

THE UNIQUE LIFE BALANCE: THE EXPERIENCE OF FINDING BALANCE  
DURING BEREAVEMENT FOR OLDER ADULTS AFTER SPOUSAL  
CAREGIVING

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## **ABSTRACT**

Regaining a sense of balance in life after the death of a spouse is a very difficult journey. Evidence supports older spousal caregivers experience unique challenges that affect their bereavement adjustment. The methodology of interpretive description informed this secondary analysis of the experience of finding balance during bereavement. The purpose was to provide empirical evidence to generate new knowledge and expand our understanding of a phenomenon important to older adults experiencing bereavement after caring for their spouse with advanced cancer. The participants were ten men and women between the ages of 66-83 years of age in their first year of bereavement. The dataset consisted of 21 interviews and eight journals. The participants' experiences were illuminated through words, stories, and reflections on their journey from caregiver to their lives lived without their spouse. Ten major themes and 15 subthemes emerged. Creating balance in bereavement reflected each participant's quest to find a 'new normal', and sense of peace in areas of their life that were important to them. Discovering ways to nurture their unique life balance helped each participant grow and learn to carry forward while honouring the life of their spouses. The knowledge of finding balance in bereavement gained through interpretive description of this 'insider's perspective' provides important insights for those in a strategic position to promote positive outcomes in the bereavement journey.

## **ACKNOWLEDGEMENTS**

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I wish to say a heartfelt thank you to my husband for his cooperation, patience, gentle nature, and for caring for our son and home when it was needed most. To my son, who was only 2 months old when I started this journey: thank-you for snuggling with me

in class; for helping me type and ‘organize’ the office time and time again; and for your *toddleresque* patience and love as mama worked...and yes my sweet boy...“Mama IS done her Masters!” Without our cherished ‘family time’ as an outlet to compensate for the challenges of completing a Master’s, I doubt would have ever finished. Finally, I wish to thank my parents, once again, for believing in me, supporting me (and my new family), and for teaching me long ago that working hard and facing challenges was its own reward.

## **DEDICATION**

*Finding a balance takes time. Healing happens gradually, and there is no such thing as a normal agenda for bereavement. Whatever your balance experience, it is important to be patient with yourself and allow your journey to unfold as you need it to.*

*-Sarah Salewich RN*

The older adult spouses, who contributed to this study, managed their caregiving role with a remarkable degree of dignity and strength. It was through their lens that the bereavement experience was felt and I thank the participants for sharing their stories, insights, and wisdom surrounding their experiences of finding balance during a very delicate time in their lives. I sincerely appreciated the sacred energy I felt from reading, listening, and immersing myself in the participants' bereavement experiences. I hope I have honoured your shared words and provided you with insight into the 'balance' you were developing when participating in this study. Finally, I also dedicate this study to your spouses – your loved ones – who remain forever and always in your hearts, guiding you as you forge ahead on your new journey. With most heartfelt thanks, I dedicate this work to *each* of you.

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## **CHAPTER ONE – INTRODUCTION**

With the imminent knowledge that their spouses were dying, each of these caregivers were faced with open questions and fears surrounding how to live and move forward as an individual without their spouse. Entering into the early bereavement time (between 0 and 1 year post loss), these older adult participants shared their stories and thoughts that reflected their experiences of finding balance in bereavement. Found within their words were questions such as, ‘How long will I feel like this?’, ‘When will my days and nights seem easier?’, ‘What is balance for me now?’, ‘What can I do to bring more balance to my life while I work through my bereavement?’, ‘What are my strengths now that I am without my partner?’ Bereavement was defined as a difficult journey - “something we get through, not get over”. In the interviews, it was evident that the participants were still defining what finding balance meant for them, and it was through sharing parts of their journey of adjusting to their loss that their own perspective began to take shape. It is through this lens that the conceptual definition of the experience of finding balance in early bereavement was defined.

### **Gaps in Literature**

The needs and meaning that older caregivers give to the experience after the death of their loved one from cancer is an underdeveloped area of research (Canadian Hospice Palliative Care Association [CHPCA], 2004). The literature suggests throughout the caregiving time, the spousal caregiver experiences differing levels of strain (Kim & Schulz, 2008) from the life changes that come with caring for a palliative spouse.

Bereavement literature illustrates that bereaved people are therefore, more vulnerable to disease and are at an increased risk for mortality, especially in the early months after the death of their spouse (Stroebe, Schut, & Stroebe, 2007).

### **Significance, Relevance and Purpose of the Analysis**

Studying the experience of finding balance while coping with grief and new life changes is essential for older caregivers transitioning through bereavement.

Theories and studies looking at ‘balance’ or ‘finding balance’ in life include a multitude of different disease processes, populations, contexts, and caregiver experiences. Finding a balance between hope and grief after the death of a spouse from cancer has not been researched from the perspective of the older caregiver during bereavement. This perspective needs to be explored, and the experience of finding balance revealed through description and interpretation so that a new understanding may evolve to inform the decisions made by health care professionals who care for this population (Thorne, Reimer-Kirkham, O’Flynn -Magee, 2004). The purpose of this interpretive descriptive analysis is to explore the experience of finding balance from the perspective of older adults who are bereaved after caregiving for their spouse with advanced cancer.

Providing knowledge of this population’s perception and thoughts about balance during bereavement is an area of research that shows promise as an innovative approach for the development of supportive bereavement interventions.

### **Outline of the Manuscript Style Thesis**

This thesis begins with a Saskatchewan Health Research Foundation [SHRF] style proposal (Chapter Two), which outlines the overall purpose and objectives of the secondary analysis, the methodology and procedures used for data collection and

analysis, and the importance of the research area. Chapter Three of the thesis is a manuscript, which contains the findings of the secondary analysis. It is formatted to be submitted for publication to the *International Journal of Palliative Nursing*. The first part of the manuscript seeks to define the important concepts of grief, bereavement, and balance in order to set the stage for how each of these terms weave together through the description of the finding balance experience. The aims of this research are listed, supported and encouraged by previous literature reflecting on evidence surrounding caregivers, end-of-life care, and the importance of supportive care in bereavement. An explanation of the chosen research design, interpretive description methodology (Thorne, 2008) and secondary analysis used to address the research purpose and aims is also provided. The sample chosen for this study was the older adult spousal caregiver who was facing bereavement after experiencing the loss of their spouse to cancer in the previous year. The research took place in the homes of the participants living within the Saskatoon Health Region. Two open-ended interviews were audiotaped and conducted face-to-face approximately two weeks apart. The participants were asked to keep a journal that focused on finding balance in their day. (The current researcher was originally hired as a research assistant and able to be part of the data collection process by conducting five of these interviews with three participants.) The data analysis consisted of discovering common themes with similar properties that reflected the participants' language. The goal was to search for embedded meanings and repeating patterns in the data that confirmed a level of interpretation that revealed truths relevant to the caregiver's bereavement experience. Ten major themes and 15 subthemes came from the data and fulfilled the aims of this analysis. The researcher was conscious to write through the

‘participant lens’ so as to describe and interpret the individual and collective perspectives of finding balance in a genuine manner. The goal was to arrive at a meaningful thematic description of finding balance. The discussion section summarizes the findings and develops a conceptual definition of finding balance within the context of bereavement. Implication for practice, future research directions, and the recognition of limitations are presented near the end of the manuscript in order to produce findings with clinical relevance.

Chapter Four is meant to provide further discussion on the use of Thorne’s (2008) interpretive descriptive method along with supportive literature to reflect the reasoning behind why the methodology was well-suited for the analysis. Giving credit to the primary study findings, and approach, while reflecting on the important different methodological approaches between the two ‘studies’ is also found within this chapter. Further explanation of the choice of setting and procedures used in the primary study that supported the current analysis, including discussion of important outlier data, is expanded on. Finally, a summary of the secondary analysis findings, including additional findings and participant statements that were not incorporated into the original manuscript are presented. The researcher then provides a short summary of her reflections as a novice researcher and Registered Nurse working in the cancer care field.

## CHAPTER TWO – Saskatchewan Health Research Foundation (SHRF) New Investigator Proposal

### Research Summary

Please address a provincial priority research area from Saskatchewan's *Health Research Strategy*.

**Check** (\*) all relevant priority area(s) being addressed:

- \* Health needs of specific populations, with emphasis on Aboriginal people and seniors;
- \* Health systems and policy research, with emphasis on: health human resources; quality improvement; primary health care, mental health and addictions; innovative delivery models; and rural and remote health service delivery;
- \* Determinants of health status, including early childhood development and the prevention and underlying causes of chronic and lifestyle-related disease (particularly diabetes, obesity and smoking);  
Public health, including infectious diseases, water safety and food safety; and/or  
Synchrotron-based health research.  
Not in provincial priority area.

Summarize your proposed project in simple language. Please include: overall purpose; study objectives; methodological approach; importance to research area; relevance to human health and fit with the priority area(s) checked above.

Caring for the caregiver after the loss of a spouse is a necessary, yet often neglected aspect of the trajectory of palliative care. The number of older persons with cancer is increasing and often the older spouses become the primary caregivers. Changes that occur with caregiving create significant shifts in life style, which can make adjusting to bereavement more difficult. Older adulthood is unique as there can be added stressors such as health concerns, secondary losses, and changes in social and personal relations that may exacerbate the difficulties faced in caregiving and bereavement. One outcome emerging from a study of bereavement adjustment in older women was that finding a balance was required to make sense of the loss and new life ahead and helped the participants continue their search for new hope. Understanding the experience of finding balance informs health professionals and the public about the challenging experiences stemming from grief and loss, promoting a greater understanding of how older adult caregiver's find balance in bereavement. Research examining the experience of finding balance from this unique perspective is innovative as it provides opportunities to lay the foundation to develop effective and timely intervention tools, programs, and policies of care. Using a secondary data analysis framework, under the methodological direction of

interpretive description, this analysis aims to explore the experience of finding balance from the perspective of bereaved older adult caregivers who lost their spouses within the last year, and interpret this meaning to generate new nursing knowledge. The aims of the research are: a) to explore the meaning of finding balance within the context of bereavement for the older adult caregiver who has lost their spouse to cancer, b) to describe and interpret the individual and collective perspectives of finding balance in order to arrive at a meaningful thematic description of finding balance, and c) to develop a conceptual definition of finding balance within the context of bereavement for the older adult spousal caregiver.

*Keywords:* **bereavement, finding balance, cancer, older adult, caregiver, qualitative**



## **SHRF New Investigator Research Proposal**

In Canada there is an increase in the number of new cancer cases, which is attributable to our growing and aging population (Canadian Cancer Society, 2010). The risk of cancer increases with age, and a significant portion of cancer deaths are occurring in older adults 70 years age and older (Canadian Cancer Society). Primary caregivers are often family members and the older spouse (Holtzlander, 2007). Approximately 76,200 deaths from cancer will occur in 2010 (Canadian Cancer Stats). Older people with cancer, and their caregivers represent an important group requiring appropriate and timely palliative care services and subsequent bereavement care (Canadian Cancer Society). Lack of access to long-term hospital care for the terminally ill patient means that caregivers must play a key role during treatment, advanced illness, and palliative care within the home (Canadian Hospice Palliative Care Association [CHPCA], 2004). Throughout the caregiving time, the spousal caregiver experiences an intense trajectory of events (Lunney, Lynn, Foley, Lipson, & Guralnik, 2003). Changes in role obligations can lead to differing levels of physical, psychological, emotional, social, and spiritual strain (Bernard & Guarnaccia, 2003; Kim & Schulz, 2008). Caregivers can also experience significant psychosocial and financial burdens (Canadian Cancer Stats, 2010). Research has shown that given their advanced age, the older spousal caregiver may face many difficulties with life changes, consequentially affecting their bereavement adjustment after their spouse's death (Gribch, Parker & Maddocks, 2001; Jacob, 1996).

### **Research Intentions**

#### **Study Purpose**

This is a secondary analysis, in which the researcher will apply an inductive analytic approach to an existing database. The purpose is to seek a theoretically useful understanding of finding balance during bereavement to generate new knowledge and new understandings of a phenomenon important to people going through bereavement. Using the methodology of interpretive description this analysis hopes to contribute to the nursing professions understanding of how people experience finding balance during bereavement after caregiving for a spouse with cancer. Secondary analysis of the data will help make good use of the existing dataset, by conveying unique findings related to finding balance and interpret their meaning in a new manner from that of the primary study (Thorne, Reimer-Kirkham, O'Flynn -Magee, 2004). The overall intent of this interpretive descriptive analysis will be to explore the experience of finding balance from the perspective of older adults who are bereaved after caregiving for their spouse with advanced cancer. This analysis aims to provide new insights into the experience of finding balance for older spousal caregivers who are bereaved, so as to contribute to nursing knowledge and better help other persons in similar situations. The findings generated will be used to develop an innovative self-administered writing intervention for older adult caregivers to promote healthy outcomes through the bereavement transition. By specifying the unique experience of finding balance during bereavement adjustment for the older adult caregiver, more appropriate practice interventions, policies, and future

research may be developed, and therapeutic interventions can be more appropriately targeted.

The primary study used Charmaz's (2006) grounded theory approach to explore the process of finding balance and build an emerging theory of the process of finding balance during bereavement. The primary study aimed to: a) provide a conceptual overview of the experience and processes of finding balance; b) describe these definitions and processes within a social context; and c) construct a substantive theory of finding balance for the older adult population (Holtslander, Bally, & Steeves, 2011). Grounded theory and interpretive descriptive methodologies are both situated in a social context, and recognize that subjectivity within each experience is important. Similar to grounded theory; interpretive description also strives to conceptualize the studied phenomenon. A substantial difference between the two methodologies is that grounded theory's main goal is to articulate the theory in terms of scope, depth, power and relevance in order to add to a more limited body of research and increase the applicability of the study findings in a broader sense (Charmaz). In contrast, interpretive description does not try to "advance theorizing" (Thorne, 2008, p. 36) rather it offers the opportunity to take another look at 'the angle of vision' upon which prior knowledge is based and to generate new insights and inquiries to guide future decisions in a practice setting. The main difference between the methodology used in the primary study and interpretive description lies in the data collection and analysis, where interpretive description goes beyond describing the processes of finding balance and aims to provide an in-depth thematic analysis of the phenomenon (Thorne). Grounded theory stays closer to the data obtained (Charmaz) whereas interpretive description takes a more subjective, interpretive approach (Thorne). The analytic procedures in interpretive description capitalize on techniques such as synthesizing and recontextualizing (Thorne) whereas grounded theory utilizes a sorting and coding approach (Charmaz).

## **Definitions**

Before further examination of the research in this area, it is useful to define terms such as grief, and bereavement, and finding balance. Bereavement is the state or situation of an individual who has experienced loss (Stroebe & Stroebe, 1987), which encompasses a period of time when an individual experiences grief (Attig, 2004). Grief is "the emotional response to loss" (Stroebe & Stroebe, p. 7) which is part of the bereavement experience. The general terms of 'balance' or 'balancing' in one's life will be defined as a way "to bring into or keep in equal or satisfying proportion or harmony" (The Free Online Dictionary, 2009). Finding balance has been defined by older bereaved women who cared for a spouse with terminal cancer as "an important process to begin dealing with the negative, overwhelming emotions and experiences that were draining hope, to find new hope in their lives" (Holtslander & Duggleby, 2009, p. 393).

## **Aims**

The specific aims of this secondary analysis are: a) to explore the experience of finding balance within the context of bereavement for the older adult caregiver who has lost their spouse to cancer, b) to describe and interpret the individual and collective

perspectives of finding balance in order to arrive at a meaningful thematic description of finding balance, and c) to develop a conceptual definition of finding balance within the context of bereavement for the older adult spousal caregiver. The resulting findings are meant to provide researchers, health care professionals, educators, and decision-makers with a genuine understanding of this population's needs, and thus new knowledge about finding balance.

## **Current State of Knowledge**

### **Background Literature**

There is a growing population of older adults in Canada. Many family caregivers will face bereavement as a result of cancer deaths, which are increasing in proportion to an increasing and aging population (Canadian Cancer Stats, 2010). Often the older spouse becomes the primary caregiver (Holtzlander, 2007). Throughout the caregiving time, the spousal caregiver experiences differing levels of strain (Kim & Schulz, 2008) from the life changes that come with caring for a palliative spouse. The literature supports that this population's ability to effectively manage this type of strain decreases with advanced age, and may lead to increased difficulties with physical and mental health prior to and during bereavement (Brazil, Bedard, & Willison, 2002; Ferrario et al., 2004; Gilbar & Ben-Zur, 2002). Life changes that accompany caregiving and subsequent bereavement such as altered daily functioning where new tasks must be accomplished and new identities assumed (Gilbar & Ben-Zur) are challenging for the older adult to work through and diminished coping abilities have been reported (Gribch, Parker & Maddocks, 2001; Jacob, 1996). In short, the death of a spouse is not only an emotional loss, it is a social loss often requiring major changes in life style and role performance (Parkes and Weiss, 1983). The Saskatoon Health Region's Palliative Care Services Team does offer support services for bereaved persons however, most of the focus is on the family and patient during the cancer experience and at the end-of-life. Further research is needed on how the experience of bereavement after caregiving has affected the older adult spousal caregiver's ability to find a healthy balance in life in order to support and intervene with this population appropriately. Supporting this need, is bereavement research by Holtzlander and Duggleby (2009) who found the main concern of older bereaved women who cared for a spouse with cancer was that of losing hope, which they dealt with by searching for new hope through finding balance. Studying the experience of finding a level of balance while coping with grief and new life changes is essential for these older caregivers transitioning through bereavement.

**Gaps in the literature and problem statement.** The needs and meaning that older caregivers give to the experience after the death of their loved one from cancer is an underdeveloped area of research (CHPCA, 2004). Theories and studies looking at 'balance' or 'finding balance' in life include a multitude of different disease processes, populations, contexts, and caregiver experiences. Finding a balance between hope and grief after the death of a spouse from cancer has not been researched from the perspective of the older caregiver during bereavement. This perspective needs to be explored, and the experience of finding balance revealed through thoughtful description, and interpretation so that a new understanding may evolve capable of informing the decisions

made by health care professionals who care for this population (Thorne, Reimer-Kirkham, O'Flynn -Magee, 2004).

### **Study Contribution**

The ability to find a balance in life was found to be an important process for female, spousal caregivers who experienced bereavement after the loss of their spouse (Holtslander, 2007). The concept of “finding balance” is related to patterns of hope, meaning, and purpose found within the bereavement experience (Holtslander 2007; Holtslander & Duggleby, 2009). Researchers using interpretive description (Thorne, 2008) need to “flesh out what is currently known”, and expand and combine that knowledge with new knowledge by “sufficiently document[ing], describ[ing] and interpret[ing]” (p. 63) the experience of finding balance for the older adult caregiver who is bereaved after losing their spouse to cancer. This analysis aims to have application potential specifically for the discipline of nursing by providing a foundation of knowledge for assessment, planning and intervention strategies. The findings generated by this analysis will be used for the purpose of informing clinical reasoning (Thorne, Reimer-Kirkham, O'Flynn -Magee, 2004), giving health care workers a deeper understanding of how balance may affect the health and well being of the older spousal caregiver. Providing new knowledge of this population’s perception and thoughts about balance during bereavement is an underdeveloped area of research that shows promise as an innovative approach for the development of a supportive intervention. Overall, the findings will contribute to the knowledge guiding the promotion of appropriate and timely support and bereavement care for this unique population.

### **Conceptual Framework/Methodological Assumptions and Philosophy**

Interpretive description assumes that researchers are always exploring associations, relationships and patterns within the phenomenon that may yield practical application (Thorne, 2008). It is important to keep in mind while conducting and analyzing the data, that previous theoretical knowledge, clinical observations, and the relationship between the “knower and the known” (Thorne, p. 74) within which all studies of human health and illness phenomena are generated interact to influence one another. This analysis concentrates on the perspective of the bereaved older adult caregiver and given the philosophical assumptions of interpretive description, they are considered experts of their own experience. This assumption is acknowledged by Thorne’s (2008) idea that there is a socially constructed element to the human experience that cannot be separated from its essential nature. The researcher will remain focused in an orientation that acknowledges the value of individual perspectives and yet strives to be representative of multiple realities (Thorne).

## Methodology: Research Design

### Methodological Approach

A secondary analysis approach allows the researcher the opportunity to explore useful qualitative findings that had not been made explicit in the primary study (Hinds, Vogel, & Clarke-Steffen, 1997). Secondary analysis can substantiate the primary study findings, offering a new perspective than originally obtained, and/or allow for new findings to emerge (Hinds, Vogel, & Clarke-Steffen). Either way, secondary analysis will allow the researcher to generate important knowledge from an existing data set. Given the lack of understanding about the meaning of finding balance on bereavement adjustment and outcomes, an exploratory, interpretive, descriptive approach will be used as the framework for this study (Thorne, 2008). Interpretive description is best suited for research questions arising from complex, clinical concerns that seek to yield practical applications (Thorne). It works well with this particular research focus because it places high value on the participant's subjective perspective and knowledge of their experience (Thorne). Within this qualitative approach, the researcher will immerse herself into the data asking questions such as: "Why is this here and not something else?"; "What does it mean and does it relate to each other?" (Thorne, 2008; Thorne, Reimer-Kirkham, O'Flynn-Magee, 2004). The interpretative themes, and overall relationships and patterns among the themes will be increasingly complex and interrelated, and the goal is to reach a coherent, conceptual description (Thorne, Reimer-Kirkham, O'Flynn-Magee, 2004) of finding balance. Given this complex analytical process, it is important that the researcher recognize that her interaction with the data plays a key part in the interpretation of that data. This type of reflexivity gives the study findings further credibility "beyond the artistic license of the individual author" (Thorne et al., 2004, p.12). Interpretive description is nursing focused and its overall goal is to advance nursing knowledge by searching for underlying meanings and reconfiguring what is found within an issue found in the practice setting (ie: lack of balance during bereavement) so as to develop a deeper appreciation for how one considers the phenomenon and applies it to the practice context (ie: caring for bereaved caregivers) (Thorne).

**Data collection summary.** The components needed to support the gathering of data in the primary study included a demographic form which addressed questions such as age, gender, and diagnosis of spouse; in depth face-to-face, open-ended interviews that were taped; the completion of a journal either written or audio-taped; and the primary researcher's written and audio-taped field notes and memos.

### Setting

The research took place in the homes of the participants living within the Saskatoon Health Region. The home setting allowed for close attention to the participants' surroundings and social context (Thorne, 2008). The primary study wanted the participants to be able to express their individual thoughts and feelings about finding balance in an open and free manner that made sense to them. Thorne (2008) supports this type of setting as it gives further insight into where the bereavement experience is taking place. Interpretive Description requires that the researcher be aware of "the specific relevant elements that make up that complex self" (Thorne, p. 69). With the secondary

data analysis approach, the researcher must immerse herself into the data to better understand the emotional and spiritual context in which the participant describes their meaning of finding balance (Hinds, Vogel, & Clarke-Steffen, 1997).

## Sample

Interpretive description states that “there is no fundamentally right way to sample” (Thorne, 2008, p. 89) and that no sample can ever be “truly representative” (p. 88). In order to acknowledge this point, this analysis will discuss and address the boundaries and nature of the sample, and the limitations that are inherent in the chosen sampling procedure (Thorne). The term “study participant” (Thorne, p. 94) will describe the subject of this interpretive descriptive research. Considering the uniqueness of the cancer caregiving experience (Kim & Schulz, 2008), and the difficulties faced by older adults who are bereaved (Brazil, Bedard, & Willison, 2002), and the intense psychosocial stressor of losing a spouse (Kowalski & Bondmass, 2008), the sample chosen for this study are older adult spousal caregivers who are facing bereavement having experienced the loss of their spouse to cancer in the last year.

**Inclusion and exclusion criteria.** Women and men ages 60 and over participated in the primary study. They must have been the primary caregiver for their terminally ill spouse and the loss of their loved one must have occurred within the last 12 months of the primary study’ data collection. The participants had to be living within the Saskatoon Health Region, able to speak English and be freely willing to consent to participate in the study. Exclusion criteria included those who were deemed cognitively impaired and unable to give a free and informed consent as determined by the initial contact or researcher.

**Recruitment.** The manager of Palliative Care Services in the Saskatoon Health Region (at St. Paul’s Hospital) made arrangements for the volunteer coordinator of Palliative Services to make initial contact with bereaved caregivers who met the inclusion criteria. Those who met the inclusion criteria were identified from a list of all family caregivers who had been a part of the Palliative Program in the last year previous to the primary study. The volunteer coordinator then phoned the potential participant and described the study. If they agreed to participate, the volunteer coordinator passed the name and phone number of the potential participant onto the primary researcher. The primary researcher or research assistants would then contact the participant offering further explanation of the study, and arrange an interview time.

**Size.** Interpretive description can be conducted on samples of almost any size (Thorne, 2008, p. 94). Even a smaller number of individuals “will produce something worth documenting” (Thorne, p. 94) because they have intimately experienced the phenomenon and are willing to share their perspectives (Thorne). The background literature does suggest that the struggle to find balance occurs in the bereavement period for the older adult caregiver (Holtslander & Duggleby, 2009). What is needed is a more in-depth exploration of finding balance within the bereavement experience, so a smaller number of participants can be justified (Thorne). The dataset consists of 10 participants, 21 interviews, and eight journals. Out of the 10 study participants, three men and seven women were interviewed. Sample size is somewhat arbitrarily defined in this methodology; therefore the researcher must show “recognition that there would always be more to study” (Thorne, p. 98). To acknowledge this point, the secondary analysis

will include a section in all written or spoken presentation of findings titled, “implications for further research” (Thorne, 2008, p. 206).

**Saturation.** An interpretive descriptive researcher subscribes to the belief that it is not possible to claim that no new variation can emerge from the data (Thorne, 2008). Thorne (2008) uses the terms “saturation” and “thematic apex” interchangeably. To understand if a sufficient sample size was used, the researcher will need to look at the patterns, themes, subthemes, categories that have emerged from the data, asking if there is any further repetition happening (Thorne). A thematic apex is reached when there is an acceptable “confidence in one particular way of conceptualizing your findings in comparison to all other possible options” (Thorne, p. 176). It is through the interpretive analytic process that a meaningful explanation of the findings can reach its full potential, thereby presenting the phenomenon “in an importantly new way” (Thorne, 2008, p. 164).

**Sampling method.** A combination of purposive and theoretical sampling was used in the primary study. A demographic form (see Appendix A) including age, length of caregiving, and social supports helped guide purposive sampling. This form will be used in the secondary analysis, providing background information that will help to set the context of the research. The strategy of purposive sampling in interpretive description is to identify the “main groupings” (Thorne, 2008, p. 91) of the desired sample while striving to achieve diversity in that sample. The findings must have “the potential of ringing true” (Thorne, p. 91) to the intended audience. Both genders were therefore included in recruitment to reflect the reality that bereavement affects both men and women. An important element of theoretical sampling in interpretive description is the idea of maximal variation (Thorne, 2008). As patterns and themes begin to emerge from the data collection and analysis, it is possible that follow-up interviews may need to take place in order to reach full maximal variation. These follow-up interviews will be used if there is a need to clarify, tighten, or refine the findings to speak more clearly about what differentiates the themes from one another and what variations are occurring within each theme (Thorne). This may not be feasible or practical within the timeframe of this analysis, and given the nature of the bereavement experience the participants’ perspectives may have changed over time. If required, an amendment would then be submitted to ethics for approval. Allowing for potential follow-up will keep the door open for future research to verify or expand on the newly developed patterns, explore relationships among them, and extend the analysis of the finding balance phenomenon.

## **Data Collection**

This interpretive descriptive secondary analysis will incorporate more than one data collection source in its analysis, providing new “angle[s] of vision to correct any refractive error that may result from the design decisions” (Thorne, 2008, p. 84). Each perspective that comes from the different data sources will be used to inform the other to create a more transparent audit trail (Thorne). In the primary study, the researcher or the two research assistants obtained a name and phone number from the volunteer coordinator of Palliative Services. The participant was then contacted, the inclusion criteria double-checked, the study purpose and projected timeframe discussed, and then a time and place was arranged for an initial interview. The current researcher was hired at the time by the primary researcher as a research assistant and was able to help conduct three of the interviews. At the first interviews, the primary researcher or research

assistant(s) obtained a written informed consent (see Appendix D), and the demographic form was completed (see Appendix A). An interview guide was used to guide the interviews (see Appendix B). The interviews were conducted in the participant's home. They were audiotaped, and conducted face-to-face using an open-ended interview style, over approximately 45 to 60 minutes. Participant journals (see Appendix C for written instructions) were given to the participants after the initial interview where they were asked to keep a journal for a period of 1 to 2 weeks. These journals were then collected at a second interview; photocopied and transcribed by the primary researcher or research assistants, with the original returned to the participant. The participants were provided with an alternative option of tape-recording if they did not want to write. The second interview took place approximately 2 weeks after the first in order to discuss the journal, and ask more focused questions. Process consents were obtained on tape, including discussion and agreement as to the possibility of a follow-up interview if needed to gain deeper insights and to confirm the findings. Audiotaped field notes were recorded after both interviews - speaking to the setting of the interview, including general observations, any important nonverbal communication, and the interviewers' thoughts and feelings about the interview. This intimate, comprehensive pre-existing dataset will benefit the researcher's secondary analysis by helping to adequately sensitize her to the study context, increasing closeness to the dataset (Hinds, Vogel, & Clarke-Steffen, 1997).

The data was collected over the course of 12 months. The total number of participants was 10, with 21 interviews and eight journals being collected. Of the 21 interviews, two participants had three interviews for follow-up and confirmation purposes. One participant stated that they were not accustomed to writing in a journal, and did not complete the journal. This same participant expressed feeling too busy to complete the second interview. This decision was respected and after a discussion with the principal investigator on the phone, the participant felt a good support system was in place and did not need a referral for professional follow-up. One participant opted to discuss some of the journal questions within the second interview rather than writing in the journal.

## **Data Analysis**

The data collected has been transcribed verbatim and stripped of potential identifiable material. NVIVO8 software will be utilized for organizing and preparing data for this analysis. The interpretive description method requires that the researcher engage in data analysis and data construction at the same time, and that analysis is informing the ongoing data construction (Thorne, 2008). Given that the present researcher did not collect all of the original data, she will have access to listening to the original recordings on the software, which will help "evoke strong emotional responses" (Hinds, Vogel, & Clarke-Steffen, 1997) heightening her awareness of the emotional context behind the data set. Initially, the researcher plans to listen and get to know the individual cases (transcripts, audiofiles, and journals) intimately, discovering common themes from within each data file. During this initial step, it is important to also manage and analyze the data over time, therefore the researcher will carefully document what is being gathered and thought about in the moment and track these thoughts and specific data elements using memoing (Thorne, 2008) in NVIVO8 and with written notes. The goal will be to produce an overarching sense of what is happening in the data. A broad-



based coding system will be used whereby collection of data bits with similar properties will be created and will be considered against other groupings with different properties (Thorne). Constant comparative analysis will also be used to ensure that each piece of data is examined thoroughly for similarities and differences (Thorne). Each journal text will be integrated into the raw data in order to enhance the understanding of the initial interviews. These texts will be compared with one another as well as to the broader data codes, in search of embedded meanings, changes over time, and categories that could be extracted (Thorne). These codes will then be developed into concepts, themes and potential subthemes that can eventually be applied back to the individual cases. General data sorting and organization of the data into patterns will continue to be expanded; into what Thorne calls “pattern recognition” (Thorne, p. 150). Final synthesis of the data comes when the researcher has reached a level of interpretation that develops a conceptual definition that is meaningful to those involved and relevant to the applied practice context (Thorne). Follow-up interviews maybe needed in the future as method of confirming, clarifying, and possibly elaborating on the data analysis (Thorne). Thorne (2008) refers to this as “expanding on your associations” (p. 159), whereby you go back to your study participants, offering them the opportunity to reflect on your initial interpretations of the phenomenon, discussing whether or not the findings ring true to their experiences.

## **Data Trustworthiness**

### **Rigor/Credibility**

Interpretive descriptive methodology recognizes that knowledge generated is perspective-based, however we must still be able to grasp the researcher’s intentions of how that subjective knowledge is revealed (Thorne, 2008). Thorne (2008) therefore, encourages the use of “thoughtfully developed quality criteria” (p. 221) to guide the research process. To be considered sound criteria, the researcher must be able to reflect good reason why the aims were selected, how the claim of knowledge gained will further the meaning of finding balance, and what might be the implications for action based on what we have discovered from the research itself (Thorne). The credibility of the findings is meant to come from the way the data analysis decisions are presented and framed within the larger picture (Thorne, Reimer-Kirkham, O’Flynn -Magee, 2004). The researcher therefore recognizes that her knowledge background and previous experiences may influence the interpretations, and assumptions that are a part of the research process. Thorne (2008) also points out the importance of appropriate dissemination of study results, referring to what authors Altheide & Johnson (1994) describe as ‘validity-as-reflexive-accounting’. . The specific research techniques employed will be presented in the analysis so that this research can be critiqued in a meaningful way.

### **Components of credibility**

The general principles found in most qualitative research, also apply directly to studies of interpretive description (Thorne, 2008). The first being that the decisions made must be congruent with the epistemological standpoint. The researcher will attempt to maintain epistemological integrity throughout the research process as mentioned above.

In staying close to the data and regularly discussing findings with my supervisors the research process becomes didactic and more transparent. During the analysis process, the researcher will attempt to remain aware and separate out those findings that represent individual subjective truths and more common truths (Thorne, 2008). Rigor will be established by gathering data from a number of different sources. Confirmation of rigor may occur with follow-up interviews in the future. It is in this triangulation of data sources that representative credibility will occur (Thorne). The rationale for a variety of data sources is that the research consumer will then be better equipped to evaluate the relevant data on which the findings were based, the logic by which the conclusions were drawn, and the degree to which the interpretations reflect a coherent conclusion (Thorne). all limitations that may affect transferability will be documented.

### **Methodological limitations**

It is important to acknowledge the inherent limitations found in the context of the analysis and the chosen sample: the sample was from a mostly urban area, with access to a comprehensive palliative care program; only English speaking participants within a Western Canadian urban context were used; the nature of the bereavement experience may limit the individuals selected or those who can actively carry on with the research due to significant distress. This may also limit sample size however the findings will be interpreted with this in mind.

The use of the interpretive descriptive methodology could also be considered a limitation as there may be debate about the degree of interpretation to seek (Thorne, 2008). To assist with this uncertainty, the researcher will stay close to the interpretive descriptive standpoint that believes that findings cannot yield “facts” but rather “constructed truths” about what is common within a clinical phenomenon (Thorne, Reimer-Kirkham, O’Flynn -Magee, 2004, p. 13). One must also acknowledge that secondary data analysis does not permit the researcher to engage in the normal process of making observations and experiencing the emotions and cognitions as expressed by the participants and the researcher during data collection (Hinds, Vogel, & Clarke-Steffen, 1997). These limitations will be acknowledged as the researcher immerses herself into the whole dataset as described above. Given the researcher is a novice interviewer and analyst, the thesis supervisor and committee will help teach, guide, and approve each step of the research process.

### **Ethical Issues**

#### **Potential Risks and Benefits**

The consent form from the primary study stated that taking part in the research would not benefit the participant directly, although some people have benefited from talking about their situation with a nurse researcher. It was explained that what was shared by the participant may help others and that the information would be used by health care professionals to provide better care for people in similar situations. The primary researcher or research assistants acknowledged prior to interviewing that answering the questions might be tiring or emotionally difficult. Each participant was informed that they did not have to answer any questions if they did not want to, that they

could withdraw from the study at any point, and that their care would not be affected in any way. The participants were also told that they could withdraw their responses from the study after the interview by notifying the researcher. They would then be asked if they would like their data destroyed or kept in case of future desire to participate. Each of these risks were addressed up front and re-assessed following each interview. A time of debriefing with the interviewer was offered, ensuring the participants were comfortable and assistance was obtained if needed. With permission from the participant, the volunteer coordinator for Palliative Care Services could have been contacted to help obtain additional support and assistance.

The use of code numbers helps maintain confidentiality. The transcribed audiotape recordings and journals were cleaned so that names and identifying information cannot be traced. The signed consent forms are being stored separately from the data sets. Although direct quotations will be used in reporting the results of this analysis, they will be presented anonymously.

### **Ethics Approval**

Ethical approval was obtained by the principal investigator from the University of Saskatchewan Behavioral Research Ethics Board, with Operational approval coming from the Saskatoon Health Region. Written informed consents were obtained from all participants of the primary study, informing them of the study purpose, the benefits and risks, and that they could withdraw at any time. The original dataset including the secondary dataset will be stored in a locked filing cabinet in which only the Research Committee will have access, and will be kept for at least five years, according to University policy. As needed, follow-up interviews may be conducted therefore; an amendment to the original ethics review would be obtained.

### **Relevance and Benefits**

Support for the family caregiver is urgently needed, as deaths from cancer continue to rise in Canada (Canadian Cancer Society, 2010). Finding balance is an essential process in the search for new hope for older caregivers (Holtslander, 2007; Holtslander & Duggleby, 2009), therefore, research from the perspective of this population is needed. This analysis aims to provide new insights and understanding into the experience of finding balance for this population. The overall goal is to help advance nursing knowledge, and apply this to the practice setting to promote and intervene with the population as appropriate, encouraging positive outcomes during the difficult bereavement transition. .

### **Knowledge Translation**

Results of this analysis will be submitted for publication in a peer-reviewed journal. Local, provincial, national and potentially international conferences and workshops will be sought in which to present the results. Public forums and research conferences that suit the study topic will also be approached.

## **Research Career in Saskatchewan**

This thesis work will help the researcher obtain a Master's degree, at the College of Nursing, University of Saskatchewan. Building on her oncology nursing background, this research will help support the care she gives to a population of people that are part of the cancer care trajectory. This research will also help build on the work of the researcher's thesis supervisor, that looks at caregivers and the experience of hope and finding balance during bereavement. This important work will help provide further evidence to support the prioritization of effective and appropriate care for the older bereaved caregiver.

## **Research Environment**

The research committee consists of Dr. Lorraine Holtslander, the researcher's thesis supervisor who is a certified hospice palliative care nurse with over 24 years of experience. She is a notable researcher with the Quality End of Life Research Group. Previous and ongoing research with bereaved caregivers, using qualitative methods has been her main focus. Currently, she is the Principal Investigator of a SHRF-funded study working to develop and pilot test a "Finding Balance" intervention for older adults bereaved after caregiving for a spouse with advanced cancer. Dr. Karen Semchuk, the co-supervisor has many years of research experience in both qualitative and quantitative methods, focused mainly on rural populations. Dr. Ulrich Teucher is a psychologist and researcher with a nursing background, adding interdisciplinary experience to this committee. He has national funding as co-founder of the Qualitative Research Centre at the University of Saskatchewan with a research focus on cancer and aging. Dr. Teucher is also a co-investigator of the SHRF-funded study mentioned above. Dr. Shelley Spurr and Dr. Mary Ellen Andrews both have experience with qualitative methods and bring high quality nursing expertise to the committee. Dr. Mary Ellen has spent time researching older adults with dementia in rural settings, and has interests in program development, delivery and evaluation. She practices as a nurse practitioner. Dr. Shelley Spurr focuses on the promotion of wellness in adolescents, including public policy development and knowledge transfer.

The researcher does have access to her supervisor's private office space. There are computers, NVIVO software, recorders, and printers available for use. A transcriptionist is available if needed.

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## **CHAPTER THREE – MANUSCRIPT**

Salewich, S., (2011). A Unique Life Balance: The Experience of Finding Balance During Bereavement For Older Adults After Spousal Caregiving

## **Abstract**

**Purpose:** To explore the experience of finding balance from the perspective of bereaved older adult caregivers.

**Design:** A secondary analysis of qualitative data using interpretive description.

**Setting:** The interviews took place in the participants' homes.

**Participants:** The dataset consisted of 10 participants, 21 interviews, and eight journals. Three men and seven women, from ages 66-83 were interviewed.

**Findings:** Finding balance in bereavement was unique to each participant discovering how and when they adjust to life without their spouse. Searching and reflecting on what gave their life purpose by expressing and redefining their thoughts, emotions, and activities was a major step to nurturing themselves back to a 'unique life balance'.

**Conclusions:** This analysis promotes an understanding of how bereavement affects remaining spouses and how older adults use finding balance strategies to manage their bereavement.

**Implications for Research:** Knowledge gained through the interpretive description of this 'insider's perspective' lays the foundation to promote effective and timely bereavement-specific interventions focused on finding balance for this unique population.



## The Unique Life Balance: The Experience of Finding Balance During Bereavement For Older Adults After Spousal Caregiving

The risk of cancer increases with age and a significant portion of cancer deaths occur in older adults of 70 years age or older (Canadian Cancer Stats, 2010). Many family caregivers will face bereavement as a result of cancer deaths, which are increasing in proportion to an increasing and aging population (Canadian Cancer Stats). Primary caregivers are most often family members and the older spouse (Holtzlander, 2007). Caregivers often begin their bereavement depleted by the caregiving experience (Rogers, Karlsen, & Addington-Hall, 2000). Coupled with exhaustion and bereavement strain, advancing age can diminish the coping abilities of older adults (Gribch, Parker & Maddocks, 2001; Jacob, 1996). In short, the death of a spouse is not only an emotional loss, it is a loss that often requires major changes in life style and role performance (Hansson & Hayslip, 2000; Parkes & Weiss, 1983) that affects the overall balance of one's life. This unique caregiver population represents an important group requiring appropriate and timely palliative care services support and subsequent bereavement care.

This secondary analysis applied an inductive analytic approach to an existing primary database. The purpose was to determine the experience of finding balance in the context of bereavement, to produce empirical evidence to generate knowledge and understanding of a phenomenon important to older adults experiencing bereavement after caring for their spouse with advanced cancer. Older adult spousal caregivers are vulnerable to difficulties in bereavement yet there is little empirical knowledge to guide health care professionals in responding to the needs of this group. The knowledge gained from this analysis may help determine effective bereavement care to reduce the physical, mental, and

social health risks associated with caregiving and bereavement. The specific aims of this research were: a) to explore the experience of finding balance within the context of bereavement for the older adult caregiver who has lost their spouse to cancer, b) to describe and interpret the individual and collective perspectives of finding balance in order to arrive at a meaningful thematic description of finding balance, and c) to develop a conceptual definition of finding balance within the context of bereavement for the older adult spousal caregiver.

### **Definition of Terms**

**Grief and Bereavement.** Grief is the reaction one has to loss (Stroebe & Stroebe, 1987) and these responses are experienced on varying levels affecting the person's physical, emotional, mental, spiritual, and social realms of being. Bereavement is defined as the life-event that follows the person's death where there is an undetermined period of transition for the individual that is grieving (Stroebe & Schut, 1999). As such, bereavement due to a loss of a spouse from cancer can be viewed as a natural response to a human experience that encompasses a period of time when an individual experiences grief (Attig, 2004). Bereavement adjustment is diverse in nature as it describes how individuals incorporate their bereavement experience into their life over time. Adjustment depends on how effectively individuals are able to process the loss and change precipitated by the death (Meiner & Lueckenotte, 2006).

**Balance.** Balance can be defined as a way "to bring into or keep in equal or satisfying proportion or harmony" and as "the feeling derived from feeling whole and complete" (The Free Online Dictionary, 2009). Living with balance requires becoming aware of the time and energy that is spent in certain areas of life and striving to do things

in moderation, creating stability, steadiness and consistency. A study by Lipworth, Hooker, and Carter (2011), found that the word balance “served important purposes in the context of health, illness, or caregiving” (p. 720) and “emerged frequently in the talk of those contemplating health and risk, those navigating a wide variety of illnesses and disabilities, and those engaged in both lay and professional caregiving” (p. 715). What is not focused on is the understanding of the meaning and concept of finding balance and how this experience affects the bereaved family caregiver. As concluded by Lipworth et al. (2011), studying the concept of balance provides an important conceptual tool for understanding how people approach and respond to their health and manage their lives.

### **Background**

Bereavement and dealing with grief can have serious effects on personal health and well-being. Studies of bereaved spouses found that widows and widowers experienced increased levels of both social and emotional loneliness (Stroebe, Stroebe, Abakoumkin, & Schut, 1996; Stroebe, Schut & Stroebe, 2007). Changes in role obligations can lead to differing levels of physical, psychological, emotional, social, and spiritual strains (Bernard & Guarnaccia, 2003; Kim & Schulz, 2008). Research has shown that given their advancing age, the older spousal caregiver can face many unique difficulties with such life changes, consequentially affecting their bereavement adjustment after their spouse’s death (Gribch, Parker & Maddocks, 2001; Jacob, 1996).

Aging is a gradual process involving many losses. Lack of physical and mental health, changes in social relationships due to losses of friends and family may be even more stressful when facing widowhood in older adulthood (Coleman, 1992). These

specific losses and their combined effect on the older adult can lead to a sense of unbalance and reduce quality of life (Victor, Scambler, Bond & Bowling, 2000). Older bereaved persons can experience higher rates of mortality and morbidity and more depressive symptoms (Stroebe, Schut, & Stroebe, 2007; Yunqing Li, 2007). Laditka and Laditka (2003) have reported increased hospitalization risks for recently widowed older women. The death of a marriage partner can mean the loss of a source of emotional and practical support (Van Baarsen, Smit, Snijders, Knipsheer, 1999); therefore, older adults may be especially vulnerable because they lose a lifetime of shared experiences. In contrast, important characteristics of aging that help maintain a healthy sense of balance are functions such as good capacity for change, stable intellectual functioning, and productive engagement in activities of daily living (Satcher, 1999). Many older adults have developed useful strategies and coping skills over their lifetime of dealing with changes, which may allow them to be more creative and resilient in handling their caregiving and bereavement circumstances (Cohen, Colantonia, & Vernich, 2002; Whitbourne, Jacobo, & Munoz-Ruiz, 1996). Those experiencing loss may be able to move in a positive direction towards a balance in life, either on their own, or with support from family and friends, or with bereavement care support from health care professionals (Satcher).

Few studies have addressed finding balance in bereavement through qualitative research thus little is known about what it is like to experience finding balance from the bereaved spousal caregivers' perspective. Finding balance was described by Holstlander and Duggleby (2009) as an important first step in the process required to deal with the challenging emotions and experiences that female spousal caregivers faced after the loss

of their spouse to cancer. In a study by Duke (1998) looking at the experiences of four spousal caregivers a clear pattern of emotional balance was conveyed and described by the participants. It was felt that given time (that was undefined) their feelings of grief and being overwhelmed became less intense and emotional balance was more easily attained (Duke). In a nurse-researcher led study (Ferszt, Heineman, Ferszt & Romana, 1998) exploring art therapy and bereaved individuals the use of varied methods of creative expression and the reflective process that accompanied provided opportunity for finding balance in life. The participants' gained new perspective, comfort, courage, and stability in an emotionally unbalanced time in their lives (Ferszt et al., 1998). The primary grounded theory study by Holtslander, Bally and Steeves (2011) identified the most challenging aspect of bereavement for the older spousal caregivers was losing control when faced with difficult emotions, thoughts, and fears. The findings of the primary study explain the unique aspects of the bereavement experience, with "walking a fine line" emerging as a major process (Holtslander et al., 2011). This important study gave insight into how the participants find a balance between deep grieving and moving forward which, "enabled them to better cope with navigating their new identity" (Holtslander et al., p. 6).

At present, current empirical knowledge about finding balance during bereavement only acknowledges this phenomenon as an added finding or subtheme. This leaves gaps in our knowledge about how this population experiences and discovers finding balance during their bereavement. Further research is needed that focuses on similar methodologies, philosophies, and participant samples that explain the complexities of finding balance from the perspective of caregivers who are facing

bereavement after the loss of their loved one. The insights offered from the experiences of these caregivers may translate into clinical knowledge related to how health care professionals can determine optimal bereavement care strategies to improve the quality of life for this population

## **Methods**

### **Methodological Design**

Interpretive description methodology (Thorne, 2008) was used to address the research purpose and aims. Interpretive description recognizes that health and illness experiences, such as bereavement, are “complex interactions between psychosocial and biological phenomena” (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997, p. 172) and therefore, useful for research questions arising from clinical concerns that seek to yield practical applications (Thorne, 2008). This particular research focus placed high value on the participants’ subjective perspective, knowledge, and meaning of their experience (Thorne). This perspective-based approach helped the researcher explore the diverse personal and environmental factors and the interrelationships amongst them, which influenced the experience of finding balance in bereavement for the older adult spousal caregiver.

**Secondary Analysis.** A secondary analysis allowed the researcher the opportunity to explore useful findings that had not been made explicit in the primary study (2011) by Holtlander, Bally, and Steeves (Hinds, Vogel, & Clarke-Steffen, 1997). Secondary analysis can substantiate the primary study findings, yield different data than originally obtained, and may allow for new findings to emerge (Hinds et al., 1997). Previously published bereavement and caregiver literature, the primary study’s original

dataset, and the researcher's clinical background experience laid the "foundational forestructure" (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997, p. 173) that informed this secondary analysis.

### **Sample**

Considering the uniqueness of the cancer caregiving experience (Kim & Schulz, 2008), the difficulties faced by older adults who are bereaved (Brazil, Bedard, & Willison, 2002), and the intense psychosocial stressor of losing a spouse (Kowalski & Bondmass, 2008), the sample chosen for the research were older adult spousal caregivers. between ages 66-83 years, who were facing bereavement after experiencing the loss of their spouse to cancer in the previous year to the primary study. Details about the participants, including demographic data, length of caregiving, and months of bereavement are contained in Table 1.

**Sampling Strategies.** A combination of purposive and theoretical sampling was used to reach saturation. Purposive sampling identified the "main groupings" (Thorne, 2008, p. 91) of the desired sample while striving to achieve diversity in that sample. Theoretical sampling in interpretive description is the idea of maximal variation (Thorne, 2008). Maximal variation was reached in this sample as efforts were made in the recruitment of the primary study participants to include: a) older adults of different genders, b) range of ages equal to and older than 60 years, c) different lengths of caregiving time, and d) various social support situations.

### **Data Collection for Primary Study**

The available dataset for the secondary analysis consisted of 21 interviews and eight journals. Of the 21 interviews, three participants had three interviews as they

provided insights that reflected the properties of the finding balance concept and helped evolve the original grounded theory study (Holtlander, Bally, & Steeves, 2011).

### **Setting**

The research took place in the homes of the participants living within an urban Canadian setting. The home setting allowed for close attention to the participant's surroundings and social context (Thorne, 2008) and was well suited to interpretive description as it helped the participants remain comfortable to discuss their experiences in-depth, as they felt appropriate.

### **Procedures**

The primary and secondary dataset consisted of: a) completed demographic forms which addressed questions such as age, gender, and diagnosis of the spouse; b) in depth, face to face, open-ended, audio taped interviews guided by an interviewer; c) participant journals completed over one to two weeks; and d) the primary researcher's and research assistant's field notes and memos. Audiotaped field notes were recorded after both interviews that spoke to the setting of the interview, including general observations, any important nonverbal communication, and the interviewer's thoughts and feelings about the interviews.

The primary study and secondary analysis received ethical approval from an accredited Institutional Review Board. Written informed consents were obtained from all participants of the primary study, informing them of the study purpose; the confidentiality agreement, including an explanation of how the findings would be reported in a group format with individual statements being presented anonymously; the



benefits and risks of participating in the research; and that they could withdraw at any time.

### **Data Analysis**

The data was organized and prepared in NVIVO8 software. Initially, the researcher listened to each interview, discovering common themes and producing an overarching sense of what was happening in the data. Next, a broad-based coding system was used whereby collection of data with similar properties was created (Thorne, 2008). This collection of broader codes was then considered against other groupings with different properties (Thorne), combining and moving them into initial themes that reflected the participants' language. Constant comparative analysis was then used to ensure that each piece of data in the groupings was examined thoroughly for similarities and differences (Thorne). Using this analysis technique the participants' first and second interviews were compared to each other until repeating themes emerged. The journal texts were also integrated into the analysis in order to enhance the understanding of the interviews. These texts were compared with one another and to the broader groupings in search of embedded meanings, changes over time, and further themes that could be extracted (Thorne). Next, each of the major themes were expanded to reveal subthemes. The subthemes were explored to ensure they fit well under each major theme, being combined and moved around until all the data had been explored, ensuring that as many of the possible relations between the data had been uncovered. Most important was that the individual and combined participants' words, stories, and reflections continued to guide the development of each theme and subtheme. Final synthesis of the data came when a level of interpretation was reached that confirmed and clarified that no further

pattern repetitions or themes were available. A conceptual definition was then developed that was meant to reflect the words, stories and, reflections of the participants, providing an interpretation of meaning and truth relevant to the cancer bereavement practice context (Thorne, 2008).

Scientific rigor was sought through the criteria of epistemological integrity, credibility, rigor, and transferability as supported by Thorne's (2008) interpretive descriptive methodology. The researcher maintained epistemological integrity throughout the research process by staying close to the data. Regular discussion with the primary supervisors helped the research process become didactic and more transparent. During the analysis process the researcher remained aware of those findings that represented individual subjective truths and those which represented more common truths (Thorne). This important interpretive descriptive approach helped account for the individual variations that were inevitably occurring within in the larger perspective of the finding balance experience. Rigor and credibility was established in the triangulation of data sources including interviews, participant journals, field notes, and memos. The variety of data sources reflects transferability in that the research consumer will then be better equipped to evaluate the relevant data on which the findings were based, the logic by which the conclusions were drawn, and the degree to which the interpretations reflect a coherent conclusion (Thorne).

### **Findings**

Each of the participants described the importance of exploring and finding balance in their lives and the challenges they faced while pressing onward with their journey of bereavement. Finding balance at this early stage of bereavement was defined

as a work in progress that required a constant and conscious effort by the participants to re-focus, re-orient, and reflect on their thoughts, emotions, and actions. In order to find a balance the participants first had to recognize and acknowledge that some part of their life felt unstable, unhealthy, or out of control. They had to remain conscious of that which was creating unbalance in their lives and then work towards re-orienting their thoughts, actions, and emotions using their own personal resources or seeking both informal and formal support. The participants who were finding balance during their bereavement journey had to consistently search for, and seize opportunities to try new thoughts, actions, and emotions. The overall goal was to find the right mix of events that led them to a sustainable and more constant experience of balance in their lives.

### **Finding a ‘Unique Life Balance’**

The older adults who shared their experiences of finding balance in the form of interviews and journaling expressed themselves in many unique ways. A common factor found in the data was the participants’ emphasis on their need to grieve in whatever way was most helpful to them. Throughout the two interviews they shared how with time, support, and practice they were learning to live alongside their grief and express themselves uniquely. The participants needed to be allowed to set the tone and direct others about how to help them in their grief. Participants stated that trying to dictate how someone grieves and pressuring people to "*get over it*" was not helpful. The participants were discovering how to accept their loss, balancing how to keep moving forward even when they didn’t feel like it. The participants’ unique bereavement journey was about learning to thrive again by finding new ways to regain their balance.

**Discovering Their Own Pace.** Transitioning from the first interview to the second, the participants conveyed a distinct progression in their journey to finding balance. Some participant's journalled that their energy was beginning to return. Participants spoke about the emergence of a restored ability to plan and find balance in their routines, which was proving to be helpful. Of importance to note is the emphasis that was found throughout the data conveying that finding balance in bereavement is unique to each individual. Depending on the person, it was felt that the length of time it would take for his or her life to regain a semblance of balance would vary considerably. One participant commented,

*And I've been told that you know everybody has their own time of grieving and stuff and I have no idea how long mine will be but you know um and everybody does it in different ways.*

Speaking to the variability of finding balance in bereavement, another participant quoted, "Another day, another inch traveled on the road of widowhood". Finding balance required that the participants permit themselves and find permission from others to take time and room to grieve as it felt right.

**The Ups and Downs of Bereavement: A Balancing Act.** With time and good family support as a factor, one participant described balance as feeling an increasing amount of stability, strength, and positivism in her emotional reactions to her spouse's passing. In contrast, others were still learning to deal with difficult and often unexpected waves of emotion. Despite feeling she was "fine" a participant found herself "caught off guard" at a family supper where she described her sense of balance shifting as her feelings of grief "came [back] in waves – where it just hits you." Another participant

stated that balance in life was “. . . *like a teeter-totter, up sometimes and then down.*”

Finding balance in bereavement, therefore, is not a static state of being as it requires the individual to make constant adjustments to the way he or she manages thoughts, actions, and emotions throughout the unique bereavement transition.

### **Finding Balance in Staying Positive**

Most of the participants were beginning to accept that their lives had changed and life would be different from this point on. At the same time, they were able to recognize that positive aspects of their personality still remained. When thinking about the concept of balance one participant felt that just allowing the word ‘balance’ to enter her bereavement vocabulary allowed a sense of permission to ask the hard question, “*why these things happen?*”. The permission to think about ‘balance’ in her life helped reorientate this participant’s thoughts giving her a level of “*focus*” and a chance to explore those feelings and questions “*a little bit more in depth*” with a more positive lens than before. It was an important part of healing to regularly “*sit down and write out the pluses in my life, [because] then the negatives look pretty meagre.*” It became a conscious choice to “*stay focused*” and “*focus on the good things,*” recognizing each day at least one positive out of every negative. One participant reiterated that finding balance was a work in progress where:

*You can't live in self-pity and wallow, and expect to recover. There has to be a positive attitude . . . and that you're going to manage it and you will come out of it. And I found that is a great help.*

## **Taking Care of “Me”**

Acknowledging and finding peace with the fact that as a caregiver certain circumstances dictated that your own health and self-care ‘went on the back burner’ was an important first step in being able to recognize post-loss that “*there is a choice*” involved in improving the “*positives*” and “*balance*” of their new life. One participant shared:

*I am learning to take care of me. I was a caregiver, a doer, a giver of myself to others, but now I realize in order to heal and have a good balance I must learn to take care of me too.*

Some participants found this balance adjustment easier than others, with two participants recognizing that the ability to remain patient with themselves took hard work and required a strong support system. As supported by this participant’s statement, “*my friends and my family are reminding me to look after myself. I mean I’ve been a caregiver of my husband and my kids all my life so now it’s time to look after mom.*” One participant found motivation to stay healthy knowing her spouse would not want her to fall ill or forget about taking care of herself. She used self-talk to lift her spirits and give herself encouragement:

*I know that he wouldn’t want me to be wallowing in grief. I know that for a fact and the kids have said that too because sometimes I think well . . . I mean I lost my best friend but he wouldn’t want me to be just keeping the curtains closed, staying in bed, becoming a little vegetable. He just would not want that because that’s not what he did for himself . . . And I am the other half of him so I have to*

*do the same thing. And I think it is an honour to him if I take care of myself and I take care of the kids too – you know.*

### **Nature's Balance**

Being close with nature and actively searching for activities that surrounded the participant with the natural environment was an important component of “*bringing some balance to life.*” Quiet moments, often spent in nature seemed to recharge the participant’s spiritual energy. Simple enjoyments such as listening to the birds sing, walking, and gardening brought two participants “*satisfaction*” and “*peacefulness*” on a day-to-day basis. Natural elements were therapeutic for three participants, giving them the structure and re-framing needed “*in the moment*” to “*feel calmer with my thoughts.*” As one participant shared, “*Lovely weather. Went for my walk. I call it my meditational walk. The best thinking happens on these excursions.*” Another participant spoke about feeling empowered and relaxed stating:

*When I am on the river . . . and I have that river under me or any body of water -  
You know -- it makes me feel powerful, it makes me relax, it just it just makes me  
feel really good like I could do anything after.*

At times the weather was considered a hindrance to those seeking balance in their day from an outing. Feeling that their day was dictated by the weather was noted as playing a role in how well balanced the participants felt day-to-day as revealed in the following participant statements:

*“Beautiful, sunny day. I had a very poor night so maybe the sun will help.”*

*“Yeah I think (the weather) does make a [difference], if the sun was shining and was warm . . . I think it would probably make me want to do more.”*

*“Too much snow, the roads are bad, I can’t travel – getting frustrating.”*

### **The Balance of Time: Emptiness and Loneliness**

Overwhelming feelings of grief and loneliness occurred when participants found themselves at home alone for too long, or after a period of being away being away and *“coming back to an empty house.”* Early mornings and late evenings were also noted as being harder times to experience loneliness. Participants found that they *“woke with a start to the same emptiness. Then it took a while before I could sleep – tonight should be better.”* One described the loneliness as *“figur[ing] out what to do with my life . . . like trying to figure out all over again who you are without your spouse around.”*

Inconsolable crying, low appetite, lack of motivation and hope for the future, and restless sleeps are just a few of the struggles that these participants faced as they battled through the loneliness that losing a spouse can bring. As shared by a female participant, *“Today felt like I had just lost my husband. I had no hope for my future. I just couldn’t stop crying.”* Fortunately, time was also noted as being a factor in healing and varying levels of acceptance of the participant’s new normal, as one participant illustrated, *“Felt good at what I had achieved and how I am handling some difficult things, and yet remaining focused on having a balance to my life”*. Finding balance with the emptiness became less of struggle, as shared by this participant, *“All in all it’s been a good day. The chair is still empty, but I sit in it often now rather than look at it so empty. It works.”*



## **Finding Balance From the Outside In: Support Systems**

**Support as Defined By The Participants.** Primary supports that assisted the participants find balance came from immediate and extended family, friends, church groups, and bereavement groups. A common thread found in their words was that support was of little help “*if friends or family behaved as if nothing had happened*” or, on the opposite end of the spectrum, “*expected*” the participant to do so. It was important that the bereaved person not be thought of as self-centred or depressed if they became preoccupied with their bereavement experience. Searching for supports that would help them regain a better equilibrium to face life again was a part of gaining and maintaining balance. Talking with others was considered consoling and therapeutic, especially if the individual had experienced a similar loss. Overall, the participants were attracted to support systems that allowed them to express themselves gradually and openly, where they could feel safe in reacting either way without any pressure or expectations attached.

**The Importance of Connecting With Others.** Some participants commented it was difficult to sustain the effort required to “*visit . . . and make plans.*” Two participants recognized that a feeling of balance was present in their lives after the effort was made “*to connect with others*”, even on the occasions when they did not feel like reaching out, but were either invited or personally pushed themselves to socialize outside or inside their home, plan a trip, or keep in touch over the phone or email. Receiving encouragement was important for two participants who stated:

*Yeah and yet I'll get a phone call . . . and it's good because it makes me talk out loud and I'd otherwise I'm living alone now and I'm not expressing myself in any way you know to another person.*

## **Important Types of Support**

**Grandchildren and The Older Adult.** Informal supports like grandchildren were especially important to this population as they provided an outlet for keeping the participants' hearts and minds occupied. The presence and involvement of grandchildren in the lives of the bereaved older adult helped the participants find moments of pure "happiness," bringing with it "an even, balanced day." Laughter, "lively conversations," "enjoyable outings," and the very nature of unconditional love that grandchildren display is what brought balance to their lives. The balance came from "a relaxed evening that helped brighten my day" or the enjoyment of "his company [that] makes me happy when he's around". The participants' grandchildren played an important role in enhancing their mental health, giving them a reason to capitalize on their existing strengths and work towards keeping a balance in their lives as demonstrated in the following quote:

*I went over there, forced myself to go out. I went over and it turned out I had a bite of supper and had a little visit with her. She is really sweet and I noticed, as I always do that, you know once I at least initiate something about changing direction, it's good for me, you know. It was good to see her and the other people too and it gave me a lift.*

**Friendship and Company.** The importance of friendship yielded a multitude of physical and emotional health benefits. At some point in their interviews and journals, each participant was able to share the benefits that having "good friends" to turn to for support. A common sentiment shared throughout was, "And then by having company it sure helps, it just lifts you up you know. Gives you something to live for . . . ". Some enjoyed having someone to share their tears or silence with and others wanted to talk a lot

and have their friends share memories too. Most of the participants found their friends a tremendous source of comfort as they offered a more neutral person of which to share stories of their spouse with. Many of the participants spoke openly about the balance their friends provided, sharing, “*Great discussion – I have such good friends, they keep me balanced and focused*” and, “*We talked about [my spouse] as we looked through pictures and the story she had with each picture. It was a good feeling, crying and laughing – a balanced feeling.*” The participants shared that these healthy relationships made going out on their own more enjoyable, lessened grief, and provided camaraderie to help them achieve personal goals and pursue their hobbies.

**Spiritual Support.** Some participants drew comfort from their “*faith*” and “*faith community.*” The participants who spoke about their spiritual side communicated that nurturing their spirit and appreciating the beauty of life was an important part of their existence prior to their caregiving and bereavement experiences. Spiritual activities occurring after the loss of their spouse such as prayer, going to church, and attending a bible study remained “*uplifting,*” however, were now experienced in such a different way that the participants expressed feeling a whole new kind of meaning to their spiritual connections. One participant shared:

*Today I read in my Bible: I patiently waited for the Lord to help me, and he heard my cry. He lifted me out of the pit of despair, out of the mud and the mire. He set at my feet on solid ground and steadied me as I walked along. Psalms 40:1-2.*

*How neat is that!*

The participants who sought spiritual support and leaned on their faith for comfort and balance felt it offered them solace, and encouragement, sharing, *“Spiritually I have to try and be good to my soul and hear the good word as I get a lot of encouragement there too.”* Two participants found saying a prayer in the morning and at night offered them feelings of *“peacefulness”* and helped set a tone of *“calmness.”* Others found a renewal of spirit through their physical time alone, such as walking and being with their thoughts as echoed in this statement, *“I went to Church and was refreshed spiritually so I came home and spent a quiet afternoon and evening.”*

**Learning From The Experience of Others.** Many of the participants found helpful outlets for their emotional expression in the form of bereavement support groups and in supportive people who were caring listeners. The spousal caregivers represented in this analysis talked about how good it felt to be being able to understand the experiences of other people in similar circumstances and gain knowledge from what has helped those caregivers adjust in bereavement. One participant said, *“So nice to hear of others and their coping experiences.”* They found sharing their sorrow and stories with others who have experienced a similar loss helpful sharing, *“. . . it was so nice to share with the new ladies.”* Group interaction helped those participants that attended sort out and confront their sadness. This empowered the participants to see themselves in a new light – one that was struggling, but not alone. Meeting others with similar experiences gave them hope for their future and helped them see that finding balance in bereavement was possible. The discussions and practical tips provided by the other attendees and the group facilitators also helped the participants keep a focus and perspective in their bereavement. One participant described the support offered to her from bereavement

classes as helping her “*feel[ing] refreshed and ready to cope with the things I am facing, and trying to keep [a] focus and [a] balance to it.*”

**Supporting Yourself: Finding Balance in Spending Quality Time Alone.** All of the participants spend varying lengths of time caring for others and, admittedly, it could become very easy to neglect their own needs by continuing to focus on the needs of others. Two of the participants were starting to acknowledge the importance of spending quality time with themselves and setting personal boundaries that allowed them to feel a balance from the busyness of life. This important acknowledgment was shared by one participant who said, “*For me that is the balance I need and try to find each day – touch people, but also be alone with my thoughts, memories, and plans.*” Spending time alone was also a way to help channel thoughts and helped one participant cope with her loss. Although unknown at the time, this participant found that by continuing on with her daily walks, there was an outlet for healthy expression of emotions that needed to be released. This resulted in a newfound sense of peace illustrated in this participants’ story:

*Went for a walk in the mall and while walking my thoughts drifted back to the funeral . . . the tears flowed while I was walking just like they did at the funeral, but by the time my walk was finished I was OK.*

Those participants who enjoyed their time alone found renewed strength and courage to carry on. This was supported by one participant who shared his thoughts: “*Sometimes I need time to just sit and vegetate – renew my strength and outlook – gives me courage and strength to go on from where I am at present.*”

**Forging on as One: Finding Balance in Learning to Embrace Independence**

Participants discussed how they had been accustomed to making life decisions and going out in public as a member of a partnership and facing these situations alone felt daunting. One participant wished for a time when *“I would be comfortable in a crowd on my own . . . sometimes I feel like there isn’t balance there [without my spouse by my side].”* Some spouses had more difficulty with choices partly due to how enmeshed their identity had been with their partner prior to their death: *“This was different because in the past 32 years, [the spouse] was always there to do these kind of things . . . A new experience.”* Part of finding balance in their new situation was trying to tackle the old ways with new thoughts:

*Yeah, I am starting to get over it. I talk to him all them time, like in the mornings when I make the bed. He always helped me. And I always say, ‘Where are you to help me make the bed’? It was just something we did you know. But I am learning.*

Two participant’s had recently gone on a trip away from home whereby they had positive experiences *“getting away”* and felt refreshed and balanced while on the trip. As one participant remarked, *“I feel better being away from my home and away from my worries . . .”* The struggle, however, came upon their return when they were faced with the realities of not having their spouse nearby to share in their joy. This created strong emotions of sadness, loneliness, and guilt for enjoying their time away, and confusion and *“sense of being unbalanced”* as they did not know what to do with those feelings. This sentiment was shared by the following, *“I went on a holiday and then I couldn’t tell him about it. In a way of course this was a big part of my balance . . . I do miss it.”*

Finding peace with making mistakes, trying new things, and asking for help were other ways the participants were learning to find balance in embracing independence. One participant found himself pleasantly “*surprised*” at an attempt to make a supper that the spouse used to make, which ended up being “. . . *really quite good.*” This accomplishment gave him confidence. Another piece to finding balance was not fearing the need to make decisions and recognizing that this was just another part of figuring out how to keep life moving forward without their spouse. A common statement from most of the female participants was, “*I guess I better get this done, I better get that done and . . . I better learn how to use the lawn mower and I better learn how to use a snow blower and that kind of thing*”. Small pleasures and personal indulgences as reflected in this statement, “*Walked to my hairdresser’s – Always enjoy getting my hair done . . . it makes me feel good*”, were also described by two participants as a nice way to bring happiness and balance to a day. Throughout each of the experiences shared, the participants acknowledged missing their spouses, yet were starting to recognize that it did not sentence them to a life alone. All of these acts of discovering independence were seen as small steps towards regaining pleasure in life itself.

### **Learning To Move Forward: A Balancing Act**

Eight out of ten participants recognized that there would come a time when they would be more ready to move forward and move ahead to discover what this new chapter had to offer. Two participants were finding it challenging to not dwell on their loss, however, commented that as time passed, the pain of early bereavement was beginning to fade and it was becoming possible to think about other things and plan ahead. For all of

the participants there was a general acknowledgement that the sense of having lost a part of oneself would never go away entirely.

**Getting Involved.** Staying involved in their hobbies helped some of the participants keep a balance in their life by easing the mental and physical stress brought on by their loss. One participant stated, *“Well like I play darts and I have a dart board down in the basement . . . started to win some games again, that’s encouraging.”* Hobbies were a way to get back into a routine or a healthy approach to keeping their bodies and minds occupied. Activities such as curling, bible study groups, and dragonboat racing provided good outlets for social connections, time to forget about their worries, or depending on the activity, time to reflect on their loss in the company of others or on their own. Some preferred to keep their minds occupied in a more silent manner, which provided an opportunity for relaxation as reflected by two participant statements, *“Always have a jig saw puzzle going, I love doing them. They remind me of my life – sometimes I feel like a piece is missing.”* and *“I have been doing some knitting again (which I couldn’t do for a few months it seemed). I also enjoyed my puzzle books – so relaxing.”* Directing their energy in a positive direction whether in an outward or inward fashion helped with relaxation, encouraging a healthy outlook and life balance.

**Getting Back into Routine.** Establishing routine was helpful in improving the participant’s ability to move forward. Slowly creating a new normal by *“planning the day”* was a part of keeping balance in their lives. For some, routine was more challenging as they oscillated back and forth between periods of sadness while reminiscing about how their spouse *“used to take care of that,”* and the understanding of their new reality, knowing that in order to keep life moving they must focus on practical



tasks and the important demands of life without their spouse. This was reflected in the common language, “*I always say to myself, you’ve got to keep going.*” Other participants found purpose and meaning in “*keep[ing] busy and keep[ing] on the go.*” One participant found satisfaction in routine, sharing:

*Trying to find out in the morning what I’m going to do all day you know . . . And should I drive here and get some groceries and then should I go over here and like some days it’s just a full day. And then I feel really good about it and if I don’t go out in the day and drive somewhere you know I feel like I haven’t done something.*

**Missing a Part of Oneself: Finding Balance in a New Identity.** The older adult participants felt that with the death of their spouse, a part of their identity was also lost. Instead of being a wife, husband, or partner, they were now a widow or widower. The change in thinking from “*we*” to “*me*,” was challenging. The other major challenge voiced was how much they mourned the part of their self that interacted with their spouse. Finding balance, therefore, meant being “*able to find a new life*” by rethinking and redefining their identity. The participants acknowledged that the work it took to assume certain responsibilities for the first time was overwhelming; however, they found balance in trusting themselves sharing, “*I’m not afraid of my shadow, sure glad about that.*” They also recognized the need to develop new skills to cope with the new reality of their lives. In order to accept and find comfort in their new identity the participants had to be patient with themselves. It was clear they would never be the same person, but there was an understanding by each of the participants that moving forward, developing new ideas of normal and adjusting to their new identity would take time.

## **Maintaining Health: Balancing the Whole Person**

Overall, the participants acknowledged that their bereavement journey was a time to be aware of, or reconnect with the needs of their body, mind, and soul. They were searching for, and experimenting with physical, emotional, mental, and spiritual ways to nurture themselves back to a balance that suited their personality and lifestyle. There was underlying knowledge threaded throughout the participants' words that, if one could find ways to nurture the body, mind and soul, the awareness and feelings of a healthy balance would follow.

**Physical and Mental Responses to Finding Balance in Bereavement.** In order to speak of how far they had come, the participants found themselves reflecting on how they coped in their early days post-loss. Many of them described a lack of strength and energy leading to physical and mental exhaustion. They experienced loss of control in their lives and unrest. Some of their physical habits had changed, such as sleep and eating and many of them felt generalized malaise with old aches and pains re-surfacing. A number of participants experienced insomnia, multiple wakings at night, or not wanting to wake up or get out of bed in the morning. They described their overall energy as low at times, feeling like they were dragging themselves to do even the smallest task.

During the time of the interviews, the participants' responses to finding balance in bereavement reflected aspects of physical and mental functioning that were helping to improve their sense of balance in their bodies. Physical activity such as walking in nature, raking leaves and taking care of the yard were mentioned as examples of positive forms of physical exertion, which brought physical relaxation and personal satisfaction to the participants. An increase in consistent night sleeps helped with general coping and

physical well being illustrated by the following statement, *“I can cope better if I don’t get over tired and over stressed.”*

**Emotional and Cognitive Responses to Finding Balance in Bereavement.** The participants described how since their loss their emotional reactions were becoming less intense. These participants were also careful to explain that this did not mean they never felt angry or upset anymore, but rather they did not feel that they were in such emotional turmoil. When the participants did feel emotionally unstable or unbalanced, they likened it to losing part of themselves or a part of their identity. Other responses that reflected unbalance included a sense of helplessness, feelings of regrets, and loneliness. Many of the participants found that responding to what their hearts were telling them was a healthy approach to take. Two participants expressed that in order to feel balanced, it was important to stay true to how they were feeling and what they were thinking and not cover this up. These participants shared that they had already learned that emotions and tears were a normal part of grieving and chose not to worry about what other people thought or may want from them. They were learning that their emotional healing was very individual and no one else could tell them exactly when to *“get over it.”* The participants were discovering a balance with when to be angry, when to cry or not to cry, when to laugh, and be comfortable with finding moments of joy. This emotional and cognitive balance between how to react and respond to their grief allowed these participants to have greater emotional awareness, as reflected in this quote, *“And I do allow myself to have those days because if I didn’t give myself permission to do that I just keep everything inside and sort of tip the scale.”*

**Journaling: A Helpful Outlet.** Another source of consolation and outlet for emotions and thoughts was keeping a journal. By having a journal, one participant felt it was a more accessible means to express how their day was going and another felt it was a safe place to put down how they were really feeling, stating, *“I suppose it’s like journaling you know, it helps get things in perspective for you even though you don’t realize it at the time. . . .”* The journals were also noted as being a useful tool to record progress and change. It seemed reassuring for the participants to reflect on their writings, and see what kind of steps they were making in their bereavement journey.

### **Balancing Honouring the Past, Integrating Memories and Looking To The Future**

The participants shared experiences indicated that they were trying to find a safe place in their heart for their loved one. They were able to describe their memories taking both sorrow and pleasure in them. Throughout the interviews the participants were working towards a balance between accepting the reality of their loss while continuing to cherish and remember the life they had with their spouse. As pondered by one participant, *“I’ve thought more of . . . of living on . . . and . . . making sure people don’t forget S.”* This acceptance phase brought an even stronger sense of what it meant to stay in balance as the participants described working towards accepting their loved one back into their lives as a memory. The bereaved participants took comfort in learning that their relationship did not need to be totally severed because that person was gone. They spoke of never forgetting the person who has died and learning ways to remember and honour them, as exemplified in this quote, *“ . . . and I’ve been working at getting some of his paintings framed cause I want to try and get um something done for each of the kids and those little grandbabies.”* Part of finding balance for the participants was figuring

out how to move on from their loss and past experiences without erasing all the good memories associated with it.

In order to feel balanced, the participants needed to honour their loved one in a way that was appropriate to them. One participant shared that staying balanced meant she would take care of what needed doing at the pace that felt right for her concluding:

*I tidied out a few drawers with my husband's clothes. I can't do it all at once as it is too emotional – so I try to do a little at a time. I have done a lot but still need to do more. Slow and steady keeps me balanced. I'll try for a bit more sorting clothes tomorrow.*

For some 'appropriate' meant visiting the gravesite, attending a memorial celebration, and creating special rituals to remember their spouse. They realized that letting go was crucial to embracing their new life but equally important was honouring and retaining the memories of their spouse. As shared by one participant, "*I cleaned closets, two big bags went to the Thrift Store, mine and some of L's things. Slowly I'm parting with things, but I think some things I'll always keep, they're just so part of him.*" Finding balance meant finding their way back to a fulfilling, balanced life without the physical presence of their spouse and learning to integrate the emotional need to never stop missing them.

### **Contextual Factors**

The bereavement literature suggests that contextual factors, such as age, gender, caregiving, circumstances of the death, and culture, impact bereavement experiences and outcomes (Ferrario et al., 2004; Stroebe, Stroebe, & Schut, 2001). It is acknowledged that the participants' who partook in this research, were influenced by a multitude of contextual factors including previous life experiences, coping skills, and their current

setting. Although not specifically explored, the participants' cultural and ethical influences were also interacting to influence their coping capacity, and their finding balance outcomes.

The older adult caregivers interviewed for this research lived in a Canadian urban setting, and were of Caucasian and Aboriginal descent. Some of the older adults were homeowners and drove a vehicle and others had moved or were moving to assisted living housing and did not drive. Those who took part in this research had mostly steady support systems, and access to bereavement support groups in the city if they desired to attend. Many of the participants alluded to the useful strategies and skills they had developed over their lifetime, which may or may not have contributed to their abilities to adjust to their loss and find balance in their bereavement. Ingrained personality traits, family and partner values, and individual religiosity and belief systems also played a role in how the participant's made sense of their loss, adjusted to their bereavement situation, and found balance in their life without their spouse.

Apparent through the participants' stories, was that most had been quite active both physically and socially in life with their spouse prior to their cancer caregiving experience. The length of caregiving and end-of-life journey that occurred, as well as the nature of the relationship with the deceased were therefore reflective in the intensity of the grief reactions and subsequent experience of finding a unique life balance in bereavement. The spousal roles prior to the loss, such as household management and social planning also affected how each participant experienced and communicated finding balance in bereavement.

## Discussion

Regaining a sense of balance in life after the death of a spouse is a very difficult journey. Connecting with others who are walking a similar path and those who understand and appreciate how each person's path is unique can help bring healing and normalization. The participants in the current analysis had been providing care to spouses with cancer who had died in the year previous to the primary study. Finding balance in the first year of bereavement was about the individual person discovering, over time, how to adjust to life without the loved one. The participants shared common caregiving and bereavement experiences; however, their journey towards finding balance was considered unique.

Grief and bereavement research supports this view suggesting that there are several types of grieving processes (Parkes, Laugani, & Young, 1997; Rothaupt & Becker, 2007; Stroebe, 1992) that are no longer characterized as a linear shift from one phase to another (Kubler-Ross, 1969). The bereaved can experience both positive and negative emotions simultaneously characterizing the grieving experience more as an oscillatory process (Hogan, Morse, & Tanson, 1996; Stroebe & Schut, 1999; Trunnell, Caserta, & White, 1992). Finding balance was experienced by the participants in their search for ways to nurture themselves back to a 'life balance'; which suited their personality and lifestyle. Finding balance required a personal commitment to discovering and understanding that which helped bring a suitable level of comfort, healing, and acceptance to their life. During the journey of finding balance, many of the participants found that their painful feelings of grief were often intermingled with positive feelings, such as happiness and personal satisfaction, which emerged as the bereavement transition carried on. Striving for balance was an active attempt to manage their emotions,

thoughts, and actions surrounding their loss and the ones associated with their new reality. Dutta's (2006) work supports this finding stating that persons experiencing bereavement move between their emotions of grief and learning new roles and adapting to a different life. Finding balance in bereavement was not an effortless endeavour for the participants as it took a conscious level of physical, emotional, spiritual, and mental exertion on the part of the participant.

Ong, Bergeman, and Bisconti (2004), found that the presence of positive emotions in combination with the difficult emotions of grief had a beneficial influence on the bereavement outcomes of 34 widows. For the participants in this analysis these influences were simple things such as laughing or being with a friend, enjoying a walk and the outdoors, or spending time with a grandchild and feeling loved. These positive moments came when they tried something pleasurable like a getting back into a hobby, having a cup of coffee with friends, or purchasing something that lifted their spirits. It was in the accumulation of these small moments of joy that lent to a healthy sense of balance to their days, weeks, and months ahead. As reported by Fredrickson and Joiner (2002), people who experience positive emotions during bereavement tend to develop long-term plans and goals. Together, positive emotions, plans, and goals predicted greater well being 12 months post bereavement (Stein, Folkman, Trabasso, & Richards, 1997). Having something to look forward to did not help take the participants grief away completely, but it did help keep it in the background so that their sadness didn't preoccupy their entire day.

The participants also displayed personal inward and outward efforts in their search for understanding and accepting the loss of their spouse. The more personal



struggle was the private, inward efforts it took to cope with the loss in spending time alone and searching for a new identity. The outward efforts were found in sharing their experience of grief and bereavement through social support networks found in attending bereavement classes and talking about their spouses' lives aloud with family and friends. The challenge for each of the participants was to find balance in both the inward and outward struggles by searching for comfort in their separation from the spouse and discovering new and meaningful ways of remembering their loved one. Dutta's (2006) research is supportive, suggesting that the goal of working with bereaved individuals is to help them let go and keep hold at the same time.

Throughout the interviews, the participants acknowledged that when one part of their person was negatively affected, their whole life balance suffered. They were learning to strike this balance by listening to what the body, mind, and soul needed and then finding healthy, constructive outlets to care for themselves and that which was important to them. This is important as findings of a study examining the physical health consequences of bereavement stress suggests that spousal loss may have significant long-term ramifications for the physical well being of older adults (Lee & Carr, 2007). Further literature reiterates the importance of caring for every aspect of the self, sharing evidence that sleep disturbances affect the bereaved caregiver's ability to accomplish daily task (Carter, 2005). In a study looking at widowhood and spirituality, it was found that spiritual and religious disconnect affected the older women's coping abilities, which can potentiate a negative adjustment in bereavement (Michael, Crowther, Schmid & Allen, 2003). The participants in this study were beginning to address the challenges associated with caring for themselves as multifaceted beings.

Many of the participants were able to acknowledge or identify their unique strengths and the parts of their lives that required focus and care. Over the course of two interviews they were showing signs of being able to use that knowledge to begin seeking out activities, thoughts, and actions that reinforced keeping a physical, emotional, mental, and spiritual balance to their lives. The participants in this study were figuring out how to balance caring of the self, the home, and the responsibilities of their spouses who were no longer present to take care of things. Spiritual support and the participant's faith played a role for some of the participants in maintaining health and balancing the whole person. Working towards caring for and balancing the whole person enabled the bereaved to move through the bereavement journey in a healthier fashion.

Social support was also important to the participant's journey towards finding balance in their lives after the loss of their spouse. The participant's shared that healthy relationships with family, open communication and attentive listening from friends were helpful to maintaining a balance with their bereavement. Grande, Farquhar, and Barclay (2004), emphasized the need for adequate support for the bereaved caregiver stating that inadequate support is associated with worse caregiver bereavement outcomes. Further literature points out that effective social support reduces the risk of the bereaved experiencing health problems and mortality following bereavement (Vachon & Stylianios, 1988). The findings of this secondary analysis indicate the importance of grandchildren as supports who brought special comfort and reduced feelings of isolation (Hedtke & Winslade 2004) in the older adult population after the death of the spouse. The other main supports noted in this study varied from informal sources, that of immediate and extended family and close friends, to those in more professional roles who provided

specific services, such as bereavement support. William's (2004) work reminds us that social relations after spousal loss can provide frequent health reminders that are associated with positive health outcomes.

The participants' goal of moving forward and finding a new identity while honouring their past was to find an acceptable level of adjustment to life without their loved ones. Finding balance in bereavement was not so much about getting over their loss as it was about finding freedom in their thoughts and emotions, and ease in their heart with which they were comfortable to move forward. Therefore, it is appropriate to conclude that for these participants a major step to finding balance was the recognition, realization and re-discovery of what was most meaningful to them both past and present, and the ability to move forward by focusing on that which gave their life purpose.

The findings of this study indicate there are no easy answers for dealing with grief and bereavement, and unfortunately, there is no set time for how long bereavement will last. With time and great care life eventually does strive to regain a balance as bereaved people search for experiences of recovery and a state of connectedness with the new normal they face (Baker-McCall, 2004). The participants in this study were discovering ways to nurture their unique life balance so they could learn to grow and carry on while honouring the life of their spouses and their shared years together. Simple yet important words by bereavement researchers Parkes (2007) and Neimeyer (2001) serve to reinforce and confirm the findings of this study stating that the past is always with us (Parkes) and that the work for the bereaved person is to find meaning in their lives and weave the loss into their altered life (Neimeyer). Each person's unique transformation over time is what set the foundation for experiencing the unique life balance in bereavement.

## **Implications for Practice and Future Research Directions**

The experiential knowledge gained is meant to provide researchers, health care professionals, educators, and decision-makers with a genuine understanding of how this population works towards finding balance while bereaved thus, contributing to the promotion of appropriate and timely bereavement care. This findings of this analysis aims to have application potential specifically for the discipline of nursing by providing a foundation of knowledge for informing clinical reasoning, assessment, planning, and intervention strategies. Providing new knowledge about this population's perception and thoughts about balance during bereavement is an underdeveloped area of research, which shows promise as an innovative approach for the development of bereavement-specific interventions. Further qualitative studies focusing on the older adult spousal caregiver are necessary, as the context and methodologies used is important in understanding the relationship between finding a unique life balance during the bereavement journey and bereavement outcomes. Bereavement services should be designed to meet the unique challenges of different age groups and possibly genders. Coping resources for older adults could include increased social support to help the newly bereaved manage their emotions as well as restore their activity levels (Richardson, 2006). Future bereavement research should develop and test such interventions to establish what bereavement assessment tools are recommended for the older adult population and whether such interventions are actually effective.

Continued study is required to identify the needs of bereaved caregivers who do not have support networks, or whose access to care is more limited (i.e. rural caregivers). In addition, speaking with those who have dealt with complicated or dysfunctional grief and required increased support, or studying those who are in later stages of their bereavement

journey would provide a wider understanding of the meaning of finding balance in bereavement. Replication of this study with more diverse groups of bereaved caregivers to explore differences in previous life experiences, coping skills, beliefs and culture values, and their impact on the bereavement experience is recommended.

**Study Limitations.** The study findings cannot be generalized to all the older adult population experiencing bereavement; however, important information was generated which met the analysis' interpretive descriptive aim. The sample size may limit transferability of the findings beyond the study group however, many disciplines, including psychiatry, psychology, social work, nursing, and medicine could find use in the knowledge gained by considering how the findings could be applied in their own practice and settings. The participants who volunteered were perhaps more active and outgoing than others in their age group, therefore, representing a smaller portion of older adults who are actively attempting to find balance in bereavement. As such, this research should be viewed as starting point, encouraging more research to confirm and develop the findings. Although both men and women were a part of the dataset, this analysis did not reveal any apparent gender differences. Future research may choose to examine differences that could have emerged from a gender and cultural perspective as there is evidence that modern Western men and women tend to grieve in different ways (Lee & Carr, 2007; Stroebe & Schut, 1995).

**Methodological Limitations.** The interpretive analysis process (Thorne, 2008) acknowledges that not all patterns relevant to older adult spouses finding balance in bereavement can be uncovered. To stay true to as many patterns as possible, the researcher did consider outliers in the data. Outliers were then woven into the identified

patterns and interpreted based on how they best contributed (Thorne, 2008; Thorne, Reimer-Kirkham, & MacDonald-Emes, 1997). To determine that a thematic apex was reached, groupings, categories, patterns, themes, and, subthemes that emerged from the data were thoroughly explored, interpreting that there was no further repetition happening (Thorne). Subscribing to the belief that it is not possible to claim that no new variation can emerge from the data, this interpretive descriptive approach is meant to produce findings with clinical relevance, yet does not profess to have uncovered all that is relevant to an issue as does the claim of achieving saturation (Thorne).

**Researcher Limitations.** This ‘interpretive description’ analysis does depend on the perceptions and sensitivities of the researcher. The researcher therefore, appreciates that her oncology nursing background and previous experiences may influence the interpretations, and assumptions that are a part of the research process. The knowledge generated from this analysis is meant to be perspective-based (Thorne, 2008) and the credibility of the findings come from the way the data analysis decisions are presented and framed within the larger context of bereavement (Thorne, Reimer-Kirkham, & O’Flynn-Magee, 2004).

### **Conclusion**

The impact of cancer on the family caregiver is an important issue of increasing magnitude. Understanding the experiences of bereavement by this unique and vulnerable group of caregivers is critical to helping educate how to decrease the strain experienced by these individuals. In this qualitative secondary analysis the researcher explored the experiences of bereaved spousal caregivers and how they found balance while adjusting to the loss of the person for whom they provided care. The knowledge of finding balance

in bereavement gained through this 'insider's perspective' provides new and important insights for those in a strategic position to promote positive outcomes in the bereavement journey. These findings in the context of the larger body of available end-of-life care and bereavement care knowledge creates an understanding of how bereavement affects the remaining spouse and how bereaved caregivers use finding balance strategies to manage their bereavement. It is the researcher's hope that by disseminating a more refined conceptual description of the phenomenon of finding balance in bereavement future clinical decisions, quality improvement efforts, and research focusing on older adult bereavement care can be better informed and further studied.

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**Table 1**

<b>Demographic Characteristics of the Participants</b>	
<b>Characteristics</b>	<b>Number</b>
<b>Age of Caregiver</b>	66-83
<b>Gender</b>	
Women	7
Men	3
<b>Length of Caregiving</b>	1-60 months
<b>Previous Caregiving role</b>	
Yes	5
No	5
<b>Marital Status</b>	10 - widowed
<b>Number of Children</b>	0-6
<b>Months since Death of Spouse</b>	2- 11
<b>Type of Cancers</b>	1 Lymphoma 1 Stomach 1 Pancreatic 1 Brain 1 Colon 2 Lung 1 Prostate 2 Systemic
<b>Main Social Support</b>	3/3 - Bereavement Group  7/7- Family and Friends 4/7 - Church Family 2/7 – Extracurricular Hobbies
<b>Years of Education Completed</b>	11 – 16
<b>Occupation</b>	
Professional	2
Non-Professional	8



**Table 2**

**Summary of Key Findings of Finding Balance in Bereavement**

<b>Themes</b>	<b>Subthemes</b>
Finding a ‘Unique Life Balance’	Discovering their own pace The ups and downs of bereavement
Finding balance in staying positive	
Taking care of “me”	
Nature’s balance	
Emptiness and loneliness	
Support systems	The bereaved older adult caregiver defines support Connecting with others Grandchildren Friendship and company Spiritual support Learning from others experiences Supporting yourself: Quality time alone
Learning to embrace independence	
Learning to move forward	Getting involved Getting back into a routine New identity
Balancing the whole person	Physical and mental responses Emotional and cognitive responses Journaling
Honouring the past, integrating memories, and looking to the future	

## **CHAPTER FOUR – DISCUSSION**

The goal of this chapter is to provide further discussion on the use of Thorne's (2008) interpretive descriptive method along with supportive literature to reflect the reasoning behind why the methodology was well-suited for the analysis. A summary of the secondary analysis findings, including additional findings and participant statements that were not incorporated into the original manuscript are presented.

### **Further Literature**

All human beings who suffer loss can expect to experience the feelings of grief. The impact of bereavement affects a person's functioning across cognitive, physical, emotional, social, and spiritual domains (Cairns, Thompson, & Wainwright, 2003). Life changes that accompany bereavement adjustment, challenges the normal comforts of life, altering daily functioning where new tasks must be accomplished and new identities assumed (Gilbar & Ben-Zur, 2002). Caregivers can also experience significant psychosocial and financial burdens (Canadian Cancer Stats, 2010). Stroebe and Schut (1999) point out that the experience of finding balance in bereavement is an oscillating journey of restoring inner peace and satisfaction for the individual who has suffered the loss. Creating balance means expending personal energy equally and efficiently and spending sufficient quantity and quality of time in the chosen areas of life that are important.

## **Methodological Design**

Given the lack of understanding about the meaning of finding balance on bereavement adjustment and outcomes, an exploratory, interpretive, descriptive approach was a well suited framework for this analysis. The objective of using this methodology was to understand and interpret the meanings and intentions that underlie the participant's unique experiences of finding balance during bereavement. Interpretive description supports this perspective-based approach, considering the bereaved older adult caregiver as experts on their own experiences (Thorne, 2008). Implicit in this type of approach is the idea that knowledge stemming from common patterns of experience is important and useful in informing the principles that guide responses to situations in the nursing practice context (Thorne). Pursuing a secondary analysis allowed the researcher to use existing knowledge as the foreground for the area of inquiry (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). The primary study used a combination of purposive and theoretical sampling to reach saturation and this particular sampling approach was echoed in the secondary analysis and considered suitable under the methodological direction of interpretive description (Thorne).

**The Different Methodological Approaches Between the Primary Study and Secondary Analysis.** Edmonds and Hooker (1992) suggested that a qualitative approach "more clearly articulate(s) the voices of the bereaved respondents without the framework imposed by the researchers" (p. 315). With the goal of better understanding and descriptively interpreting what it is like for an individual to experience finding balance after the death of a loved one, the research questions for this qualitative analysis called upon the primary dataset where bereaved participants were asked to describe their experience of finding balance in bereavement. Within interpretive description as the

foundation, the secondary researcher immersed herself into the data asking questions such as: “Why is this here and not something else?”; “What does it mean and does it relate to each other?” (Thorne, 2008; Thorne, Reimer-Kirkham, O’Flynn -Magee, 2004). Description means speaking to what one observes (Thorne, 2008) and “giving an account of that which we perceive” (Holstein & Gubrium, 2005, p. 54). Interpreting requires that the researcher represents an overall picture of the phenomenon, but that the interactive process always involves the voice of the study participants (Thorne). Interpretive description requires the researcher to be data-driven using inductive reasoning, thus describing that which lends itself to the interpretive determination of ‘what does this mean to clinical practice?’ (Thorne).

In the primary study a grounded theory approach was used (Charmaz, 2006) to explore the process of finding balance and build an emerging theory of the process of finding balance during bereavement (Holtslander, Bally, & Steeves, 2011). Using this grounded theory methods the primary researchers aimed to: a) provide a conceptual overview of the experience and processes of finding balance b) describe these definitions and processes within a social context; and c) construct a substantive theory of finding balance for the older adult population.

Both the grounded theory and interpretive descriptive methodologies are situated in a social context and recognize subjectivity within each experience as important (Thorne, 2008). Similar to the primary grounded theory study, the secondary analysis researcher strove to conceptualize the studied phenomenon. A substantial methodological difference between the primary study and the secondary analysis is found in grounded theory’s main goal: to articulate a theory in terms of scope, depth, power and

relevance in order to add to a more limited body of research and increase the applicability of the study findings (Holtlander, Bally, & Steeves, 2011). In contrast, interpretive description is not used to try to “advance theorizing” (Thorne, 2008, p. 36); rather it offers the opportunity to take another look at ‘the angle of vision’ upon which prior knowledge is based and to generate new insights and inquiries to guide future decisions in a practice setting (Thorne, 2008). Interpretive description required that the purpose of the analysis was derived from two sources – the first, “an actual practice goal”, and the second, “an understanding of what we do and don’t know on the basis of the available empirical evidence” (Thorne, 2008, p. 35). Another important difference between the primary grounded theory study and this interpretive descriptive analysis lies in the data analysis, where this analysis aimed to provide an interpreted conceptual description and understanding of the phenomenon whereas the grounded theory approach resulted in a descriptive account of the process of finding balance. By sorting and coding, the grounded theory researcher stays closer to the data obtained whereby, the analytic procedures found in interpretive description include techniques such as synthesizing, and recontextualizing to engage with and articulate the data findings (Thorne, 2008).

### **Data Analysis**

The interpretive description method requires that the researcher engage in data analysis and data construction at the same time and that analysis informs the ongoing data construction (Thorne, 2008). The secondary analysis researcher was hired by the primary researcher as a research assistant for the primary study and, so, and was able to conduct five of the interviews with three of the participants. Given that the secondary analysis researcher did not collect all of the data, she was given full access to listening to the

original recordings on the software, which helped “evoke strong emotional responses” (Hinds, Vogel, & Clarke-Steffen, 1997, p. 414), heightening her awareness of the emotional context behind the original data set. The intimate details that came from the interview process benefited the researcher’s secondary analysis by increasing her closeness to the dataset. In order to remain close to this experience and find meaning in the participants’ experiences of finding balance, the researcher strove to understand what a particular thought, action, and emotion meant and then interpreted it in way that reflected what the participants were communicating (Schwandt, 2000).

This analysis involved knowing each individual’s dataset and subsequently drawing out and interpreting common themes and meanings as a whole from the entire dataset. General data sorting and organization were expanded into what Thorne (2008) called “pattern recognition” (p. 150). It was in these recognizable patterns that embedded meanings of finding balance began to form. The data were then divided into finding balance categories where overall themes and subthemes were developed. Each overall theme was analyzed by comparing the data back to the individual cases, focusing specifically on the participants’ statements. In order to manage and analyze the data over time, memoing and written notes were used to track what was being thought about in the moment.

### **Setting and Procedures**

Thorne (2008) supports the home setting as it gives further insight into where the bereavement experience is taking place. Interpretive description requires that the researcher be aware of “the specific relevant elements that make up that complex self” (Thorne, p. 69). The researcher was, therefore, asked to immerse herself in the data to

better understand the context in which the participants described their experience of finding balance (Hinds, Vogel, & Clarke-Steffen, 1997).

The primary dataset was collected over the course of 12 months. Ten older adults, ranging in age from 66-83 years old participated in the primary study. The manager of Palliative Care Services in the Saskatoon Health Region made arrangements for the volunteer coordinator of Palliative Services to make initial contact with bereaved caregivers who met the inclusion criteria. Those who met the inclusion criteria were identified from a list of all family caregivers who had been a part of the Palliative Program in the last year. The volunteer coordinator then phoned the potential participant and described the study. If the potential participant agreed to participate, the volunteer coordinator passed the name and phone number of the potential participant onto the primary researcher. The primary researcher and/or research assistants then contacted the participant offering further explanation of the study, and to arrange an interview time. When contacted, the inclusion criteria were double-checked, the study purpose and projected timeframe discussed, and then a time and place was arranged for an initial interview.

At the first interview, the primary researcher or research assistant(s) obtained a written informed consent (see Appendix D) and assisted the participant in completing the demographic form (see Appendix A). An interview guide was used to guide the interviews (see Appendix B). The interviews were audiotaped and conducted face-to-face using an open-ended interview style over approximately 45 to 60 minutes. After the initial interview participants were asked to keep a journal for a period of one to two

weeks (see Appendix C for written instructions). These journals were collected at the second interview, photocopied, and transcribed by the primary researcher or research assistants, with the original returned to the participant. The study participants were provided with an alternative option of tape-recording if they did not want to write. The second interview took place approximately two weeks after the first in order to discuss the journal, and ask more focused questions. In the primary study, participants completed a daily journal after the first interview, encouraging deeper insights into their daily lives. These journal texts were integrated into the secondary data in order to enhance the understanding of the interviews. These texts were then compared with one another and to the broader data codes in search of embedded meanings, changes over time, and categories that could be extracted (Thorne, 2008).

**Outlier data.** One study participant stated that she was not accustomed to writing in a journal and felt it was too much at that particular time and, therefore, did not complete the journal. This same participant expressed having a hard time finding balance and opted not to complete the second interview. This decision was respected and after a discussion with the principal investigator on the phone, the participant felt a good support system was in place and did not require a referral for professional follow-up. One participant wanted to verbally discuss what she had desired to write in the journal and opted to use the second interview for this purpose. The experiences of these two participants were included into the primary and secondary dataset, with their permission, adding an important source of maximal variation and depth.



## **Ethical Approval**

The principal investigator obtained ethical approval from the University of Saskatchewan Behavioral Research Ethics Board for the primary study, with Operational approval coming from the local health region. For the secondary analysis the researcher sought approval through the same institutional review board (see attached Certificate of Approval Letter).

Participants were informed at the outset that their names would be removed from all the interview responses and journal entries, and anonymous quotes used with many of the results reported in a group format. Process consents were obtained on tape, including discussion and agreement as to the possibility of follow-up interviews, if needed in the future, to gain deeper insights and to expand on the findings.

## **Summary of Findings**

Ten major themes and fifteen subthemes emerged as part of the findings. Finding balance in bereavement was unique to each person as they discovered their own pace and navigated their way through the ups and downs of the bereavement transition. Reflecting on the positive aspects of life was an important part of healing and staying focused. Finding motivation, encouragement, and support to take care of themselves was part of having a healthy balance. Many of the participants found spending time surrounded by nature was therapeutic as it helped recharge their energy, bringing with it feelings of peacefulness and relaxation. The challenges that come with facing the emptiness and loneliness that loss brings created unbalance in the participants' lives. Fortunately, time was also noted as being a factor in healing and the acceptance of the participant's new normal. Searching for informal and formal supports that would help them regain a better

equilibrium to face life again was a major part of gaining and maintaining balance. Learning from others with similar experiences gave them hope for their future and helped them see that finding balance in bereavement was possible. In contrast, spending time alone with their thoughts, memories, and plans gave the participants renewed strength and courage to move forward without their spouse. Finding balance was about figuring out how to embrace their newfound identity and independence. By experimenting with different physical, emotional, mental, and spiritual ways to nurture the body, mind, and soul, the participants found that a healthier life balance followed. A major finding balance theme that resonated with all participants was the importance of accepting the reality of their loss while continuing to cherish and remember the life they had with their spouse. The primary study coupled with this secondary analysis provides a foundation for ongoing research focused on bereavement assessment and intervention.

### **Additional Findings**

In this analysis, creating balance in bereavement reflected the participants' quest to find a 'new normal', and sense of peace in areas of their life that were important and unique to them. Some participants needed to be social right away and talk about their loved ones; others needed to stay more private with listening to music and taking walks alone. Some needed a getaway, while others needed to surround themselves with the familiarity of their loved one's things. Similar to these findings, Dunn, Otten, and Stephens (2005), found that recalling important times and sharing memories with others may facilitate the grieving process, while Shuchter and Zisook (1993) found for others it was visits to the cemetery, which provided comfort and a continued connection.

Working towards a balance in bereavement required moving at a unique pace and accepting that there would be circumstances that hindered one's progress and circumstances that assisted one's progress. The gaining of balance was important to the participant's because it offered feelings of hope, empowerment, and fulfillment and allowed them to honour their loved one. Equally important was the art of maintaining balance, which lay in the participant's ability to re-orientate negative or problematic thoughts and actions while constructively searching and acting on more positive, helpful thoughts, choices and actions. Overall, creating balance in a moment, a day, or a week did assist the healing process and helped maintain varying levels of emotional, mental, spiritual and physical health and stability for the participants. As time passed, some of the participants were able to share that the intensity of their grief was diminishing. Their personal energy was beginning to increase and the effort needed to create a balanced life was starting to feel more natural.

**Finding balance in staying positive.** An important part of their healing was the ability to recognize that positive aspects of their personality still remained such as strength amongst adversity, determination, and the ability to still see positives in life.

**Finding balance in nature.** Added findings were that the benefits of "*getting out . . . and enjoying the weather*" such as increased activity and social contact was difficult to do due to the climate the participant's lived in. Long, cold winters were tough on the older adult population who were not as comfortable getting around with freezing temperatures and snowy conditions: A few of the participants spoke about the challenges they faced, echoing the sentiments:

*"The winter is hard; I don't like to go out."*

*“ . . . weather getting a bit difficult. Stayed home.”*

**Emptiness and loneliness.** Feelings of “*frustration*” and times of isolation did create more time to dwell and “*get caught up*” in the loneliness. One participant shared, “. . . *so very lonesome for him. Prayed to him and finally settled down.*” It seemed to be the accumulation of those moments coupled with day-to-day exposure of their emptiness that impacted the health of the participants.

**Support.** The participants noted ways in which support from others was helpful to them, particularly support from family, friends, or professionals. It was not only crucial for the bereaved participants to acknowledge and express their feelings in their own time, but to connect with those who listened attentively and allowed them to share these feelings openly. Spiritual support was important to many as illustrated by these participant’s words:

*“ . . . really pleased to hear from her as she always says a prayer with me . . . really helps.”*

*“Got up and said a prayer for a good day.”*

**Connecting with others.** The opportunity to stay connected was at times challenging however, did help the participants capitalize on their existing strengths and work towards keeping a balance in their lives. Two participants shared:

*“A decision I have to make so I have to find somebody’s that’s been through this too . . .”*

*“A niece phoned and I decided to go out for supper with her and go to Bingo something which is very hard for me to do. Something different though that I thought might help me.”*

Getting out, having good conversation, visiting with grandchildren, or a cup of coffee with friends seemed minor at the time, but such activities helped brighten the moods of the participants as reflected here:

*“I love to cook when they enjoy it so much.”*

*“My granddaughter came to stay for a few days...supper tasted good with her at the table.”*

*“It is great to have caring friends. They put balance into each day.”*

*“I had a very good balanced telephone conversation with an old friend. We shared memories [of my spouse] among other things.”*

One participant spoke of her friends that she did her activities with:

*. . . I mean we exercise and we laugh and that gives me some balance too . . . they just care and I’m not making it small as it is a very big thing to me that I know that these women really care for me – and my family.*

**Learning from others.** Knowing that others have survived or were surviving through bereavement and grief brought a sense of comfort to the participants. One participant communicated, *“Attended bereavement potluck with 24 ladies . . . very healing in talk and food.”* Other widows, home care nurses, the study interviewer and

counselling sessions were alternate forms of support the participants found helpful demonstrated in the words below:

*“Phoned another widow who lost her husband recently. Able to discuss feelings, our hurt, how to keep on living.”*

*“Home Support lady for 3 hours – helps me forget the loneliness without my husband – we chat and play cards and make muffins.”*

**Physical and emotional response to finding balance.** Finding balance while juggling the emotional waves triggered by their loss was challenging for the participants. Many of the participants found meal-making and eating were directly associated with how they were feeling emotionally sharing:

*Sometimes I forget to eat – no fun to cook for one and it doesn’t taste good either. So when I can have someone to go out for a meal with or be invited to someone’s home, that’s great.*

**Balancing the past and honouring the future.** By honouring and giving meaning to what they had lost they were able to more clearly focus on ways to move forward. Some did this through talking to those who knew them, stating, *“I say there’s never enough memories. Right from day one I loved it if somebody had a story [of the participant’s spouse].”* They were trying to grasp the reality of the deceased being gone, but yet still being part of their lives.

### **Implications for Nursing Practice**

The bereaved spouse needs a source of continuity of care. Nurses involved in palliative and bereavement care have opportunity to assist family members with loss and bereavement, and study the factors that influence bereavement outcomes. Most family

caregivers are left without adequate resources to help family members during the caregiving time, nor themselves during the subsequent bereavement transition. This situation raises many concerns and could risk even further increases in health care costs, as physical and mental strains and illnesses of the older adult caregiver continues. The knowledge and experiential insight gained from this analysis is meant to help increase awareness of these caregivers experience of finding balance post-loss. Understanding how older adults manage and make sense of their loss using balancing strategies can guide how nursing interventions and resources such as support groups, counseling, and educational materials are made available to effectively support and assist caregivers.

### **Conclusion**

Besides our efforts to help patients with cancer, it is important to address the needs of their caregivers as part of the comprehensive circle of care. Understanding how the older adult spouse finds balance after the loss of their spouse, and providing compassionate support that reflects this experience are important factors in effective and timely bereavement care interventions. This analysis aimed to inform clinical reasoning in the health care setting, and gave a deeper understanding of how balance may affect the health and well being of the older spousal caregiver.

### **Researcher's Reflections**

Immersing myself in the stories, words, and heartfelt reflections of these participants gave me greater insight into how important this often neglected group of caregivers is to the world of the clients/patients we care for everyday. By examining the experiences of bereaved caregivers, challenges for my nursing practice emerged such as, “How can I effectively include the caregiver in their loved one’s care upfront?”; “What

can we do as a health care team to facilitate a smoother, healthier end-of-life experience for the caregiver? “, and “What is in place for these caregivers post-loss and how can we help facilitate and support this transition?” Support for spousal caregiver *must* continue through the end-of-life care, into the bereavement journey to help facilitate a more positive transition. The current support systems have proven to have some important health outcomes however, they are not adequate to meet the growing needs of this population which is why research such as this is so important to the practice context that involves older adult caregivers. Finding balance played a significant role in helping these caregivers grieve and heal. In my experience, the lessons gained through searching for finding balance in their bereavement cannot be fully explained on paper. If one must face such challenges, being able to hold onto the precious memories as you move forward with your life *is* gaining the unique gift of being able to find treasure amongst adversity – a life lesson that will be of service even if you don’t fully recognize it at the time.



**APPENDIX A: DEMOGRAPHIC FORM**

Date: \_\_\_\_\_ Code no.: \_\_\_\_\_

**A. Participant (Caregiver Information)**

Age: \_\_\_\_\_ (years) Years of Education Completed: \_\_\_\_\_ Marital Status: M, D, W, and S

Religious Preference: \_\_\_\_\_ Occupation or previous occupation: \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_ First Nations/Métis: \_\_\_\_ Asian \_\_\_\_ Other: \_\_\_\_\_

Medical Information: (General health, hospitalizations since bereavement, visit to GP) \_\_\_\_\_

Current medication use (ie: sleep problems): \_\_\_\_\_

Living Arrangements: \_\_\_\_\_

Children: (Number, ages, proximity, contact) \_\_\_\_\_

Previous Caregiving Roles (including length of caregiving):

**B. Palliative Care Patient**

Age at death: \_\_\_\_ (years) Gender: M \_\_\_\_ F \_\_\_\_ Date of death of the patient: \_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_

Length of Caregiving Needs:

Circumstances of the death (location, general perceptions of the experience): \_\_\_\_\_

**C. Current Social Support(s)**

## **APPENDIX B: INTERVIEW GUIDE**

Initial Open-ended Questions: Feel free to begin where you like, you can go back as far as you think you need to or start with today if you like.

- What thoughts do you have about finding balance and hope? (Explain to participants: Finding balance could be thought of as ways one might deal with difficult emotions and experiences during bereavement.)
- What does finding balance mean for your hope right now?
- Have there been experiences of finding balance or finding hope during the time since your spouse died?
- Have you noticed any changes in finding balance? What did you do? What did finding balance feel like?
- Have there been individuals who influenced finding balance? Tell me about how they enhanced or hindered your ability to find balance.
- What influences your feeling of balance? What hinders balance?
- Has your view of finding balance changed since the death of your spouse? If so, how?
- How does finding balance affect your hope?

### **Optional Questions:**

What is your finding balance like right now?

What do you suppose finding balance will look like in the future?

What happens if you don't find balance?

Who were/are the important people in your story of finding balance and finding hope in bereavement?

What lessons have you learned about finding balance?

Can you teach someone else about finding balance?

### **Final Questions:**

Is there anything you would like to ask me?

Do you have anything to add?

What has it been like for you to participate in this research interview?

## **APPENDIX C: PARTICIPANT JOURNAL GUIDE**

To be written on the first page of the Participant Journal:

“Please take five minutes at the beginning or end of each day, to reflect on finding balance within your overall experience of hope. Finding balance could be thought of as ways one might deal with difficult emotions and experiences, on your journey towards finding hope during bereavement”.

*Try to think about and describe what finding balance and hope meant to you today. If you like, you could answer a few of these questions. Please don't feel obligated to answer any or all of these questions or even to journal if you don't feel like it.*

- What did finding balance feel like or look like today?
- Did anyone influence your ability to find balance and hope today?
- Were there any specific actions, activities, or supports that enhanced finding balance or hope today?
- Did you have any challenges to finding balance today?
- What gave you balance today?
- How did finding balance affect hope?

Please Note:

- Try to focus on what you are going through right now.
- Don't worry about spelling or grammar
- Use point form if you like.
- In about two weeks, I will return and collect your journal for photocopying and transcribing. I will return the original journal back to you to keep.
- As an option, I will supply you with a tape recorder and tapes if you prefer to speak your diary instead of writing it on paper.



## APPENDIX D: CONSENT FORM

**College of Nursing**  
**107 Wiggins Road**  
**Saskatoon SK S7N 5E5 Canada**  
**Telephone: (306) 966-6221**  
**Facsimile: (306) 966-6621**

You are invited to participate in a study entitled: **Finding Balance: The Experience of Hope for Bereaved Caregivers of Palliative Care Patients**. Please read this form carefully and feel free to ask any questions you might have.

### **Researcher:**

Dr. Lorraine Holtslander, RN, MN, PhD, CHPCN(c) College of Nursing, University of Saskatchewan, Phone: (306) 229-6146

### **Research Assistant:**

Sarah Salewich, RN, Master's student, College of Nursing, University of Saskatchewan

**Purpose and Procedures:** The purpose of this study is to explore what finding balance means for your experience of hope during grief and bereavement. Nurses need to learn about finding balance and hope during bereavement so that we can better help other persons in similar situations. If you agree to participate, myself, the researcher, an experienced palliative care nurse, or a registered nurse research assistant, will visit you in your home when it is convenient for you. You will be asked to answer questions about yourself (age etc.) and questions such as age about the person you were caring for. Then you will be asked about finding balance. Your answers to these questions will be audio taped with your permission. The form and questions will take about 45 minutes to an hour. I would like to visit you again at a time that is best for you, if I have additional questions, or to clarify what you said. I am also asking you to keep a short journal, to write 5 minutes each day, over a 1 to 2 week period, any thoughts and feelings you have about finding balance and hope during bereavement. If you prefer, I will provide you with a tape recorder and tapes to record your journal entries. With your permission, I would like to photocopy the journal and/or transcribe your taped entries and include your journal entries in the data analysis. At the second visit, I would like to talk about your journals and your general experiences of finding balance and hope in bereavement. The total time for this study may be 3-4 hours (one hour per visit plus time to journal).

**Potential Risks:** Answering the questions may be tiring. You do not have to answer any questions you don't want to. You can stop being in the study any time you want. If you get tired, don't feel well or become upset, you can take a break at any time or end the interview. With your permission, the Volunteer Coordinator for Palliative Care Services will be contacted for you, in order to obtain additional support and assistance.

**Potential Benefits:** Taking part in this study will not benefit you directly, although some people have benefited from talking about their situation with a researcher. However, what you say may help others. The information will be used by health care professionals to provide better care for people in similar situations.

**Storage of Data:** Your answers to the questions, and copies of your journal entries, will be stored by the researcher, in a locked drawer at the College of Nursing, University of Saskatchewan, for at least five years. Only the research team members will be able to look at the information.

**Confidentiality:** Your answers will be written down on a form, it will not have your name on it. The tape recording will be transcribed; your name or voice will not be in any of the information. Your written journals will be photocopied and/or transcribed, any personal information removed, and the originals returned to you. The consent forms will be stored separately from your answers. Your name will not appear in any report. All information from this study will be reported in a group format for conferences and publications so no one can identify you. Although direct quotations will be used in reporting the results of this study, they will be presented in such a way as no one can identify you. Your name will not be used and all identifying information (i.e. palliative care services) will be removed from the report.

**Right to Withdraw:** Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort by telling me. It will not affect your care in any way. You may refuse to answer any individual question if you wish. You may ask to have the tape recorder turned off at any time for any question. You may withdraw your responses from the study after the interview by notifying me at any time, and your responses will be withdrawn. If you withdraw from the study at any time, any data that you have contributed will be destroyed at your request.

**Questions:** If you have any questions concerning the study, please feel free to ask at any point. You are also free to contact the researchers at the numbers provided above if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioral Sciences Research Ethics Board on **August 15, 2008**. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306-966-2084). Out of town participants may call collect. If you would like to find out about the results of the study, please contact the researcher.

**Consent to Participate:** I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, with the understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Research Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

### **ETHICS APPROVAL**

Ethical approval was obtained by the principal investigator from the University of Saskatchewan Behavioral Research Ethics Board, with Operational approval coming from the Saskatoon Health Region. Written informed consents were obtained from all participants of the primary study, informing them of the study purpose, the benefits and risks, and that they could withdraw at any time. The original dataset including the secondary dataset will be stored in a locked filing cabinet in which only the Research Committee will have access, and will be kept for at least 5 years, according to University policy. As needed in future studies, follow-up interviews may be conducted therefore; an amendment to the original ethics review would be obtained.