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**Promoting Health for Aging Caregivers in Transition**

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NURS 501: Theoretical Foundations of Advanced Nursing

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**Abstract**

Children born to mothers with drug addictions have made headlines for many years in the state of New Mexico. Their children end up in the foster care system, but many are taken in by an older member of the family, usually the woman's mother or grandmother. This transition causes grief and a role strain. We must promote healthy ways for them to live sustainable lives. As health care professionals we must provide holistic medical care for these children, but not forget these vital and resilient caregivers.

*Keywords:* Caregivers, children, rural, Meleis' transition theory, health promotion model

### **Promoting Health to Transitioning Caregivers**

As children leave the nest, parents prepare for the next journey of their lives. It is now a time for them to focus on themselves, do the things that they always wanted to do, travel, plan for retirement/retire, and enjoy their remaining years the way they find fit. Suddenly all those plans come to an end when they take custody of one or more of their daughter's or granddaughter's children because they screened positive for drugs at birth.

This is a far too common and heartbreaking scenario that I witness working in a small town's medical group in rural New Mexico. According to the Health and Human Services (2018) substance abuse was the second-most common reason that children were removed from their homes and placed into foster care. As I meet the excited mothers with tracks all over their arms and scabs all over their faces coming for prenatal care or ultrasound, I hope and pray their babies are born healthy. For many mothers struggling with addiction is a vicious cycle. A few months later I meet an older family member of hers (a mother, grandmother, or aunt) bringing her son or daughter for their four-day-old well-child checkup or two-month vaccines. The baby's new guardian tells me that New Mexico's Children, Youth, and Families Department (CYFD) stepped in and took the baby away from the mother because the baby tested positive for drugs and had opiate withdrawals. According to the Government Accountability Office (GAO 20-434), in 2017 there were 29,380 New Mexican grandparents responsible for raising their grandchildren. Caregivers are disproportionately female, unemployed, and in poverty.

Somedays I see these older guardians bringing two sometimes even three pre-school/school-aged children she has raised by herself. She is the only "mom" they know. Most of these caregivers are relatives and want the best for these children. They want them to grow up

surrounded by loved ones and not end up in the foster system. I can see the sadness and exhaustion they endure in their eyes.

A woman who was getting ready to transition into a different stage in life must now become a mother and caregiver all over again. She needs to change diapers, bottle feed every couple of hours, lose sleep, love, and care for these tiny humans they did not plan for, but nonetheless care for as if they are her own. These situations cause a role-strain on these older individuals; it hinders them from living the life they had planned for after their children had grown and left the nest. They take on huge responsibilities that place a toll on their physical, mental, spiritual, and emotional wellbeing. They grieve the loss of their own child to drugs, incarceration, and witnessing them become parents. They must collect themselves and regain strength to raise these children. They adapt and demonstrate resilience for the welfare of these children and their own. Most of the women I meet are approximately 50-80 years old raising multiple small children. This is a growing epidemic that I witness at work, and that is rarely examined.

Healthcare providers tend to focus on the children and their mother's addictions. We forget to commend these caregivers and ask how they are coping or if assistance is necessary. We need to create a plan to provide extra support to these guardians and promote healthier lifestyles to the affected children and these amazing superhumans.

### **Meleis' Transitions Theory**

Dr. Afaf I. Meleis was born in the Middle East, earned her Bachelor of Science in Nursing from the University of Alexandria in Egypt, and obtained a Ph.D. in Social Psychology

from the University of California, Los Angeles (UCLA). Her first contribution towards the development of Transition Theory was in 1985 when she published her book *Theoretical Nursing: Development and Progress*. She developed the theory over 40 years for nurses to have a framework that helps patients undergo lifestyle changes. The Transitions Theory states that healthcare providers are responsible for facilitating health and coping mechanisms in response to challenging situations.

Meleis' theory helps nurses guide patients through challenging health and life changes. The theory emphasizes that nurses and patients have a relationship where nurses care about the transitions patients face on their journey to well-being. The nurses must develop interventions to prepare and empower patients during these changes. According to Meleis and her colleagues (2010), the common transitions that nurses encounter are developmental, situational, health-illness, and organizational. Her theory involves "patterns" and "properties" that define the nature of these transitions. These categories help the nurse recognize what the patient experiences and plan interventions accordingly. Figure 1 demonstrates the characteristics of these transitions.

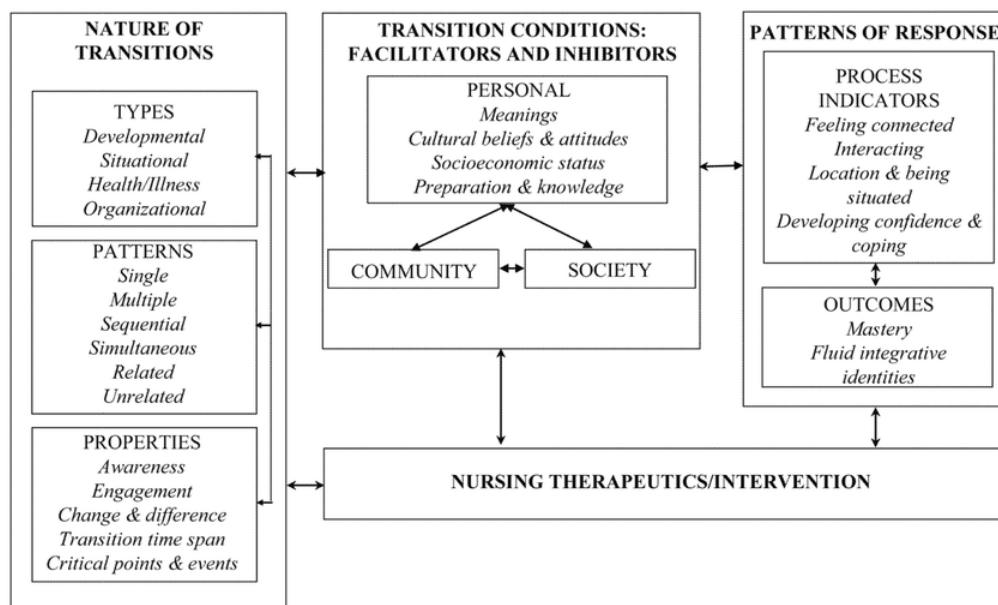


Figure 1: The Meleis Health Transition Model. From Meleis, A.I., Sawyer, L.M., Im, E-O., Hilfinger Messias, D.K., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23, 12–28. (Figure 1)

The nature of transitions is a multifaceted technique to interpret life changes. The transition conditions define intrapersonal and interpersonal relationships that the individual faces throughout this process. Patterns of response illustrate the patient's emotions in response to the transition. This comprehensive model helps the nurse develop appropriate interventions for the patient.

### **Pender's Health Promotion Model**

Dr. Nola J. Pender obtained her bachelor's and Master of Science in Nursing from Michigan State University and obtained her Ph.D. from Northwestern University. She designed and published the health promotions model (HPM) in 1982 after witnessing a lack of patient education on preventative medicine and studying human health behaviors in their environments. Her major publications include many textbook editions of her *Health Promotion in Nursing Practice*. HPM states that healthcare providers advocate for the holistic well-being of our patients. It focuses on delivering unique and individualized approaches that are comprehensible and feasible for our patients. HPM includes concepts that prioritize disease prevention and advocate for self-care practices. These concepts include "individual characteristics and experiences", "behavior-specific cognitions and affect", and "behavioral outcome." Figure 2 depicts these concepts and outlines their major components.

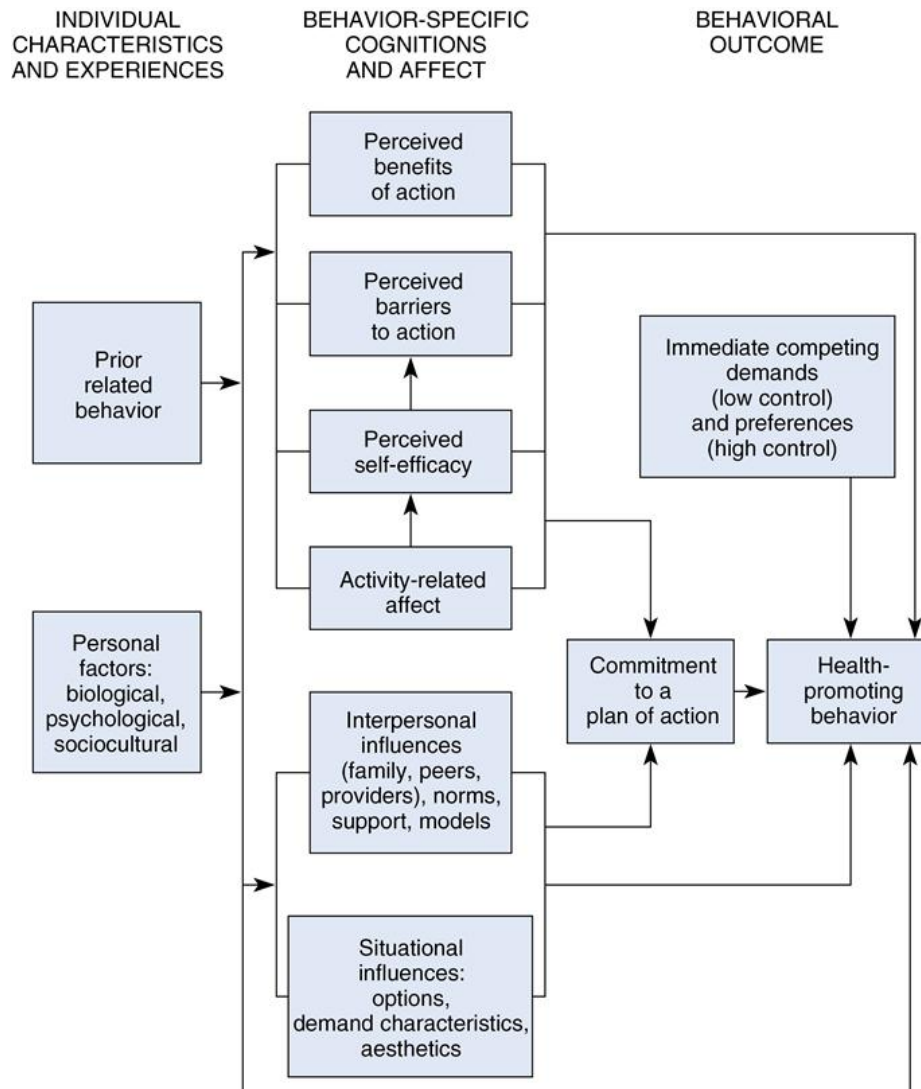


Figure 2: Revised Health Promotion Model. (From Pender, N. J., Murdaugh, C. L., & Parsons, M. A. [2002]. Health promotion in nursing practice [4th ed., p. 60]. Upper Saddle River, (NJ): Prentice-Hall. Copyright Pearson Education, Upper Saddle River, NJ.)

According to Pender's model, the behavioral outcome depends on the behavior-specific cognitions and affect and the individual characteristics and experiences. As health care providers, we must understand the patient's background and cognitive process to implement a tailored plan.



### **Illuminating Theories for Transitioning Caregivers**

Dr. Meleis and Dr. Pender are well-known educators that derived their models from a background in nursing, sociology, and psychology. Their theories incorporate the tools necessary to provide equal and deserving care to transitioning caregivers all over New Mexico. As healthcare providers, we focus on healing the harmful physical and psychosocial effects of the children born to mothers with addiction but fail to prioritize the wellbeing of those raising them. These theories alerted my awareness to our negligence towards these guardians; it is our responsibility to consider and empower them towards a healthier transition. Most of these older female caregivers are in Erik Erikson's seventh and eighth psychosocial stages (Generativity vs. Stagnation; Integrity vs. Despair) and have already raised a family of their own. They were on a path of self-fulfillment and reflection. Their aspirations change when they need to care for sometimes multiple children, which puts a toll on their mental and physical wellbeing. Meleis et al., (2000) include *Changes and differences* under transitions. The authors emphasized that "all transitions associate changes, although not all changes are associated with transitions." These challenges may leave caregivers feeling unfulfilled, unhappy, and adversely change their view of the world and others. Healthcare providers need to identify the caregiver's readiness and understanding in dealing with this transition (Alligood, 2018). It is imperative to incorporate the elements of these theories to develop a health-promoting model for transitioning caregivers. I am passionate about making them a priority in my practice and providing holistic care and resources to thrive under these life-altering situations.

### **Application of Meleis' Transition Theory**

Meleis' theory of Transitions (2010) encapsulates the challenges involved when older caregivers take on the responsibility of young children. The first section of this theory is *Nature of Transitions*. The types involved in these scenarios consist of *Situational* and in some cases *Health/Illness*. The situational aspect is defined by the child in sudden need of parental care. Health and illness are relevant because most of these caregivers are older guardians who struggle with their own health problems, furthering the role-strain. Under *Patterns*, the transition may be single or multiple, depending on the number of children caregivers take in, and sometimes is related to the recovery of the parent. *Properties* refers to the guardian's attitude throughout this process, including their *awareness* and *engagement* during *critical points and events*. These tie in closely with the *Transition Conditions: Facilitator and Inhibitors*. Do these caregivers have a support system? Socioeconomic and cultural factors influence the caregiver. *Patterns of Response* reveal how the guardian is responding to the changes involved in this transition. Some may feel *connected, confident, and interactive*, while others experience a role-strain and grief. This gives a great sense of what the *Outcome* will be and depicts the resilience in the caregivers.

### **Opportunity for Interventions**

The stages outlined in Meleis' Transition theory offers healthcare providers opportunities for intervention. The nature of the transition can be addressed through the mother's health and treatment for addiction or contraception, but especially includes caring for the caregiver. Older caregivers may experience many barriers when raising young grandchildren. Situational and health-based challenges can be addressed by providing resources available through the state of New Mexico or private agencies. Various federal programs and state programs established by the

state child welfare agency provide services for lower-income families. Temporary Assistance for Needy Families (TANF) provides financial assistance to some families. Caregivers who receive TANF may also be eligible for childcare assistance needs- in a sense a form of respite care for these older caregivers who may need some alone time or attend personal or medical appointments. New Mexico's Title IV-E Guardianship Assistance Program (GAP) (2017) also provides financial assistance to caregivers who have legal custody of children they have fostered. Connecting caregivers with social workers and counselors are great opportunities for them to develop healthy coping mechanisms and connect with other available community resources. As healthcare providers, we need to establish trust and communication with these guardians to determine what facilitating and inhibiting factors they face and how we may help. Becoming familiar with what resources are available is essential in advocating and empowering caregivers.

Hua et al. (2020) revealed Meleis' Theory was used as a framework to understand the lack of parent's discharge readiness of preterm infants in China. This theory facilitated the process by describing the inhibiting and facilitating factors guardians faced. "The analyses yielded four themes: personal conditions, community conditions, nursing therapeutics, and patterns of response" (Hua et al., 2020). This study concluded that healthcare providers may use Meleis' theory to develop interventions on discharge preparation.

### **Application for Nola Pender's Health Promotion Model**

Nola Pender's Health Promotion Model (1982) is an intricate theory useful in promoting the holistic wellbeing of older individuals transitioning into caregivers of young children.

*Individual characteristics and experiences* refer to past wellbeing practices of the caregiver.

Effective goals can be implemented by collecting a rich history of their prior behaviors and personal factors associated with their health. Under *behavior-specific cognitions and affect*, we

can determine where the caregivers' self-perception stands. Attitude towards health-promoting behavior will also help determine the most appropriate path forward for the caregivers. Family, community, and situations influence the adoption or rejection of healthier habits. The commitment stage is important to maintain long-term health and better coping mechanisms. The objective of promoting this model is to achieve health-promoting behaviors in the caregiver.

### **Opportunity for Interventions**

The guardian's overall health is important within Nola Pender's model and a comprehensive assessment of the caregiver's health patterns must be conducted. The goals for caregivers are also determined: smoking cessation, weight loss, and a healthier diet are common examples. In combination with Meleis' Transition Theory, this is another iteration of why developing a relationship with the caregiver is paramount in developing a plan that will lead to the fulfillment of health-promoting behaviors. In this model, the attitude of the caregiver and outside influences are direct inputs to the patient's commitment to action. This emphasizes the need for a complete assessment of the guardian's cognitions, interpersonal influences, and situational influences. Connecting them with an interdisciplinary team that focuses on healthier living provides a community that supports and motivates them through this transition. Planning a course of action and gaining commitment from the caregiver leads to increased health and resilience.

Acton et al. (2002) found that family caregivers displayed lower health promotion scores and experienced greater barriers towards Health-Promoting Behaviors. The study concluded that through HPM, self-care helped reduce the stress caregivers experience and the impact it can have on general well-being. This illustrates the increased need for a model that is effective in helping

caregivers overcome these barriers and the positive impact that self-care behaviors can have on overall well-being in these vulnerable populations.

### **Analysis**

Meleis' provides a clear model in establishing nursing interventions. Identifications between the nature of transition, conditions, and patterns of response each provide unique opportunities for intervention and are interdependent. The theoretical concepts are presented effectively in a manner that helps organize different criteria of transitions. A potential weakness is the operational definition of the theory because "nursing therapeutics/intervention" is the sole action presented. Discretion is up to the providers: a clear plan of action is not given. The linkages are not necessarily explicit in the diagram because the sections are all connected. However, useful information is derived from the categorization of the different concepts presented. The diagram depicts many categorizations, elucidating different aspects that define a transition and the response of the caregiver. The different connections in the diagram assist in recognizing the different factors involved in the transition and the relationship between them. The outcomes are outlined in the diagram but are not effectively connected with interventions or patterns of response. Though nursing intervention may be appropriate, the outcome may not necessarily be positive. The theory does not accommodate real-world happenings and the fact that nursing interventions do not always lead to positive outcomes.

Nola Pender's model provides valuable deliberation regarding a caregiver's medical status and motives. The necessary relationship built between the provider and patient can provide highly effective intervention in establishing health-promoting behaviors. Both the theoretical and

operational definitions are clear in this model because the categorizations are succinct and there is a clear flow from ideas to action. This also shows that the linkages are explicit and represent a sequence of concepts. The commitment to a plan of action is the challenging part of obtaining behavioral outcomes. Older caregivers are likely more “set in their ways” as they have raised children already and lived longer to develop their personal habits.

Both theories are congruent with current nursing standards and are used to create nursing interventions. Both are empirically tested and supported by research. The theories are relevant socially and cross-culturally because they account for interpersonal influences and the surrounding community for the caregiver. “Grandparent caregivers” are a worldwide occurrence: this model can be applied universally. The theories both contribute to nursing practice in a unique way. Meleis’ theory offers a conceptual framework to analyze different transitions and evaluate nursing interventions. Nola Pender’s model takes the caregiver’s characteristics and orients them towards health-promoting behaviors.

### **Conclusion**

Both Dr. Afaf Meleis’ and Dr. Nola Pender’s high middle range theories are extensively used in the nursing and medical field. Meleis’ transition theory offers healthcare providers knowledge to distinguish the type of transition (e.g., developmental, situational, health-illness, organizational) present and its “patterns” and “properties.” The scenario illustrated transitions based on situational and health-illness when older caregivers take on the responsibility of caring for young children while managing their health. According to Meleis (2010), providing education and resources is paramount in the development of therapeutic interventions. This

theory assists healthcare providers to assess patient readiness, create appropriate interventions to prepare the individual, and offer support.

Nursing therapeutics involve the actions performed by healthcare providers during any transition (Schumacher & Meleis, 1994). The outcomes of transitions include the caregiver's "pattern responses." These include process indicators of "feeling connected, interacting, developing confidence and coping and outcome indicators of mastery and "fluid integrative identities" which can occur at any time (Im, 2014). Pender's Health Promotion Model (HPM) embraces Meleis' theory by further developing the "nursing therapeutics" section of transitions theory. HPM integrates nursing and behavioral sciences and "the model is used as a guide [for healthcare providers] to explore the biopsychosocial processes that motivate individuals to engage in behaviors directed toward health enhancement (Pender et al., 2015). The HPM is used by many healthcare employees to empower individuals towards self-care through education and personal growth. Researchers utilize this framework often to predict health-promoting lifestyles and behaviors in populations (McEwin & Wills, 2019).

Using these theories, I determined that situation and health/illness are the most common transitions older caregivers face. The patterns are usually single or multiple when caring for more than one child and dealing with personal health issues. This involves the barriers and shifts they face, the physical, emotional, and financial stressors involved, and sometimes maneuvering through their health challenges. When working with them, I witness different outcomes through these transitions. Some caregivers master the transition immediately, while others have a harder time coping and feeling connected. Using the resources available, we can educate these caregivers and connect them with what they need.

Many grandparents who take on child caregiving can apply to programs that assist with legal, financial, and child-care services. Unfortunately, many of these caregivers do not qualify for assistance if they do not meet the income threshold of under 150% of the poverty line (New Mexico Legislature, 2018). In this case, many grandparents end up using their income or retirement funds to provide for the children. Connecting them to a social worker and private agencies can help them find financial support. Other resources include counseling services and food stamps programs. However, obstacles exist with getting caregivers enrolled in these programs, including difficulties using or accessing technology and unawareness of the services available.

The HPM can be utilized to empower caregivers towards a healthier life. Using the model, commitment to a plan of action increases the likelihood of health-promoting behaviors. By having caregivers join groups, they can motivate and keep each other accountable. Alaviani et al. (2015) suggest “having a pet, group therapy, counseling, music therapy, sharing memories, and training society” to mitigate loneliness commonly seen in the elderly. These are health-promoting behaviors that healthcare providers can offer for caregivers.

The models presented are symbiotic, as nursing therapeutics go together with HPM. In the future, I would like to see a model that demonstrates the reality of undesirable outcomes within it. This contrasts Meleis’ model which accounts only for outcomes of mastery and fluid integrative identities, which are not always achievable. For a comprehensive model, real-life outcomes delineating negative results should be integrated. As providers, we should learn from caregivers’ transitions and individual outcomes to develop realistic and effective interventions.



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