

Enrichment processes in family caregiving to frail elders

Interview and observational data obtained from caregiver-care recipient dyads were analyzed in developing a theory of enrichment that explains how some families use pleasurable or meaningful experiences in their caregiving to frail elders. The personal history and frailty trajectory of both caregiver and care recipient, the quality of the dyadic relationship, and the caregiving situation are antecedents to enrichment processes. Core elements influencing the nature of enriching events include acquiring symbolic meaning, performing activity, and fine tuning. Categories of enrichment events are customary routines and innovative routine breakers. Consequences of enrichment are relationship and identity sustenance for both caregiver and care recipient, comfort for the care recipient, and rewards of meaning for the caregiver. Key words: *community caregiving, frail elderly, qualitative research, relationship quality*

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With an expanding aged population, nurses and other health care providers have increasingly focused their practice and research interests on the phenomenon of family caregiving to frail elders in the community. Considerable research has examined the activities family caregivers perform and the burdens or strain they feel.¹⁻⁵ Limited attention has been given to the way in which family members provide the care or to the positive meaning associated with providing care. This article reports findings from an exploratory study of enrichment processes used by family caregivers and highlights the salience of esthetics for nursing practice.

Enrichment has been identified by Archbold^{6,7} as a critical dimension in the quality of family caregiving. She suggested that nurses might assist families in developing enrichment interventions to enhance

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meaning and satisfaction in caregiving through the pleasurable, the esthetic, or the ceremonial. Levine, Cartwright, and Inoue⁸ reviewed transcripts of caregiver interviews to develop a measure of enrichment as one component of the quality of family caregiving. *Enrichment* was eventually defined as the process of endowing caregiving with meaning or pleasure for both caregiver and care recipient. In the course of developing the measure of enrichment, it became apparent that knowledge was limited regarding the processes by which families create meaning or pleasure in the situation of caregiving to frail elders. Therefore, the grounded theory method was used to develop a theory of enrichment in family caregiving that explains how some families use pleasurable or meaningful experiences in their caregiving roles and what antecedent and consequent factors are associated with the enrichment process.

REVIEW OF THE LITERATURE

Increasingly, researchers are recognizing family caregiving as a complex and multifaceted phenomenon. That caregivers perceive positive meanings and outcomes related to the caregiving experience has been identified.^{6,9-14}

Some investigators^{9,15,16} have focused their attention on management of family relationships within the caregiving situation. Identified as central to the care provided are caregiver concerns and efforts to maintain the dignity, self-identity, and emotional well-being of the care recipient. Some caregivers endeavor to maintain their self-identity and to affirm the meaning and value of their relationship with the care recipient.^{17,18} Ongoing expressions of love in the

caring relationship are reported as strategies for valuing both the historical dyadic relationship and the care recipient's person.¹²⁻¹⁴

Mutuality, the positive quality of the relationship, has been examined as a critical variable in family caregiving.¹⁹ Archbold and colleagues²⁰ found that mutuality was associated with lower levels of some dimensions of caregiver role strain, even after controlling for variables that had been identified as predictive of role strain by other investigators. They suggested that mutuality may be greatly underestimated as a factor that may ameliorate negative outcomes of caregiving. Walker, Martin, and Jones¹⁴ indicated that the quality of the relationship was one of several situational factors contributing to perceived costs and benefits for both care recipient mothers and caregiver daughters.

Researchers of caregiving have explored the ideas of Frankl²¹ in finding meaning as essential to the human spirit. Valuing positive aspects of the caregiving experience was the most frequently cited strategy of caregivers for finding meaning through suffering.²¹ Elders derived a sense of life meaning by engaging in activities that were perceived to make a difference, to be helpful to another, and to be positive in nature.²² Thus, while studies have identified positive aspects and outcomes in family caregiving, little is known regarding the actual processes through which enrichment occurs in the situation of caregiving to frail elders.

METHOD

The authors' goal was to propose a theory of enrichment processes that captured the broad range of experiences reflecting enrichment while staying faithful to the every-

day reality of the people whose situations they were analyzing.²³ Grounded theory methods for data collection and analysis were therefore selected. Symbolic interactionism, the theoretical foundation for grounded theory, is particularly appropriate for research that seeks to uncover processes and elicit meanings in interactions.²⁴

PROCEDURE

Data from three sources were collected and analyzed in two phases. First, an initial study based on interviews with six caregivers and secondary analysis of three interviews recorded for the Caregiver Measurement Project resulted in identification of several main concepts and in refinement of the qualitative method.²⁵ Second, interviews with 11 additional caregivers and 4 care recipients were conducted later in the analysis resulting in theoretical saturation of the major categories. The interviews ranged in length from 1 hour (for care recipients) to 6 hours, with most lasting 2 to 3 hours. Using an open-ended interview guide, the interviewer encouraged participants to talk at length regarding their situation. All interviews were taperecorded and transcribed verbatim. Field notes supplemented the audiotapes. Participant observations were conducted at the convenience of the dyad—caregiver and care recipient—and tended to arise spontaneously; examples included a birthday celebration, shared meals, and an afternoon of singing. Informal interviewing occurred during these periods. Detailed field notes were recorded immediately after these sessions.

Sampling

During the initial period of data collection in each phase, the primary sampling goal

was to identify a representative range of caregivers who were personally knowledgeable about enrichment in family caregiving. Community-based nurses, case managers, and support group leaders were asked to identify dyads who might be interested in participating in the study. As the analysis progressed, theoretic sampling based on emergent concepts directed the data collection. For example, later interviews focused on questions related to frailty trajectory and the historical quality of the dyadic relationship.

The findings reported in this article are based on interview and observational data collected from 20 dyads representing 19 caregivers and 18 care recipients (on two occasions, two caregivers of the same care recipient were interviewed; in another situation, one caregiver with two care recipients was interviewed). The caregivers ranged in age from 39 to 86 years, with a mean age of 67. Care recipients (interviewed and not interviewed) ranged in age from 65 to 104 years, with a mean age of 84. Caregiver relationships to the care recipient included daughters ($n = 6$), wives ($n = 5$), husbands ($n = 4$), and other relatives ($n = 5$). Nine care recipients had diagnoses reflecting dementia. All of the care recipients required assistance with at least three activities of daily living (ADLs). With three exceptions, all of the dyads lived together at the time of the interviews. Based on subjective household observations, the caregivers appeared to belong primarily to the lower-middle and middle classes. However, three seemed well off, and two appeared very impoverished. Participant dyads were recruited from urban ($n = 7$) and rural ($n = 13$) sites. They were primarily white, which is representative of the Pacific Northwest area.

Analysis

Constant comparative analysis across the transcripts and field notes and use of a coding paradigm ensured conceptual density in interpreting the data.²⁶ Open coding strategies were used during the preliminary analysis to categorize and conceptualize the data. Emergent categories were developed to include salient properties and dimensions. An axial coding paradigm was used to identify the phases and interactional components of enrichment processes.²³ Negative case analysis, the identification of examples that do not fit the emerging analysis, expanded the representativeness of the theory.

Transcripts, field notes, and documents such as personal letters were reviewed numerous times to identify recurring patterns. Detailed field notes and use of interview probes that elicited rich and detailed descriptions of participants' situations provided a dense connection between the data and the analysis. Each category and property reflects multiple quotes that are considered illustrative of the analysis. Data bits that did not fit emergent themes were analyzed to enhance enrichment as the phenomenon of interest. Students and faculty in three doctoral-level seminars provided a peer-auditing mechanism for critical examination of theoretical memos and data.

In terms of caregiver relationship to the care recipient, ages of the dyadic members, and length of time providing care, the participants in this study were similar to the caregivers and care recipients analyzed in the National Informal Caregivers Survey.² Efforts to transfer this analysis to specific settings should be tempered by recognition of the small number of participants and the nature of their caregiving situations. For ex-

ample, while all of the care recipients were quite dependent in ADLs, only one was so functionally impaired as to be bedridden.

FINDINGS: GROUNDED THEORY OF ENRICHMENT

In considering the process of enrichment, it is helpful to recall the analogy of alchemy. Alchemists desired to turn mundane elements into gold. They tinkered with various substances combined in different amounts and sequences in their efforts to change common objects into something precious. Enrichment processes operate in a similar fashion. Mundane activities are made special for caregiver and care recipient through the convergence of several critical elements. A caregiver's descriptions of shared activities illustrates this process:

CAREGIVER: We watch *Family Feud*. It just depends how my day's going. . . . I try to make sure I can sit and watch at least a half an hour with her and that just makes her day. . . . We enjoy the TV shows and then at night, after I've had my shower, I usually go over and watch *Wheel of Fortune*. We try to guess the puzzles. So, that's her enjoyment before she goes to bed.

INTERVIEWER: How did these two particular shows come about for you to share?

CAREGIVER: Cause they're on at that time . . . they just happened to be on.

Alchemists tinkered with various substances combined in different amounts and sequences in their efforts to change common objects into something precious.

INTERVIEWER: Again, what cues are telling you that she's enjoying this, when you're there with her for those two shows?

CAREGIVER: Oh, just kind of laughing and trying to guess it, and maybe I'm wrong and she'll laugh at me, and she's wrong, I'll laugh at her and just kind of giggle, you know, and sometimes you're right and "yea!" and you know she enjoys it.

INTERVIEWER: How about you? How do you feel about doing that with her?

CAREGIVER: Oh, I, I enjoy it.

In the preceding situation, the caregiver was the adult daughter of an 87-year-old woman with diabetes and neuropathies that severely restricted her mobility. The mother had lived in a small trailer adjacent to her daughter's modest rural home for the past 4 years. The daughter, married and with multiple sclerosis and many household-related responsibilities, assisted her mother in numerous personal ADLs and all instrumental activities. This dyad had turned the ordinary, television game shows, into the special: twice daily periods of laughter and mutual pleasure in each other's company.

How do these 20th-century alchemists work their magic? What are the critical elements and interactions that transform the ordinary into the special? Fig 1 depicts relationships among the antecedent factors, core elements, and consequences of enriching events. The following discussion provides a framework for understanding essential components of enrichment in family caregiving.

Antecedent factors

Both caregiver and recipient come into the care situation with unique personal histories that have developed over time

through interactions between personality traits and life experiences. These histories intersect to create the quality of the dyadic relationship, which reflects past and current knowledge of each other, including values, preferences, and meanings. The conceptualization of biography as the temporal component of identity was helpful in the authors' thinking about personal histories as dimensions in family caregiving.¹⁸ As an illustration, one caregiver, the sister of a woman with advanced Alzheimer's disease, described the role of music throughout their separate and shared lives. Both women had been musicians, participating in numerous church and social activities that emphasized their musical talents. This sister recalled happy times involving music for both herself and the care recipient.

The positive quality of the dyadic relationship was commonly described in interviews where enrichment occurred. Some participants reported a longstanding history of closeness: "The things we liked to do together were quiet things. I guess that you could say we like the same things and we like things to go pretty much the same way." Others described the emergence of shared pleasurable activities since the advent of the caregiving situation:

When she first came, well, we made up, I feel, what I missed [in our past mother-daughter relationship], and probably what she missed, too. You know, we really enjoyed ourselves the first years, when she was really mobile and got around . . . and we still enjoy doing things and she's satisfied and I am, and we just get along great.

Both members of the dyad bring to the caregiving situation their own frailty trajectories: physical, cognitive, emotional, and

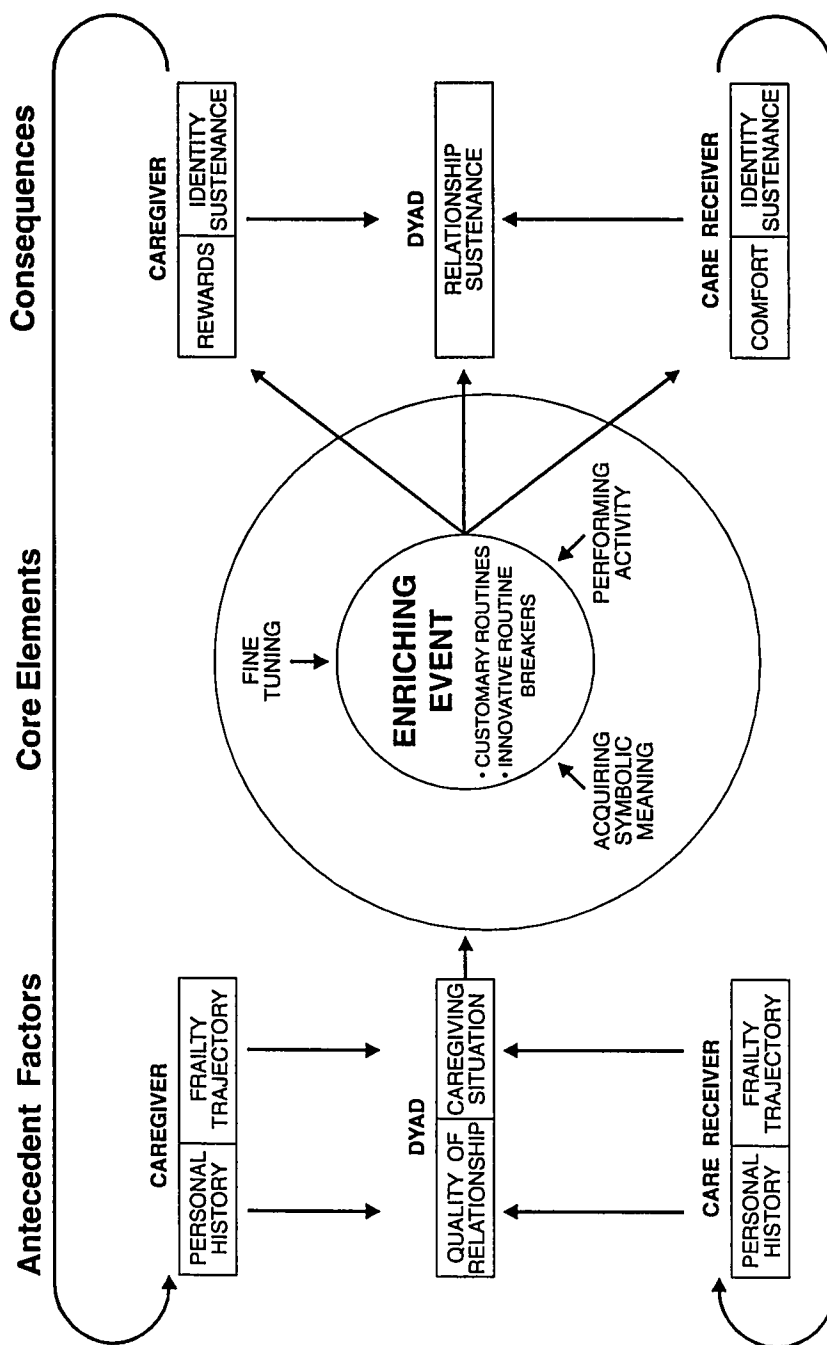


Fig 1. The process of enrichment in family caregiving to frail elderly people

functional states that change over time. Corbin and Strauss¹⁸ found that care recipients may be viewed within the context of an illness trajectory. This analysis expands the notion of trajectory to encompass functional, affective, and cognitive domains besides illness. Additionally, early in the data collection experience it became apparent that caregivers to frail elders also have frailty trajectories reflecting their own functional limitations and pathophysiology: "You know, I wear nitro patches because I have angina attacks; I take high blood pressure medicine. So, all in all, I think that we do quite well considering everything."

The transcripts revealed that caregiving encompasses the intertwining of two frailty trajectories and two histories that span lifetimes. Caregivers are continually attempting to balance these separate but entwined trajectories and histories in the dyadic relationship and the caregiving situation. The frailty trajectories provide overall structure for the nature of the day by identifying how much and what type of personal and instrumental care is needed and medical regimens that must be followed. The quality of the dyadic relationship creates the potential for invoking memories and creating meanings around daily activities. Together, the caregiving situation and the quality of the relationship provide a framework in which enrichment may occur as an additional form of structure in the day.

Core elements

The enrichment process represents the coming together of three core elements: acquiring symbolic meaning, performing activity, and fine tuning. These elements combine to create activity with special meaning

for each member of the dyad that is individually fashioned around dyadic histories and frailty trajectories.

Acquiring symbolic meaning refers to the significance, value, or intent of an activity or object and may change over time. The symbolic property reflects meaning that transcends the utility of an object or event.²⁷ Historical knowledge is sometimes used to acquire symbolic meaning. However, special meaning can also emerge from the current situation. Music, frequently cited in the interviews, serves to illustrate the salience of acquiring symbolic meaning. One woman described singing duets with her sister who had advanced Alzheimer's disease: "It's the only thing that we can do together anymore . . . I enjoy singing. It brings back memories." In the same situation, the care recipient's husband perceived music as representative of his wife's and his own losses: "Her singing and playing the flute . . . you think about this all the time, it affects you some. So I just try to [block] it out. Why dwell on that? It was so nice and good but I don't want to just sit and listen and try to remember that song or this song, like that." Thus, the same activity held quite different meanings for the care recipient's sister and husband.

Performing activity refers to observable behaviors in the caregiving situation. One caregiver described noontime dinner for her and her husband, who had aphasia and hemiplegia:

At noon, we don't have television on. That's the time that I talk and he listens. It's kind of our time to visit. We talk about what we get in the mail and we talk about the different things that we're going to have to take care of during the month. I try to keep him up on what I'm doing about the banking. . . . I tell him about what I've

seen going on out here in the complex, you know—just whatever happens during the day.

The food, carefully prepared from scratch, included a hot entrée and dessert. Flowers decorated the table. Each member of the dyad had a specific role during the meal. The acquired symbolic meaning in this situation reflected efforts by the couple "to keep our life as much the way it was as we possibly could." The opportunity to act out the customary roles of husband and wife was provided and made special through the mundane symbols of dinner. Here, as in some descriptions of other participants, mealtime provided an opportunity to enhance the esthetics of caregiving.

Fine tuning involves efforts over time to accommodate the frailty trajectories and histories in creating enrichment.²⁸ (We thank Dr. Virginia Olesen, Professor, School of Nursing, University of California San Francisco, for suggesting the term "fine tuning.") The following data bit illustrates how personal histories and frailty trajectories can be accommodated. The wife of a man with hemiplegia, limited speech and vision, and insulin-dependent diabetes mellitus described a day visit with old friends from camping:

CAREGIVER: We still went hunting and camping 'til, oh, five years ago. What we did mostly was sit in camp and visit with the other people, because they'd gone every year to the same camp. We went to the campground and met the same families, the same four or five couples.

INTERVIEWER: So there was less of the hunting and fishing and more of the social?

CAREGIVER: Yes [laughs]. So that was fun for us. In fact our daughter and her husband took us to the campground last fall one day. We got to visit some—that was fun. That kind of made up for

missing it. Took the place of it, I guess, to visit the people at the campground. We just visited with the people in camp, asked if they'd gotten their deer. We enjoyed that. He was very pleased with that. We were hoping we could do it again maybe this year, because we'd enjoyed last year. And on our anniversary card my daughter wrote something about it. So we might go.

The above example demonstrates fine tuning through accommodation in camping, which was important in the history of the dyad. The caregiver never learned to drive, and her husband had multiple functional limitations. The annual outing of camping and visiting with old friends was modified into a day trip. Fine tuning permitted accommodation of the activity while retaining the essence of the experience—communality among friends.

In considering how the three core elements come together to form an enriching event, it is useful to return to the analogy of alchemy. Valence is a property that alchemists considered when mixing elements. Derived from the Latin *valentia*, meaning power or strength, valence refers to the capacity of elements to unite, react, or interact.²⁹ In the situation of enrichment, valence represents the degree of attraction among acquiring meaning, performing activity, and fine tuning. This attraction influences the existence and shape of the enriching event. When the valence of one of the three elements for the others is weak, an enriching event may not occur or may be discontinued. However, if valence is strong, then previous, new, modified, or substituted enriching events may emerge in the caregiving situation. One caregiver described how church attendance changed over time for her and her husband with advanced Alzheimer's disease: "We couldn't go to wor-

ship anymore. He would just say he couldn't go in. We started in the nursery. I just knew that there's always a need for someone to hold babies! And he was very useful." In this example, resources for fine tuning combined with an activity that retained the symbolic meaning of participating as a productive member of the church community. Some other caregivers for whom the combining power of acquiring symbolic meaning, performing activity, and fine tuning was weaker reported that church participation discontinued when managerial problems heightened.

Categories of enrichment events

Two categories of enrichment processes have emerged. *Customary routines* are patterned and predictable parts of the day. These activities include rituals or ceremonies whose known and anticipated patterns of familiarity breed a sense of comfort. The events are comforting by virtue of their presence in the daily rhythm, and their absence would create discomfort. This category emerged from participant responses to questions such as, "Are there any things in the day that you both look forward to?" Responses included daily worship activities, bedtime rituals, and mundane endeavors such as specific television shows. The common denominator among these examples is the regularity with which the incident occurs and its patterned structure.

The situation of a man and his wife with advanced Alzheimer's disease illustrates customary routines: "Every morning we have a lesson we study and we have a book that has readings for every morning . . . she grew up that way in her home." Customary routines are similar to the concept of patterned family interactions as described by

Wolin and Bennett³⁰ and rituals that nurses create with geriatric rehabilitation patients as described by Gadow.³¹ Like patterned family interactions, customary routines help provide structure to the day and affirm participants' shared identities.

Innovative routine breakers, the second category of enrichment processes, are activities that are not routine, that add a bit of stimulation to the day. One caregiver acknowledged the importance of not engaging in these activities regularly: "She can have [natural fruit candy bars], so I bring one of them and I try not to get in the habit of getting them a lot because then it isn't a treat. You know, you can only do so much for her and that tickles her, so I try to do that every once in a while. I don't make it an everyday habit. I make it a treat."

Both customary routines and innovative routine breakers may emerge from very simple and ordinary activities. The balance in use of these two categories of enrichment varies. Some dyads relate a predilection for routine in their lives. Others seek stimulation. A complicating factor is that the preferences of two people, often with very different energy levels, frailty trajectories, and interests, must be considered in creating a rhythm to the day's events. Some caregivers express frustration at the paucity of stimulation in their lives due to care recipient frailty limitations or preferences for routine.

Consequences of enrichment

This study identified several consequences of engaging in enrichment. Enrichment processes provide a forum for maintaining or strengthening the dyadic affiliation. One woman remarked that the caregiving experience was an opportunity to develop the mother-daughter relationship

that historically had been weak. This outcome is labeled "relationship sustenance" to reflect its nurturing, growth-enhancing dimension.

Another potential consequence is care recipient feelings of self-esteem or of identity sustenance. A daughter reported,

She has all those beautiful things. Saves for company. But who's coming? Why not use them? So I'll get a glass, a nice glass. She'll say, "no, just get one of those" [everyday glasses]. And I'll say "Why? Aren't you special? Yeah, you are special. You're the lady of this house." Eventually she will say "Oh yes, I am special. Right, bring that [glass] on." [Laughs.]

Comments by caregivers suggested that enriching events sometimes generated feelings of their own enhanced identity sustenance. One adult son described an afternoon routine of sitting in their garden and reminiscing with his elderly mother about his childhood and their home. "We sit there and talk about some of the old days . . . you know, what a character I was when I was young; how she put up with me. It brings back a lot of memories to me when I was a kid. . . . I enjoy it. . . . [We] laugh about it."

Some care recipients experienced comfort from enriching activities, particularly those that reflected customary routines. The wife of a man who was cognitively intact but aphasic and hemiplegic described his bedtime:

There's a little routine when I put him to bed. I just tell him that I hope he has a good night and that he'll sleep well and to call me if he needs me and that I love him. That's just about the same thing every night. We go through the same routine. If I miss one thing, he knows it and he sort of reminds me that I've missed one of those things. . . . He'll look at me and grins and shakes

his head "no," and I know that I've missed something.

That caregivers experience rewards of meaning in their role was suggested by frequent expressions of a job well done related to enrichment events. One caregiving daughter remarked, "You know, she's always just been special. I want to do everything I can to make her life special. It makes me feel good [to create special mealtimes], 'cause I love my mother."

The caregivers to people with dementia frequently interpreted the care recipient's pleasure based on historical knowledge or on very subtle behavioral cues.

While this research did not focus on comparing caregiver experiences between cognitively intact versus demented care recipients, some differences were noted between these two groups. The caregivers to people with dementia tended to rely heavily on their historical knowledge of the care recipient in planning enriching events. These caregivers frequently interpreted the care recipient's pleasure based on historical knowledge or on very subtle behavioral cues. One caregiver described his wife's pleasure in listening to music: "We've always liked good music—the old masters, the big bands, the vocalists. They seem to dig out memories with her more than just talking about the old times. Some of the things we did are fading now." This analysis supports Orona's¹⁷ finding that memory-based activities are valuable for maintaining the identities of both caregiver and care recipient with Alzheimer's disease.

DISCUSSION

The preceding discussion is not meant to romanticize family caregiving. Rather, these findings demonstrate the process of enrichment that can occur in the family caregiving experience given the availability of core elements. Enrichment involves engaging in individually fashioned activities whose symbols reflect special meaning or pleasure for the caregiver and care recipient. Enrichment processes are not in and of themselves costly in time or money. The participants in this study related use of symbols that were free or inexpensive and readily available to them. The centrality of esthetics in the everyday lives of some caregivers is prominent in the results of this analysis.

Fine tuning as a core element for enrichment processes over time resembles the successful aging model of selective optimization with compensation.³² In the processes both of enrichment and of successful aging, the individual accommodates the essence of the experience to new or changing life situations. Fine tuning additionally reflects successful accommodation of the essence of the experience for two individuals whose frailty trajectories may be quite different.

While the purposeful sampling strategy identified dyads likely to engage in enriching activities, some interviews revealed a paucity of enrichment, particularly when fine tuning was unsuccessful. As illustration, one woman who struggled to integrate her caregiving role with parenting and work activities observed that she was "tired all the time. I'm leaking energy." This caregiver was able to identify mutually pleasurable activities that she and her elderly mother had once shared. "But I really feel tired

myself . . . I feel like I'm doing all that I can." In this situation, absence of sufficient levels of a critical resource, energy, precluded the ability of the caregiver to fine tune activities that had once been enriching to the dyad.

Another consideration for the presence of enrichment processes involves the necessary antecedent factors. Data bits suggestive of mutuality in the relationship were commonly found in interviews where enrichment occurred. Frequently cited were feelings and activities reflecting aspects of mutuality similar to dimensions identified by other investigators of caregiving: shared values, reciprocity in the relationship, affection, and shared pleasurable activities.³³ Feelings of empathy, the ability to experience vicariously another's emotions, were suggested in the comments of some participants.³⁴ Caregivers who engaged in enriching activities frequently expressed identification with the feelings of the care recipient, even in situations where the care recipient was no longer articulate. In summary, for enrichment to happen, certain conditions need to be in place, including either an existing positive relationship or the motivation to improve the relationship.

A limitation to this study is that in most families only the caregiving member of the dyad reported his or her perception of the situation. Interviews with care recipients were limited due to cognitive or communication constrictions. In several instances, caregivers did not want the care recipient interviewed out of a sense of protection of the care recipient's self-identity. These situations reinforce Bowers's¹⁵ findings regarding the protective role in which some caregivers engage. The four care recipient interviews were analyzed primarily as con-

firmatory illustration of earlier findings. Another limitation to the study is that interviewing, the primary strategy for data collection, may not adequately capture enriching behaviors that are performed but not spoken of by the participants.

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This analysis raises questions for additional research: What happens in families where enrichment does not occur or diminishes over time? What is the nature of enrichment in situations where care of the body is a major focus of the caregiving? What kinds of enriching behaviors and symbols might be revealed with greater use of participant observation for data collection? What is the role of formal agencies in ensuring that caregivers have adequate support resources to enhance the quality of the caregiving experience? Finally, this investigation provides the foundation for a longitudinal study that examines the development of enrichment in family caregiving over time.

As nursing's body of knowledge related to family caregiving expands, attention will be increasingly placed on the quality of the experience. This study reveals that enrichment is occurring in family caregiving and that both members of the dyad may perceive rewarding and meaningful consequences as

a result of the experience. By virtue of their intimate involvement with families across a broad range of daily living activities, nurses have the unique opportunity to help caregivers incorporate esthetically satisfying activities into the caregiving experience. Before initiating enrichment interventions, nurses must first recognize enrichment as a caregiving activity worthy of consideration. Swanson³⁵ suggested that the goal of nursing is to enhance client well-being. Enrichment processes provide opportunities for enhanced well-being for caregivers and care recipients. Making the caregiving special creates opportunities for the emergence of new meanings in the dyadic situation and may provide occasions to experience wholeness in the dyadic relationship. Nurses' identification of critical factors related to fine tuning may be used to assist families in identifying strategies that will enable them to engage in enriching activities over time and through changing frailty trajectories.

The findings described in this article represent a preliminary effort to understand the quality of family caregiving through knowledge of related enrichment processes. Further research is needed regarding the nature and consequences of enrichment processes and the role of nursing in promoting enrichment as a dimension of the family caregiving experience.

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