has a role in the hope experience (Holstlander, Duggleby, Williams, & Wright, 2005), (c) were caring for family members at home and in a long-term care facility, (d) had a range of the length of time they were providing care, and (e) had diverse relationships of being a spouse, adult child, or friend. Relationships have been found to be important aspects of hope, but how it may influence the hope experience is not well understood. Theoretical sampling and follow up interviews were used as the theory emerged to saturate the core categories.

**Data Collection**

At the first visit, after obtaining written informed consent, participants completed a demographic form that included questions specific to age, gender, relationship to patient, occupation (current or past), ethnicity, income, religious affiliation, any medical conditions, and education levels. Participants were then interviewed using open-ended questions, followed by questions adapted to the individual responses. The questions revolved around hope and included: (a) Tell me about hope; (b) What gives you hope?; (c) What kinds of things change (increase or decrease) your hope?; and (d) what can others do to help you have hope? Interviews lasted 45–60 minutes and were audio-taped, after which they were transcribed verbatim. Twenty-three interviews were completed (six participants were interviewed twice to clarify and confirm findings). Data collection continued until saturation (no new ideas) was reached and took place over a period of six months.

**Data Analysis**

Interviews were transcribed verbatim. Interview transcripts were checked for accuracy and were managed using N6 software. Data were analyzed during data collection. Using Charmaz’s (2006) constructivist grounded theory approach, data were analyzed using initial, focused, and theoretical coding. Categories, themes, and concepts reflected the participants’ language as much as possible. Initial coding involved examining the data line by line, forming categories, searching for and identifying processes, meanings, actions, change, and consequences. These initial codes and categories provided the focus in the ongoing data collection. During the focused coding phase the most significant or frequent initial categories were then identified as focused codes. Then, data were compared to data, categories to categories, and incident to incident, to develop the properties of the focused codes. Using theoretical coding the relationships among the categories and concepts were identified. The focused codes were integrated and organized into an emerging theory of the hope experience of family members caring for a person with AD.

Trustworthiness of the data was sought through credibility, originality, resonance, and usefulness so that the emerging theory has fit relevance and modifiability (Charmaz, 2006). Credibility and originality of the data was obtained by gathering rich, in-depth data from interviews, field notes, and memos, transcribing verbatim and coding line-by-line using the participants’ words as much as possible. The results of the interviews were confirmed for resonance and usefulness with the participants in second interviews. Theoretical observation in the data and cross-coding and categorizing data.

**FINDINGS**

**Sample**

Twenty potential participants were approached to participate, but three declined because of fatigue, stress, and the hospitalization of one person with AD. Seventeen family members (3 male and 14 female) caring for persons with AD were interviewed face-to-face, using open-ending questions. Table 1 provides demographics of the caregivers and the persons with AD. The participants were older ($M = 65.2$ years, range 48–84 years), well educated ($M = 11.65$ years of education, range 5–16 years), and the majority (88.2%) were married. The participants had a wide range of the length of time that they had been providing care, 2–11 years. The family member with dementia was typically older ($M = 80.29$ years of age); ten were male and seven female. Two of the participants were contrast cases as they clearly suggested that they had very little hope. Both of these participants described their fatigue and their need to protect themselves from their feelings of loss and grief. They also described their difficulty talking about hope.

**Social Context**

The social context in which the findings were interpreted is the everyday experience of having a family member with dementia. Participants described their grief and loss throughout the transcripts. For example their grief and loss was at times associated with their family member not recognizing them: “She is with us but she’s not really with us and so I think that that’s an
ongoing grieving process.” Participants also described conflicting role stress and strain and exhaustion as they dealt with the challenges of caring for a person with dementia and their grief as their life had been altered: “The low for me . . . I feel trapped. I feel like my life is almost not my own anymore.”

Within this context, the theory “Renewing Everyday Hope” emerged and is represented in Figure 1. The figure represents the processes as a knot, which is the metaphor used by one of the participants. The interactional subprocesses (coming to terms, findings positives, and seeing possibilities) are part of the knot keeping hope strong. There was constant interaction between the subprocesses as they are interrelated.

**Main Concern: Fading Hope**

The main concern as described by all the participants was fading hope. The participants leaned on their hope everyday to keep providing caregiving and to not give up, and found, at times, that their hope wasn’t as strong and was fading: “But then it [hope] fades a way.” Another participant described their hope as “worn away.” Hope was fluid in nature, constantly changing. For example a participant said: “It’s a minute by minute thing, because in every minute of your life hope is intertwined [with the person with AD] . . . minute to minute and hour by hour, day by day.” The participants’ hope was very much tied to how the person they were caring for was doing that day: “When it [hope] isn’t strong, or when it’s less strong, it’s reflective of how [husband] is doing and what kind of day he is having.”

**Basic Social Process: Renewing Everyday Hope**

The basic social process that emerged from the data from participants was “renewing everyday hope.” In order to deal with their fading hope, participants were constantly renewing their hope to replenish it and make it strong: “Clearly most of the time it’s half empty but you take and fill it every once in a while ‘cause you got to.” The participants described hope as the possibility of a positive future within a focus of living day by day. For example, participants said:

I think hope is the future, hope is what we do every day of our lives . . . I think our hope is to overcome any obstacles that come in our way.

Hope is what happens to me every day . . . It is what drives us and gets us up in the morning.

When he loses control, he has a, you know, a bad night and he can’t, he doesn’t, sleep, he stays awake all night and, ah . . . threatens to walk out . . . but then he usually snaps back the next day and he’s back to his normal self. I have hope again that things will be, will be all right . . . It’s the hope for every day.

Participants described their hope to be able to continue providing care for their family member with dementia: “I think that if I didn’t have hope I would loathe it [care giving], it would be too hard. . . . I wouldn’t be around that, that’s what I think would happen if I didn’t have hope.” Their hope was more for themselves than for person they were caring for: “More hope, more hope for caregivers than patients.” Due to the nature of

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Demographics ( N = 17 )</th>
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<tbody>
<tr>
<td>Caregiver</td>
<td>Mean (SD; range)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>65.24 (12.013; 48–84 years)</td>
</tr>
<tr>
<td>Education (years)</td>
<td>11.65 (3.5; 5–16 years)</td>
</tr>
<tr>
<td>Length of time caring for person with dementia (years)</td>
<td>5.56 (2.6; 2–11 years)</td>
</tr>
<tr>
<td>Gender</td>
<td>3-male</td>
</tr>
<tr>
<td>Marital status</td>
<td>1-divorced</td>
</tr>
<tr>
<td>Relationship to person with dementia</td>
<td>2-single</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>8-wife</td>
</tr>
<tr>
<td>Religious preference</td>
<td>5-daughter</td>
</tr>
<tr>
<td>Occupation</td>
<td>1-son</td>
</tr>
<tr>
<td>Current income</td>
<td>1-friend</td>
</tr>
<tr>
<td>Medical conditions</td>
<td>17-Caucasian</td>
</tr>
<tr>
<td>Any help with care giving other than formal services?</td>
<td>7-Protestant</td>
</tr>
<tr>
<td>Using other services</td>
<td>2-Catholic</td>
</tr>
<tr>
<td>6-yes</td>
<td>2-none</td>
</tr>
<tr>
<td>11-no</td>
<td>2-farmer</td>
</tr>
<tr>
<td>3-blue collar</td>
<td>3-business owner</td>
</tr>
<tr>
<td>5-homemaker</td>
<td>2-former</td>
</tr>
<tr>
<td>4-professional</td>
<td>4-medical conditions</td>
</tr>
<tr>
<td>1-office worker</td>
<td>4-missing data</td>
</tr>
<tr>
<td>2-business owner</td>
<td>9-none</td>
</tr>
<tr>
<td>1-back problems</td>
<td>1-heart problems</td>
</tr>
<tr>
<td>3-arthritis</td>
<td>6-yes</td>
</tr>
<tr>
<td>1-diabetes</td>
<td>11-no</td>
</tr>
</tbody>
</table>
| 2-hypertension | (Continued on next page)
TABLE 1
Demographics (N = 17) (Continued)

<table>
<thead>
<tr>
<th>Mean (SD; range)</th>
<th>Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status</td>
<td>3-much better now than one year ago</td>
</tr>
<tr>
<td></td>
<td>2-somewhat better than one year ago</td>
</tr>
<tr>
<td></td>
<td>7-about the same</td>
</tr>
<tr>
<td></td>
<td>4-somewhat worse than one year ago</td>
</tr>
<tr>
<td></td>
<td>1-much worse now than one year ago</td>
</tr>
<tr>
<td>B. Person with AD</td>
<td>10-male</td>
</tr>
<tr>
<td>Gender</td>
<td>7-female</td>
</tr>
<tr>
<td>Age</td>
<td>80.29 (7.3; 58–89)</td>
</tr>
<tr>
<td>Other medical diagnosis</td>
<td>7-none</td>
</tr>
<tr>
<td></td>
<td>2-diabetes</td>
</tr>
<tr>
<td></td>
<td>1-glaucoma</td>
</tr>
<tr>
<td></td>
<td>1-arthritis</td>
</tr>
<tr>
<td></td>
<td>4-dementia</td>
</tr>
<tr>
<td></td>
<td>1-HPT</td>
</tr>
<tr>
<td></td>
<td>1-missing data</td>
</tr>
</tbody>
</table>

the disease, participants had hope for their family member, but it focused on hope that things would not get worse: “I’m just hoping I can manage with him and I’m hoping that he can be at least the way he is from one day to another;” “I’m hoping that the situation won’t get any worse than what it has.”

Many participants spoke of hope as an almost physical entity that they could replenish and draw upon to support them: “And it’s the same thing with this string, you tie, whatever, you knot it and it’s . . . It’s strong and it’s supportive.” Hope at times seemed to give the participants the physical strength or mental strength to continue. They were able to continually renew their hope by “coming to terms” with their situation, finding the positives, and “seeing possibilities.”

Finding Positives

When the participants had come to terms with their situation they were then able to find the positive aspects of their situation: “. . . bring out the good things that I enjoy in life.” They were able to find the positive experiences of caring for persons with dementia by weighing the positives and negatives. As one participant said: “I weigh the positives and negatives, like Mom still has got lots of quality of life.”

In order to find the positives, participants also needed to connect with others and their faith. As one participant said “I find when I do that or I make contact with someone I’ll phone a friend . . . that helps.” Connecting with others was important for support, and understanding from others fostered their hope: “. . . happy that I have this family to say that we love you and we are gonna stand behind you and if we can help you in any way we will;” “I know I have friends behind me . . . talking with
them and saying, you know, there’s always hope.” Another said: “That’s the only thing that makes hope strong is each other.” Some participants found support in their faith by connecting through prayer: “I pray a lot . . . and when I ask for help, I have to truly believe that He will help me.”

**Seeing Possibilities**

Finding the positives in situations helped participants to see possibilities as they looked on the “brighter side.” As one participant said: “It gives me time to think about it and see what the possibilities are.” The participants described seeing possibilities through setting goals and making choices.

Setting short-term goals were described as helping the participants renew their hope: “I find if you have goals in your life, there is always hope. You, if you have goals, you have hope, otherwise why would you be making these goals.” Feeling that they had options or choices that they could make gave the participants a sense of hope: “You know, you make choices that make your life worth living and that’s what I think I do.” Making choices resulted in feelings of control that further helped participants in renewing their everyday hope. Seeing possibilities helped to renew their fading hope and keep hope strong.

**DISCUSSION**

The process of “Renewing Everyday Hope” along with its subprocesses (coming to terms, finding the positives, and seeing possibilities) is a unique concept in the hope literature. Similar individual concepts were found in other research studies, however they were not conceptualized as interrelated and as processes of hope as they were in the findings in this study. The emerging theory creates a picture of hope that is situated within the context of caring for a person with dementia.

Consistent with research studies of hope in family caregivers of persons with advanced cancer is the finding in this study that hope is situated within every day life (Borneman et al., 2002; Herth, 1993; Holtslander et al., 2005). Participants described the importance of focusing their hope on the immediate future because of the day-to-day uncertainty of their situation. The main process of “Renewing Everyday Hope” has not been found in the literature, yet it is a significant finding of this study. This suggests that the concept of “Renewing Everyday Hope” may be unique to the hope experience of family caregivers of persons with dementia. Ongoing research is needed to determine if this concept is shared with the experience of other family caregivers of persons with chronic disease.

The participants in this study clearly described the fluid nature of hope and its connection to the person they are caring for. These findings also were found in the grounded theory studies of caregivers of persons with advanced cancer (Holtslander et al., 2005), HIV/AIDS (Kylma et al., 2001), and who were in a traumatic coma (Verhaeghe et al., 2007). The connection of the caregivers’ hope experience with the person they are caring for suggests that the disease or its sequela many have an influence on the processes of their hope experience. For example persons with advanced cancer are able, at times, to interact and relate to their family members in a meaningful way. This is in contrast to persons with dementia who no longer recognize where or who they are, let alone their family members or caregiver. More research is needed to determine if the care recipients’ disease and its sequela does have a direct influence on the hope experience of their family caregivers.

One of the subprocesses in this study, “coming to terms,” is consistent with the findings in a study of hope of persons with advanced cancer (Duggleby & Wright, 2005) and in a grounded theory study of the hope experience of family caregivers with advanced cancer (Holtslander et al., 2005). Holtslander and colleagues suggested that family caregivers, through accepting their situation, were able to foster their own hope. Acknowledging the situation also was described in a study of the hope experience of terminally ill cancer patients as an important process in transforming caregivers’ hope (Duggleby & Wright, 2005). It appears that coming to terms with reality is an important process of hope for family caregivers of persons with advanced cancer as well as dementia.

Another subprocess, “finding positives,” in this study also was consistent in other hope studies of family caregivers of persons with cancer (Herth, 1993; Patel, 1996). However, the family caregivers of persons with dementia found the positives in their lives through weighing the positives and negatives, which was not found in other studies. The study participants also described how connecting with others and their faith helped them to find the positives. Supportive relationships and spiritually are common themes in other studies of hope and family caregivers (Bland & Darlington, 2002; Borneman et al., 2002; Holtslander et al., 2005). However, in these studies, supportive relationships and spirituality were not linked to finding the positives. Thus it appears that conceptualizing supportive relationships and spirituality as ways to find positives in their situation as found in this study possibly gives insight into why supportive relationships and spirituality are important aspects of the hope experience.

The third subprocess, “seeing possibilities,” in this study also was described in a hope study of family caregivers of persons with HIV/AIDS (Kylma et al., 2001). It was described as recognizing constructive possibilities in one’s present situation. One of the ways to see possibilities was through setting goals. Setting goals is a major concept in Snyder’s (2002) theory of hope. However, setting goals, along with making choices, have not been discussed in other literature as ways to see possibilities. Thus, although the finding of setting goals is found in the hope literature, its relationships with seeing possibilities provides further insight into the hope experience.

There are several factors including the sample, the context, and the methodological approach that influence, and possibly limit, the findings of this study. The participants were receiving support through home care or long-term care, which may have influenced their experience of hope. As well, the level of cognitive impairment of the care recipient was not collected and
may have influenced the hope experience of family caregivers. Although diversity was sought, the sample is relatively homogeneous possibly resulting in premature saturation. Participants from different ethnic and religious groups, socioeconomic status, cultural groups, and geographic locations may describe their hope experience differently. Additionally, the constructivist methodology approach (Charmaz, 2006) identifies social processes that are common to all participants, whereas other methodologies may find other concepts in the hope experience. The findings of this study need to be interpreted considering these factors and the social context of the participants.

IMPLICATIONS FOR PRACTICE AND RESEARCH

The emerging theory of “Renewing Everyday Hope” provides a unique understanding and awareness of the hope experience of family caregivers of persons with dementia. The importance of hope to these caregivers was clear as they discussed how they physically and mentally lean on their hope, every day. This should serve as a reminder to health care professionals to assess the hope of family caregivers. Those whose hope is fading may need the support of health care professionals to renew their hope.

The findings also suggest that fostering hope should be an important part of supporting family caregivers. Fostering hope is considered an important part of counselling of bereaved family caregivers (Cutcliffe, 2004), and should be a key focus in supporting family caregivers. The emerging theory through its subprocesses suggest several ways to assist caregivers in fostering hope, such as weighing positive and negatives, connecting with others, setting goals, and making choices. The subprocesses of this emerging theory of “Renewing Everyday Hope” need further development and clarification in their relationships. Further research also is needed to determine if hope-focused interventions foster hope in family caregivers of persons with dementia.

CONCLUSION

The findings of this study represent an emerging and tentative exploration of the processes of hope for family caregivers of persons with dementia. Hope is a complex construct and additional studies similar to this one should be conducted to explore this very important psychosocial concept in-depth. The stories of hope described by the participants provide a glimpse of their experience of hope. It is a picture of loss and grief, courage and hope. The results of this study provide a foundation for future research and development of ways to foster hope in family caregivers of persons with dementia.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

REFERENCES


