Care workers’ views on social support for older people in Sweden

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DEDICATION

This work is dedicated to my children, sisters, parents, Nanay, Lennart Sauer, Petra Andlund and my supervisor Fredrik Snellman.
ABSTRACT

This study seeks the views of care workers working with older people about what impact social support resources has on the living conditions of older people. Social support was conceptualised in the study as support received from family members or close friends of the older people. Care workers were asked to share their views about social support for older people receiving care support in institutional setting or receiving home-based support services. This qualitative investigation involved eight care workers working with older people in Sweden. It has been argued in the study that care workers proving support for older people could have useful information about the social support of older people because they would have witnessed interactions between older people and their immediate network members. Qualitative interviews were conducted with eight care workers providing care support in institutions and home-based to explore their perspectives on the impact of social support on older people. Data from the interviews were analysed using thematic analysis. It was revealed from the views of care workers that both family and friends were engaged in different ways to provide support for older people, although not at all times. Managing loneliness, satisfaction with life and feeling better about themselves emerged as the ways social support impacted on the living conditions of older people. The care workers highlighted certain activities or areas that could ensure continuity of social support for older people. These included family members having regular contact with older people, older people acknowledging the need for support. Implications of the study for the practice of care for older people were highlighted.

Keywords: older people, care workers, institutional care, home-based care, social support, Sweden
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CHAPTER ONE

1.1 Background to the study

The number of the ageing population worldwide is increasing, this is more so in most European countries. The increasing older population has generally been linked to improvement in health services delivery as well as better medical technology (Kwok, Wong, & Yang, 2014). Within the context of the increasing older population, the role of care institutions in promoting their safety and wellbeing is crucial. As a result of this, there has been a growing interest about the need to improve the quality of care for older people (Börjesson, Bengtsson, & Cedersund, 2014). In order for older people to receive quality services meeting their needs, Börjesson et al. (2014) identify that it is important for staff to have a feeling for their work and be more adaptive to the needs of those in care. Although this is essential in promoting the safety and wellbeing of older people, it is not the only means of providing care support for older persons in institutional care. Social support resources are key in providing care for older people as it has been linked to better outcomes.

Research has found a negative association between social support and depressive symptoms among older people (Xie et al., 2018). Thus, older people with more social support resources are more likely to cope with isolation and depression than their peers without enough social support (Portero & Oliva, 2007). Also, research points to the fact that people with more social support resources are in better physical and mental health and are able to cope with changes in life than those with few social support resources (Cohen & Janicki-Deverts, 2009; Uchino, 2009; Woodward, Taylor, & Chatters, 2011). Further, older people who perceive to have a larger social network size are more likely to have an enhanced subjective wellbeing (Wang, 2016). Yet, it has been argued that having a large network membership does not mean more social support, neither does it necessarily mean that all exchanges will be supportive (Griffiths, Crisp, Barney, & Reid, 2011). However, it is safe to say that quality of life among older people are maintained or improved
when there are healthy supportive exchanges among members within their network (Villegas, Montes de Oca Zavala, & Guillén, 2014).

As a component of social support, formal support resources exist for older people in care institutions in the form of services from care workers and other allied staff (Winsløw & Borg, 2008). There is a growing interest to improve support for older people in care institutions by improving service quality (Antonsson, Korjonen, & Rosengren, 2012). In providing support for older people, it is important for care workers to establish a positive encounter and relationship with the person being cared for (Trydegård, 2012). The continuity of the relationship between the care worker and older person is integral for sustaining quality care. Informal support from family members, friends or colleagues form an important part of the supportive networks of older people. Among these networks, family members are especially dominant in the support systems of older people. The spouses and children of older people are key figures within the family that provide regular support (Wang, Xiong, Levkoff, & Yu, 2010). It could be argued that immediate family members are regularly engaged in providing care support for older people because of the existence of family relationships and connections (Kshetri, Smith, & Khadka, 2012). Informal networks including family members, friends and household members are known to provide emotional and concrete support to individuals in need of help. As a result of this, informal networks have been used in studies to investigate the provision of emotional support for older people (Portero & Oliva, 2007), in dealing with loneliness among older people (Zhao et al., 2018) and in coping with depression (Xie et al., 2018). This research will investigate the role of social support for older people, from the views of professionals. Professionals providing services for older people in an institutional setting and those who provide home-based services were interviewed for the study.

1.2 Why a focus on the views of professionals?
The current study explores the role of social support among older people receiving services in an institutional context and those receiving home-based support services. Interviews were
conducted with care workers who worked in the institutions or as home care support providers. Therefore, as part of identifying the reason why I engage in this study, I present care for older people in an institutional context in Sweden. Care for older people in Sweden is largely based on principles of social democracy. Social democracies are based on the universal provision of welfare benefits and hinges on the idea that benefits should be universal and not targeted to specific individuals (Sümer, 2009). A key feature of such advanced welfare state is the active involvement of the government in providing welfare to families and individuals by securing equal treatment through the collection of tax and the distribution of resources through quality minimum standards. As a result of this, care for older people in Sweden is primarily the responsibility of government, regulated by legislation, policy documents and government grants. At the local level, social services are provided by municipalities. Services for older people are either directly from the municipalities or from private homecare providers, regulated by municipalities (Åkerlind, Martin, & Gustafsson, 2017). The Swedish culture prioritises individual independence. The implication of this is that family bonds and relationships are not obligatory (Jegermalm & Grassman, 2009). This is a reason there is public provision of services for older people by providing them with care in institutions (Åkerlind et al., 2017). However, caution should be exercised with this argument because some authors have observed that support from informal caregivers including family members, friends and volunteers are key for older people as well. Johansson, Long and Parker (2011) and Persson and Berg (2008) argue that families are significant providers of care for older people and this has been supported by new policies and changes in legislation introduced in the 1990s. Therefore, support for older people is not limited to public social services through institutional care or home-based services but family support plays a critical role.

Not much is known in Sweden about what social support resources are used by older people in care institutions in coping with their life challenges. Most of the research in Sweden about older
people in care institutions have focused on care worker responsibilities and the use of technology in providing support (Åkerlind et al., 2017; Josefsson, Åling, & Östlin, 2011), with little attention to the role of social support in promoting the wellbeing of older people. Research shows that social support in the form of financial assistance, emotional support and information are provided to older people by friends, family members, social clubs and organisations (Villegas et al., 2014). Considering their deteriorating physical and mental state, such social support is needed to mediate mental health issues including depression (Xie et al., 2018; Zhao et al., 2018). Villegas et al. (2014) mention that social support is used to deal with difficulties faced by older people especially in communities where older people do not have access to healthcare services. In an individualised society like Sweden where older people in care institutions may be isolated from family ties and relationships with close friends, it is important to know how older people receive social support and what impact it has on their living conditions. Because care workers have spent significant periods of time working with older people, it is assumed that they will have sufficient knowledge about the social support older people receive from family members, friends or colleagues. This research was conducted by interviewing care workers providing services in care institutions and home-based services about how social support is provided to older people and the role it has in promoting their wellbeing. Essentially, care workers shared their views on social support provided by informal network members for older people receiving home-based support services or services from institutional settings. Care workers is a term used to refer to staff in elder care in Sweden. Care workers were also identified as potential research participants because I anticipated that having interviews with older people could prove difficult. I observed that it would much easier interviewing care workers because they may be more comfortable speaking to me in the English language and I could have access to them once I received approval from their respective institutions.
This study can help create awareness about how social support resources help to improve the wellbeing of older people. What social support resources care workers perceive to be available for older people receiving home-based support and institutional care. Considering the fact that the public has an active role in providing welfare services for older people in Sweden, little attention has been paid to the informal support services older people could rely on. Findings from this research can provide new knowledge on what social support is available for older people in care to complement support from formal sources, especially from care workers in these institutions.

1.3 Aim and research questions
The overall objective of this study is to scrutinize how social support is provided to older people receiving services in institutions and home-based care in Sweden and how the support enables them to cope with difficulties in life. The following specific research questions will guide the study:

- How is social support provided to older people in Sweden?
- What impact does the social support have on the living conditions of older people?
- What ensures the continuity of social support to older people?

1.4 Caring for older people in the national context of Sweden
The Nordic countries represent the social democratic welfare states as conceptualised by Esping-Andersen (1999). Social democracies are based on the universal provision of welfare benefits and hinges on the principle that benefits should be universal and not targeted to specific individuals (Sümer, 2009). This does not discount the fact that some policies are for some specific groups of people like those targeting persons with disabilities or older persons who are homeless. One of the features of social democratic welfare states is that responsibilities previously assumed by the family is taken over by the state. This is what Hernes (1987) termed as the family going public as the care of children and older people became public responsibility. As a result of this,
Johansson, Long and Parker (2011) argue that issues regarding families as caregiver have not been included in policies. Swedish family policies and policies for gender equality such as the subsidised childcare and parental leave programmes resulted in an increasing number of women joining the labour market, which in turn led to the limited amount of informal care they could provide for children and the elderly. There were approximately 74% of women participating in the labour market in 2008 (OECD, 2010). The high number of women’s participation in the labour market means that it is necessary to build up formal systems of care for older people in Sweden. However, in recent decades, public spending has reduced and care managers face the challenge of adapting the needs of the elderly within the limited resources available. Dunér (2018) indicates that public spending reduced by 14% for the care of people 80 years and older. The amount of resources for older people also fell by 6% between 2000 and 2009. As a result of this, coverage for both publicly funded home care and institutional care reduced within that period (Dunér, 2018).

According to Theobald and Luppi (2018), institutional care for older people in Sweden can be connected to the universal public service model developed at the local level since the 1950s, emphasising defamilialisation of care provision. The use of home care services for older people is common in Sweden with 8.6% of older people receiving home-based support and 4.7% receiving institutional care support (National Board of Health and Welfare, 2016). Although there is a slight decline in the use of institutional care for older people, public support granted for them in care remains significant with just about 5 to 6% of the cost paid by beneficiaries (Theobald & Luppi, 2018). This is largely because care for older people in the Nordic countries is a public responsibility. While family care is extensive, this is not mandatory and it is not laid down in regulations (Trydegård, 2012). Therefore, institutional care for older people is an important part of the care system in Sweden.

An underlying reason for public investment and support for care provision is to make people independent of care support from family members, even when such support is needed for matters
of daily living (Larsson, 2007). Although state involvement in the care of older people is high, research in Sweden suggests that children, spouses and even friends of older people become engaged in providing regular care (Jegermalm & Grassman, 2009, 2013; Johansson et al., 2011). Johansson et al. (2011) argue that informal caregivers should be supported to provide care for older people. This call for support is because caregivers are usually unable to meet their own needs or pursue their interests due to their caregiving tasks. It is important to develop a sense of social responsibility in the provision of support for informal caregivers. In Finland, a legislation known as the Family Carer Act was passed to provide support for informal caregivers. The legislation is responsible for regulating care allowances and respite opportunities for informal caregivers as well as home help assistance and caregiver support groups (Johansson et al., 2011). As the population continue to age and the risk associated with ageing including disabilities and mental illness increases, the need for both public services and support from informal sources such spouses, children and close friends becomes crucial.

1.5 Outline of thesis
The thesis will be followed by five remaining chapters. Chapter two will involve the literature review and theoretical framework where existing international literature on the topic under investigation will be presented and discussed. The chapter will be introduced by conceptualising what social support means to give an understanding for the use of the concept in the study. Research on the topic conducted in Sweden will also be discussed to provide a context for the study. The literature review will more thoroughly investigate the gap to be addressed in this study. A theoretical framework guiding the study will be expounded in chapter two. Chapter three presents the methodology guiding the study. This will be a qualitative study to be guided by the social constructivist approach. A basic tenet of this approach is that reality is constructed and there is no single reality, there is therefore the possibility to explore the topic from the different
perspectives presented by the care workers. Data from the interviews will be analysed through thematic analysis.

Chapter four is a presentation of the data as findings from analysing the in-depth interviews from eight care workers providing services for older people in home care or institutional care. Findings from the study will be presented according to the research questions. Chapter five will involve a discussion of the findings in relation to the existing literature. The chapter will also show what the study adds to existing research. Within this chapter, there will be a discussion of the findings as connected to the theoretical framework. This chapter will show the gap addressed by the current study. Chapter six will be the concluding chapter of this thesis where practical implications of the study will be explored.
CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction
Relevant research literature related to social support and older people are reviewed in this chapter. The chapter starts with how the term social support is conceptualised for the study and how care for older people in Sweden is provided. The provision of a Swedish context for this study helps to understand elderly care practices and could also help to relate research in other countries with what is practised in Sweden. Because social support resources have been strongly linked to the mental health of older people as well as with their ability to cope with loneliness and depression, sections are provided in the chapter to discuss the role played by social support in these areas. The chapter ends with a discussion of the ecological theory as the theoretical framework which will be used to discuss findings from the interview data.

2.2 Conceptualising social support
This section aims to provide a definition of what social support means as it is integral to the topic under investigation. Social support is used to refer to a number of different things according to several authors. However, a consistency in the use of the term is that it connotes the provision of help in different ways (Woodward et al., 2011). Gottlieb and Bergen (2010) define social support as the social resources individuals perceive to be available or that are actually provided to them by nonprofessionals in the context of both formal groups and informal relationships. This indicates that social support emerges from the formation and conduct of personal relationships. Similarly, Villegas, Montes de Oca Zavala and Guillén (2014) contend that social support refers to a group of individuals including family member, friends, neighbours and the community who grant support to others. The identification of family members, friends, neighbours and the community represents the “nonprofessional” dimension revealed in Gottlieb and Bergen’s (2010) definition. This means
that social support can be provided by forming informal relationships with family members, friends and neighbours, not necessarily from formal professional support. Social support is often provided at certain points in life such as illness, financial crises or accidents and such support may not be continuous or permanent (Villegas et al., 2014). Social support is often provided by people from one’s social network. Social network describes the quantity and structure of an individual’s set of interconnected social ties. A person’s social network can involve both informal and formal relationships. Informal relationships could involve interactions with friends, families and neighbours while formal relationships include interactions with organisations and formal groups. Although it has been argued that people with more social support resources are in better physical and mental health and are able to cope with challenges in life (Cohen & Janicki-Deverts, 2009; Woodward et al., 2011) than those with few social support resources, it has also been found that having large network membership does not mean more support. Neither does it necessarily mean that all exchanges are supportive (Griffiths et al., 2011).

Gottlieb and Bergen (2010) identified instrumental, informational and emotional support as types of social support provided to individuals. Within the social support literature, the term instrumental support is used interchangeably with practical, concrete and tangible support (Griffiths et al., 2011). In a study investigating the social support resources available for women in substance abuse treatment, Tracy et al. (2012) found tangible support provided to mothers to include personal items, keeping in touch with mothers through treatment and being there for them as well as helping the mothers acquire needed services. Similarly, Griffiths et al. (2011) categorised the willingness to take action for another person as a form of practical support. An example of such practical support is a family member taking the elderly member to the hospital to receive care. Informational support, on the other hand, comes in the form of teaching people coping skills, advice and education (Tracy et al., 2012). A study by Panebianco, Gallupe, Carrington and Colozzi (2016) among substance users found that informational support could be in the form of
teaching addicts how to control addiction. For the elderly, such support often involves providing the elderly with information about where to receive quality healthcare and how to manage depression (H. Wang et al., 2010). Informational support centres on the provision of advice, facts as well as the availability of community resources that could be used by the elderly to help them in their daily activities. Emotional support has been categorised into a number of supportive activities including encouragement, communication, praise and recognition for someone’s efforts, caring and concern and positivity (Tracy, Munson, Peterson, & Floersch, 2010). Chatters, Taylor, Woodward and Nicklett (2015) revealed in their study that social support from family members served as a protective factor against depressive symptoms while negative interaction was a risk factor. This is the more reason one positive interactions and relationships is important within one’s network and not necessarily the size of the network. Out of 686 African Americans aged 55 years or older with depressive symptoms the researchers found that 677 depended on emotional support against risk of depression. The study demonstrated the positive effects of emotional support from family members on depression among the elderly (Chatters et al., 2015).

To conclude on this section, I argue that social support as presented in the study constitutes support provided by people within the immediate network of older people. Immediate network members could include family members, friends, neighbours and even co-workers. The immediate or informal networks within this study does not include the care workers. The care workers are considered as professionals (formal) providing care and support for older people. Because of their experience in having direct contact with older people either receiving institutional or home-based care, they are in better position to observe interactions that go on between older people and their family members or friends. Therefore, this study explores their perception of the supportive exchanges that goes on between older people and their network members and how this helps the older person. The study looks into how this form of social support is used by older people in promoting their welfare and wellbeing.
2.3 International literature on social support and mental health related issues

This section of the review discusses literature from an international context on what impact social support has on the mental health conditions of older people. Specifically, the section looks into how social support helps older people with mental health issues including depression, loneliness and their general satisfaction about life. Although most of the studies presented in this section are outside Sweden, there are some areas where I introduce studies conducted in Sweden to compare what the different studies are finding.

2.3.1 Social support and depressive symptoms among older people

Several studies show that from family members, friends and neighbours being there for older people and establishing regular contact with them while they receive support helps older people manage depression and its associated effects (Chatters et al., 2015; Portero & Oliva, 2007; H. Wang et al., 2010). A study by Zhao et al. (2018) in China revealed that older people who have sufficient social support resources did not feel depressive symptoms as a result of loneliness. However, this might not be the case in Sweden as older people may have different experiences because service provision could differ from countries. Nonetheless, their results indicated that when social support was higher, the effect of loneliness on depression weakens. Similarly, a study in China found that social support is negatively associated with depressive symptoms among older people (Xie et al., 2018). This shows the important role played by support from family members, relatives and friends in helping older people cope with depression. Not only have studies found social support to be helpful in dealing with depression among Chinese older adult population, but a study in Chile with older people aged 60 and above also found a strong association between social support and depression (Gallardo-Peralta, Sánchez-Moreno, Roda, & Astray, 2015). Gallardo-Peralta et al. (2015) observed that frequency of contact with partner, family members, children and friends was an important predictor of receipt of support among older people. This is also supported by Chatters et al. (2015) who found that older people who have
frequent and positive interactions with members within their network are more likely to receive support when they require assistance. Although these studies help to know that social support has an effect in managing depression among older people, most of the studies involved statistical analysis which did not provide in-depth information on the experiences of older people about the support they received or about what people working with older people think about their available social support resources.

Jegermalm et al. (2018) the role of social support from informal sources like families for older people in Sweden has been recognised due to the significant impact it has on the living conditions of older people. Zhao et al. (2018) argue that there is a link between loneliness and depressive symptoms among older people. Social support resource is key in mediating the association between loneliness and depression. A study by Iecovich et al. (2004) among 2,579 older Jews in Ukraine and Russia revealed that the risk of being lonely was less for married older persons who kept frequent contact with their children and relatives while the risk for loneliness increased for those who did not have contact with their children or relatives. However, findings from the study by Iecovich et al. (2004) should be interpreted with caution as the collapse of the Soviet Union during the period had consequences for the population, especially as many older adults became poor and left with no social support during the period. A study in Sweden with older people 75 years or older indicated that they felt left alone by people as they were being ignored or not taken seriously (Sjöberg, Beck, Rasmussen, & Edberg, 2018). Older people’s frail bodies showed their vulnerabilities which suggests their need of assistance from relatives or care workers (Sjöberg et al., 2018). Therefore, social support in the form of practical assistance and emotional support for older people is timely (Zhao et al., 2018). Another Swedish study found that support for caregivers of older people is more likely to result in an increased care and attention for older people which will in turn reduce loneliness among them (Jegermalm, 2003). Some voluntary organisations in Sweden provide care workers with assistance focused on support groups and training as well as
services for older care recipients. This support is expected to provide the care workers with the necessary skills to help work with the elderly including dealing with their depression (Jegermalm, 2003). Although, social support for older people is important for managing depressive symptoms, there could be times where the caregivers may experience emotional burden. A study in Sweden has observed that informal caregivers themselves could experience stress and depression from the caregiving role (Elmståhl, Dahlrup, Ekström, & Nordell, 2018). Therefore, while claiming that social support may be useful for older people, it is important to ensure a balance is maintained to avoid the development of a strenuous relationship between the support provider and the older people due to the stress experienced.

2.3.2 Perceived social support and life satisfaction among older adults

Gottlieb and Bergen (2010) refer to perceived social support as an individual’s belief of the availability of support from network members. The implication of this is that the individual knows that network members are available and that support will be provided when needed. Ageing comes with its difficult health conditions which has physical, emotional and social consequences on older people which needs to be managed. Studies have found that perceived social support among older people is integral for them to develop coping abilities (Fiksenbaum, Greenglass, & Eaton, 2006). Essentially, when older people are aware that they have people to provide them with support when needed, they are more likely to think positively about their conditions because of the belief that they have social support available for them (Fiksenbaum et al., 2006). Similarly, Wang (2016) argues that perceived social support improves the subjective wellbeing of older people. Wang (2016) further goes on to state that the size of one’s social network also has an impact on subjective wellbeing. Thus, individuals with larger social networks are more likely to have perceptions of greater subjective wellbeing than those with few social networks. Meanwhile, it has been indicated that having large network size does not mean more support (Chatters et al., 2015). Therefore, it could be that older people with large network size may not necessarily be
expecting to receive actual support from their network, but the idea of having many people within a network gives them some boost to be satisfied with life. It is not only perceived social support that is related to an improved satisfaction with life among older people, but received support also has a key role to play. Findings from a Swedish study showed that informal caregivers who assist older people engage in daily activities by using assisted living facilities promotes a sense of capability among older people, that they are capable of performing some day to day tasks (Träff, Cedersund, Larsson, & Abramsson, 2019).

A study by Şahin, Özer and Yanardağ (2019) conducted in Turkey showed that perceived social support resulted in an increased satisfaction with life among older people. This was because, with perceived social support, the quality of life of the older people increased which also positively affected their satisfaction with life. Şahin et al. (2019) referred to satisfaction with life in the form of happiness, subjective wellbeing, healthy living and subjective quality of life. Their ideas of satisfaction with life is similar to the subjective wellbeing identified by Wang (2016) as older people’s sense of happiness and ideas about their quality of life. Considering that older people with higher levels of life satisfaction have superior levels of physical and mental health, it is important to draw attention to the life satisfaction of older people and how social support could help achieve this. When older people are able to cope with conditions in life, they are more likely to have a higher satisfaction with life. Fiksenbaum et al. (2006) argue that an integral part of ageing is successful coping. This means that older people are expected to learn how to deal with decline, disappointments, stress, depression and losses that usually comes as a result of their ageing (Xie et al., 2018). Although their satisfaction with life is important to improve their mental health, this may not be possible if they are unable to cope with their difficulties. This is a more reason why social support, whether perceived or provided, becomes relevant in serving as coping mechanisms for older people. Finally, a Swedish study found the older people with advanced age, divorced and having lower educational levels are more likely to be weary about life (Tuvesson et
al., 2018). This is likely to generate into a negative satisfaction with life among older people. The and it has been compared with the Internatuse of social support is expected to mediate the feeling of a poor satisfaction with life among older people (Xie et al., 2018; Zhao et al., 2018).

2.4 Theoretical framework
The ecological systems theory will be used as the theoretical framework to inform this study. While the theoretical framework presented will be discussed to make possible explanations of the study within the context of the study findings, it will also be introduced in discussing findings from the interview data to determine how it fits with the study. The ecological theory is used to explain the relationship existing between people and their environment, this makes it apposite to be used in this study which investigates social support resources provided by people within the networks of older people. Urie Bronfenbrenner (1979, p. 3) posits that the “environment is conceived of as a set of nested structures, each inside the next…the innermost level is the immediate setting containing the developing person”. The theory was developed to provide an understanding of how aspects of the environment affect the developing person. The developing person is herein referred as older people.

According to Bronfenbrenner (1979), the micro, meso, macro and exosystems are always in constant interaction with the developing person. The micro system is the focus of this study because it describes the relationship that individuals have with their immediate environment including family, school, neighbourhood, church and workplace. This study assumes that elderly people have interactions with these systems from their immediate environment. Interactions between the elderly people and members from the immediate environment has either positive or negative effects on the elderly person but this depends on the kind of interactions that are supported. A relationship that is based on supportive mutual exchanges is more likely to lead to better outcomes for elderly people than one which drains resources from the other which could cause strain. A relationship based on a unidirectional provision of support is unlikely to be healthy
and could be a stressful one for people, especially for the one who provides regular support (Villegas et al., 2014).

Further, the ecological theory argues that people perceive that their experiences and the things that happen around them have an influence on their development. Essentially, the meaning that people place on the things happening within their environment and their interpretations of these events has an influence on their wellbeing. For example, an older person who perceives his or her relationship with family members and friends as positive is more likely to have a satisfying view about their way of live. Conversely, older people with negative perceptions about their relationships are more likely to manifest loneliness or depressive symptoms. This study focuses on the relationships older people have with people on the micro level such as family members and friends and how these relationships impact their wellbeing.

In part, the ecological theory was influenced by ideas from Kurt Lewin. Lewin (1935) originally came up with the idea that behaviour is a product of interaction between the person and environment. The implication of this is that the exchanges between older people and others within their network have an impact on the wellbeing of the older person. Therefore, interactions with network members are key in shaping how older people view their wellbeing. Essentially, the support provided by individuals from the immediate networks goes a long way in defining how the older person perceives their state of life and how they are able to cope with challenges that comes as a result of their ageing (Chatters et al., 2015). The theory is used to suggest that support from older people’s immediate network environment could lead to less feeling of isolation, lesser chances of depression, feeling of improved wellbeing and belonging (Kjøs & Havig, 2016; Xie et al., 2018). Although positive relationships are important to promote health and wellbeing, as indicated in the literature review, not all exchanges between network members are supportive (Chatters et al., 2015). This is more likely to occur if people are unable to engage in frequent and healthy interactions with people from their immediate environment (Tracy et al., 2012). Therefore,
older people who do not have positive exchanges with members from their network may not experience the benefits of social support.
CHAPTER THREE

METHODOLOGY

3.1 Introduction
This chapter presents information of the methods used to carry out the research. This was a qualitative research using interviews as the main source of data collection to gather information in response to the research questions. The chapter presents the research design, criteria used in selecting research participants and the process I went through in selecting research participants for the study.

3.2 The research design
This section highlights on why the current study was qualitative as well the use of social constructivism as an approach in guiding the study design.

3.2.1 Why qualitative research
The qualitative research was used for this study. Taylor, Bogdan and DeVault (2015) state that qualitative research is concerned with the meaning people attach to things in their lives as well as to focus on the perspectives of people about everyday activities or a specific subject of concern. The qualitative research was used to explore the views and experiences of care workers about social support for older people. The study focused on what social support resources means for older people in care institutions. The descriptive and in-depth nature of qualitative research made it possible to explore the perspectives of the care workers through in-depth interviews. Because not much is known in Sweden about informal support services for older people in care institutions, the qualitative approach was adopted to explore into this issue. Qualitative research is appropriate for investigating issues where little is known and is useful in exploring delicate and complex issues such as those involving social support resources for older people. The method assists in understanding a topic from the perspectives of the research participants (Patton, 2014).
For an exploratory study of this nature, a quantitative research may not be appropriate as quantitative studies are generally deductive. The current study followed an inductive logic as the data directed the study and not my own preunderstandings.

3.2.2 Approach to study design
The social constructivist approach guided the design of this study. The social constructivist approach argues that people construct the meaning of reality based on their experience, culture, history, language and other things that have impacted their lives in society (Rogers, 2010). A main focus of social constructionism is about how reality is constructed through the individual’s experiences. As a result of this, there is the argument that there is no single reality but multiple realities (Blummer, 1969). Even though people could experience similar event or situation, their perception about the event could differ. This is why their construction of reality, even with the same event, vary. To provide the opportunity for research participants to explore their realities in-depth, the use of in-depth interviews were appropriate as it allowed the care workers to reflect on their experiences about working with older people in care institutions. There is also the argument that the construction of knowledge through the design adopted for this study is not an objective truth because of the existence of multiple realities. The design focuses on the views of the individuals participating in the study to explore their different views on the topic as a way to enrich the study. Open-ended questions were asked to ensure that the participants had the room to reflect on their personal views and perspectives. The social constructionism has been criticised for being micro focused, relying on individual views and experiences to define a particular phenomenon (Rogers, 2010). This makes it difficult to offer interpretations on a macro level because analyses are much based on individual perceptions. However, I argue that the exploration of the subject offered by the current research design makes it possible to understand how the care workers perceive social support resources for older people. While the ecological
theory is used to relate with findings that emerge from the interviews, the social constructionism was used to influence the design of the interviews and collection of data.

3.3 Eligibility criteria
Some criteria were set to identify potential research participants to ensure that a targeted group of individuals were defined as the sample population for the study. A basic criterion for identifying participants for this research was that the participants should be working with older people in Sweden. Because I anticipated that focusing on only Umea as the area to obtain research participants could be difficult, I was open to selecting participants from other municipalities close to Umea. The participants were expected to be care workers who worked with older people in an institutional setting or care workers providing home-based services. Care workers who have practised for at least one year were deemed eligible to participate in the study. This was to ensure that the care workers have had some amount of experience about working with older people to be able to provide enough information on the topic under investigation.

3.4 Recruitment of research participants
After defining the eligibility criteria with which to identify potential research participants, the process for selecting the research participants begun in January 2019 where I made contact with an institution providing care for older people in Boden. I provided the institution in Boden with documents containing information about the study, why the study was being conducted, the participants needed for the study as well as information on ethical issues. My contact with the institution in Boden spanned two months before receiving a reply from the institution indicating that they could not provide me with participants to interview because their staff were unavailable at the time. Information I received from the institution at Boden made possibilities for data collection difficult. Because of this issue, I decided to use the snowballing sampling technique to identify the research participants from Lulea. Noy (2008) argues that snowballing is used when participants for the study are difficult to reach or when the researcher does not have enough
knowledge about the appropriate site or location to identify potential research participants. I adopted this technique as I engaged in several conversations with potential participants who also led me to other participants. While in Lulea, my aim was to engage in communication with strangers I found while walking on the streets to find out if there could be people who will show interest in the study. Fortunately, I had a conversation with one individual who worked in a care institution for older people. She showed interest in the study and requested my contact that she will get back to me to set an appropriate time for an interview. However, she did not get back to me. From January through to March I spent time making contacts with people around Umea who identified as care workers but were unable to reach me to be interviewed as part of the study.

I informed my supervisor about the situation and my supervisor assisted in the process by providing me with the contact of two institutions in Umea working with older people. My supervisor’s familiarity with the institution facilitated my ability to have a successful engagement with the care institution in Umea. With the support of my supervisor, I contacted one care worker in the care institution in Umea with information about myself and the study requesting her to participate in the study. The care worker agreed to participate in the interviews but indicated that due to her work schedule, she could not be available for face-to-face interviews so we agreed on conducting the interviews online. Following my contact with this care worker, she recommended another care worker from the same institution who could be interested in the study. The care worker I was directed to agreed to be part of the study but like her colleague, she also preferred to have the interview online. The two care workers all worked in the same care institution providing care support for older people in Umea.

Following the identification of the two care workers, I used snowballing sampling technique to identify further research participants. This was done by talking to people on the streets of Umea to ask them about their interest in the study. These communications were furthered when the stranger introduces himself or herself as an individual working with older people. Through the
conversations with people, I met one person who worked in the hospital with older people and showed interest in the study. She agreed to a face-to-face interview. Following my contact with her, I requested if she knew another person who might be interested to take part in the study. She was able to provide me with the contact of her colleague who also worked with older people in Umea. This colleague also agreed to a face-to-face interview. It also appeared that these two care workers had two friends who could be interested in the study. I got the contact of these other two friends and engaged them to enquire about their interest to participate in the study. They both also agreed to participate in the study but could not make time for face-to-face interviews. They recommended that I write the questions down and send them via email for them to answer. Therefore, their responses were written through email. I was unable to send them follow-up questions because of the limited time I had for the project.

On April 2019, while engaging in a conversation with a colleague from church, I realised that she was a care worker in a care institution providing home-based services. I introduced the study to her including its aims and she agreed to participate in the interview. The interview with her was conducted face-to-face. Being aware of the challenges I went through in gaining access to research participants, my supervisor assisted again by providing me with the contact details of two other care workers. I established contact with these care workers but only one was able to respond to my email and phone call. She indicated a preference for conducting an online interview instead of a face-to-face interview. Therefore, in total, eight research participants were recruited for the study although more than seven people were contacted. Among those who were unavailable for the study, while others indicated that they could not make time to take part in the study, I did not receive any kind of response from others.

3.5 Data collection procedure
This section describes how data for the study were collected. Both in-depth interviews and email-based responses from the participants were used for collecting data. Decision to engage in either
fact-to-face interviews or to provide written response to interview questions were made by the participants based on their availability.

3.5.1 In-depth interviews
Six of the eight participants took part in in-depth interviews on April 2019. Out of the six, four of those were face-to-face interviews while two were conducted online. The interviews ranged from 30 to 40 minutes and were conducted with the help of a semi-structured interview guide. The interview guide included questions related to the research questions posed in the study. For example, the care workers were asked how family members and friends were engaged in providing support for older people. They were also asked to present their views on what could be done to ensure the continuity of support from family and friends to older people. Marvasti (2004) argues that the use of a semi-structured interview guide ensures flexibility in the questions asked while at the same time it ensures that the focus of questions are maintained on the objectives of the study. Because of the in-depth nature of the interviews, open-ended questions were asked to ensure that participants presented enough information. Similarly, further questions were asked in the interviews which included on the guide. This was a means of ensuring that I was able to probe responses from the participants to explore interesting insights that emerged throughout the interviewing. Two of the eight research participants agreed to have their interviews conducted online through video calling. Although the mode of interviewing was different, I used the same manner of questioning as I did with the face-to-face interviews. All interviews were conducted in English. With the exception of the online interviews, the face-to-face interviews were conducted in the homes of the participants. The interview location was the choice of participants. All interviews were audio recorded following participants’ consent.

3.5.2 Written interviews
The remaining two participants agreed to respond to the interview questions via email communication. The participants requested that I send them the questions through email and they
provided their response accordingly. Regarding the format of the questions, I developed the questions under each of the research questions introduced in the first chapter. Therefore, all three research questions contained sub-questions which the participants were expected to respond to. The three research questions include: how is social support provided to older people in Sweden, what impact does the support have on the living conditions of older people and what ensures the continuity of social support for older people in Sweden. The care workers provided responses to each sub-question I listed under the three research questions. I also provided them with the option to give extra information which could be relevant to the study but which questions were not asked about.

3.6 Data analysis
All the audio recorded interviews were transcribed verbatim onto Microsoft Word documents. Transcribing the interviews enabled me to track responses from the participants to facilitate the data analysis. The transcribed interview data were analysis following the thematic analysis style suggested by (Braun & Clarke, 2006). Following this I read through the transcripts several times to familiarise myself with the data. The initial reading of the transcripts provided me with general ideas of potential patterns that emerged from the data. After reading through both the interview transcripts and the written responses to interview questions given by the participants, I moved on to coding. Codes were assigned to most written lines of the interview data. In some cases, lines in the interviews could not be coded because they did not convey any kind of meaning to be coded. The coding was open to ensure that they were close to the data as possible without imposing my own preconceived ideas on them. Some codes created at this stage included “always alone”, “not supported”, “involve family” and “need social support”. Following this stage, codes that reflected similar ideas were merged into each other. The codes were merged to create potential themes in response to the research questions. Some of the potential themes identified included “regular support from family and friends”, “some family members may not be there” and
believing that they need support”. The themes were further refined to ensure internal homogeneity, that is, to ensure that codes presented under each theme represented a coherent pattern. Essentially, this ensured that codes organised under each theme actually reflected the same ideas. The themes have been presented in the next chapter as findings from with study with corresponding quotes.

3.7 Ensuring qualitative rigour
Qualitative researchers adopt a range of methods to ensure the trustworthiness and credibility of their study. Particularly, the current study worked towards confirmability to ensure that the findings actually reflect the opinions of the participants and not the researcher’s own preconceived ideas. Member checking was used to ensure that findings from the study reflected participants’ own views. Shenton (2004) argues that member checking involves the process of ascertaining the agreement on findings from research participants. To this effect, themes created from the coding as well as interview transcripts were shown to four research participants for their approval. This process was relevant for the study because it helped to modify some of the themes that I created through the analysis. While going through the member checks, the research participants raised some issues which required some changes to be made to the themes I developed to ensure that the responses of participants were accurately reported.

4.2 Research participants
Data for this study was collected from eight research participants including six females and two males. Table 1 presents socio-demographic information of the research participants. The Table shows that the care workers either provided care for older people in institutions or home-based services. This gives a good context for the study as perspectives are shared from both views on institutional and home-based care. Some care workers were much experienced in the job while others were relatively experienced. Majority of the care workers were females and this could indicate a general practice that this kind of profession is dominated by females.
Table 1: socio-demographic characteristics of research participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Years of work experience</th>
<th>Work type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CW1</td>
<td>Female</td>
<td>Four</td>
<td>Institutional/home-based care</td>
</tr>
<tr>
<td>CW2</td>
<td>Female</td>
<td>three</td>
<td>Nurse</td>
</tr>
<tr>
<td>CW3</td>
<td>Female</td>
<td>three</td>
<td>Nurse/caregiver</td>
</tr>
<tr>
<td>CW4</td>
<td>Female</td>
<td>ten</td>
<td>Institutional/home-based care</td>
</tr>
<tr>
<td>CW5</td>
<td>Female</td>
<td>seven</td>
<td>Health worker</td>
</tr>
<tr>
<td>CW6</td>
<td>Female</td>
<td>twenty</td>
<td>Nurse</td>
</tr>
<tr>
<td>CW7</td>
<td>Male</td>
<td>two</td>
<td>Caregiver/nurse</td>
</tr>
<tr>
<td>CW8</td>
<td>Male</td>
<td>Twenty-two</td>
<td>Caregiver/nurse</td>
</tr>
</tbody>
</table>

3.8 Possibilities for generalisation

Although this is a qualitative study, generalisations may be possible. Statistical generalisations might not be necessary but analytical and theoretical generalisations are possible from the study. Ruddin (2006) posits that qualitative studies examining cases including settings where people work as well as studies exploring interactions among people have the potential to make generalisations to other contexts. More so, even though it was not revealed which employer the care workers work for, it is possible to infer from the study that the views of care workers in the study could be shared by other professionals in some Swedish municipalities. This could be possible because the care workers in Sweden have similar working conditions, work with the same rules and probably have similar or related education and training.
3.9 Ethical considerations

All participants of this study were engaged in the research voluntarily. Prior to taking part in the study, the objectives of the research was explained to all participants to understand the study. An informed consent form was handed to all participants explaining their rights as participants and the fact they could withdraw their participation at any point without consequences. The interview data was not distributed to any individual who was not part of the research, data from the research was stored in a secured folder on my computer. In the cases where participants mentioned the names of places or things that could reveal their identity in anyway, pseudonyms were used. This was to ensure that the participants were anonymised throughout the project.
CHAPTER FOUR

FINDINGS FROM INTERVIEW DATA

4.1 Introduction
This chapter presents findings from the interview data after the data was analysed using the thematic analysis. The findings are supported by responses or quotes from the research participants. The chapter has been organised in relation to the research questions. Essentially, findings of the study have been provided in response to the research questions outlined in the first chapter. The research questions served as a guide in grouping the themes to reflect the aim of the study. The study’s three research questions included the following: how is social support provided to older people in Sweden, what impact does the support have on the living conditions of older people and what ensures the continuity of social support for older people in Sweden.

4.3 Providing social support for older people
The focus was on how family and friends are engaged in providing support to older people either in institutional care or older people receiving home-based services. Ideas related to this research question were classified as the provision of tangible or concrete support. This shows the views of care workers on how family members and friends provided practical support for older people.

4.3.1 Provision of tangible support
The care workers stated that family members or friends were engaged in providing tangible or concrete support services to older people. Responses from the interview data showed that such tangible supports included food, cloths and being there for them. According to the care workers, these supports enabled the older people to spend some time with people in the close networks and also to get by with life. There were cases were some participants reflected on older people’s spouses engaged in providing concrete support:
His wife is also old and sick, but she buys clothes and stuffs that he needs. Visits him weekly or brings him to her place). I think this a moment of connection and it helps them a lot (CW7)

Similarly, another care worker talked about the idea that sometimes eating together with family members and the older people was supportive. It is also a way of establish a connection and making sure that the older person feels part of the family.

Yes, sometimes they eat together. Their sister or daughter can bring in food from home and they all sit to have a nice lunch or dinner. This does not happen all the time but it is always wonderful when you see it. You can see the smile on their faces (CW8)

There is no denying the fact that such connections between family members and older people are needed to improve the general health and wellbeing of older people. It was also revealed that family members do visit older people in order to be there for them. This was to ensure that older people become aware they have supportive systems around them without being neglected. This created mixed viewpoints as the care workers felt some family members are there to keep older people company while others were unavailable. A research participant reflected on this statement:

Some people are there for them, family friends connect with them through visits, some also do not visit at all, you will not even see them because they may not be talking to each other or they may be living far away from each other (CW1)

However, some care workers stated that family members are not always there to be supportive:

There are good support from family members, yes, that is true but you are not always going to get it like that. Sometimes they are there but other time not there. But there are those who are always not available to provide support. I don’t know, maybe they are busy or something. It’s difficult (CW1)
In addition to this, some of the care workers indicated that family members are not in close contact with older people in Sweden and this makes it difficult to encourage supportive relationships with the family. It appears that the family relationships among some Swedish families makes it difficult for family members to establish contact with older people. One care worker had this to say:

\[
\text{Here in Sweden they are not very close to the family members but it very sad that many of them don't have family. Those who are engaged are very supportive and check up on them regularly and some too don't have family at all but those that have regularly check on them. (CW3)}
\]

4.4 Impact of social support on living conditions of older people
Another research question of this study was to explore what impacts social support have on the living conditions of older people. The care workers reflected on how support from family and friends as well as from the care workers enable older people to maintain a positive view about life and themselves. Managing loneliness, satisfaction with life and feeling better about themselves emerged as the themes under this research questions. The themes showed the supportive role provided by social support in promoting the mental and physical wellbeing of older people.

4.4.1 Managing loneliness
Responses from the interview data showed that social support for older people helps them deal with loneliness. The care workers highlighted that support from family members or individuals related to older people makes them feel part of the community. According to the care workers, most old people have the feeling that they have been rejected by society and that little support is being provided for them. Therefore, families providing support for older people goes a long way to ensuring that their feeling of loneliness is reduced. A participant stated:

\[
\text{Some of them feel lonely around here so it helps to have family around to support them. It makes them know that people care about them so that they won't be that lonely (CW1)}
\]
Some of the care workers also held the view that family members who are usually around with older people to engage in normal conversations with them. This makes the older people have some form of company. It was seen from the interviews that family members engaging in talks with older people create connection with them which enables them feel part of the family. A care worker had this to say about how talking makes older people feel part of being a family:

*When they come here and sit together to talk it makes them happy, you can see that from their face. When this happens they don't feel that lonely because they have family to connect with. Sometimes their children will come around to see them. It is tough sometimes for the child to come around because they also have things to do but when they are here it makes them feel happy* (CW4)

Similarly, another care worker added that some older people can feel lonely in the care institution especially when they are not engaged in some activities. Therefore, people close to them who provide support by being there for them enables them to deal with the loneliness they may feel:

*Sometimes their own spouses can keep them company or even friends. Some friends are very good and they come around in their time to make sure that everything is okay* (CW3)

It was revealed that older people usually become excited when they receive information about the lives of members from their family. This makes them aware of the fact that they are part of a family and not alone. Responses from the care workers suggested that it is important for older people in care institutions to be privy of the activities of members within their family to help them know how things are going for people in the family. A care worker stated this when referring to how providing information about activities of other family members make older people happy:

*She becomes extremely happy when they come especially when she sees her husband. I remember I told her she has gotten a new grandson and she became extremely happy*
to hear about her family. Another time too I told her younger son has gotten a girlfriend and they are moving in together (CW6)

It appears that it is important for older people to know about activities of their family members as this reduces their feeling of loneliness because it promotes some form of connection to their family.

### 4.4.2 Satisfaction with life

Responses from the interview data also showed that support older people received from family and friends gave some form of satisfaction or comfort with their life. The care workers highlighted that older people derive some form of comfort, satisfaction and happiness about life and their own living when they have the support of family members. It was revealed that having the opportunity to be with the company of their family members sparks some joy among older people, especially for those in care institutions. One care worker reflected on how meetings with older people and some family members makes them happy:

> Sometimes they all come for us to have lunch together and these mean a lot to them and will continue to mean a lot to them. Although they don’t regularly visit, but when they do, they really help them. Those who have male children only do not visit their parents very often but regularly call to check on them. (CW4)

It appears that contact between older people and their family members is useful in improving their mental health as it makes them happy without feeling depressed. One of the care workers stated this on the influence of social support on older people’s mental wellbeing:

> It is good for their psychology, you know. The way they feel about things and about themselves. Those who are very old are the ones most affected by loneliness. But when they have relatives checking up on them it makes them feel okay, they are not alone anymore (CW8)
Although some of these visits were not regular, the significance of the visits cannot be undermined. The support coming from the contact between older people and their family members can have a positive impact on their wellbeing.

The care workers indicated that the older people are likely to feel lonely in most situations and this could make them have a negative view about life and their living conditions. However, they start to be positive about life when they feel they have the support of family or friends:

*It is hard for them sometimes, to be alone. So the family is important for them. They don’t have to think that they are alone because that can make them sad but with family and friends around things will be better and they get happy about it* (CW7)

The responses are indicative that social support from family members or friends is key to enabling older people develop a positive view about life and their own conditions. The research participants suggested that older people may not be happy about themselves when neglected by their own family and this could lead to feelings of loneliness:

*When family do not care about them then they think they are not important to anyone. So family support is needed here, even friends as well. As caregivers here we do our best but they also need their family* (CW3)

Therefore, it is important to ensure supportive contacts and relationships between family members and older people in care institutions. This could ensue that they feel belonged in their community and loved by the family.

### 4.4.3 Feeling better about themselves

The care workers indicated that support they provided to the older people made them feel better about what they do. It was seen in the interview data that care workers’ provision of attention and regular assistance to older people was a way of ensuring that they participated in some basic daily activities. Essentially, the research participants held the view that they usually engaged the
older people in daily activities to ensure that the older person felt good about himself or herself, that they still have something to offer. One care worker reflected on this:

*We can help them to feel better when we see they are sad, we can talk to them and give them some time so we can do everything for them, they can be with us and cook food, and so they will feel involved* (CW1)

Involving older people in some daily activities like cooking was a useful way for the care workers to communicate to older people that they are capable of doing something for themselves. Responses from the interview also showed that support from family members was good for the mental wellbeing of older people. This was especially related to the idea that it makes the older people have positive thoughts about their condition and what they have to offer. According to the care workers, older people receiving social support from family and friends have a positive view about life:

*When they have children coming around to see them then they feel okay about themselves, they know that there are people around who are always there for them. It does not make them sad and they feel good about this. Because someone is coming to see them almost everyday* (CW4)

Another research participant added this:

*Yes, support from family members make them feel good. If you have family that cares about them then it’s a good thing for their health and wellbeing. If not then they will always be feeling sad which is not a good thing because it can affect the services we provide. So it’s very important that family is there for them* (CW3)

The quotes above show the views of care workers about how social support make older people feel about themselves especially related to their psychological or mental wellbeing. Although this was the case in most of the interviews, some of the care workers indicated that contact between
family members and older people in care could sometimes worsen the conditions of the older person rather than promote it. A care worker reflected on this:

*It’s not always good. Sometimes family members or friends will come to visit and the person will be worse off. It depends on the interactions that go on, I think. Or maybe the older person is just not in the right mood for a visit at that time (CW7)*

Therefore, contact between older people in care institutions and family members or friends may not always result in a positive outcome for the older people. This could indicate that the relationship established might not have been supportive.

### 4.5 Ensuring continuity of social support for older people

A final research question of this study was to explore care workers' views on how social support from family members and friends could continually be provided to older people. Regular contact and accepting the need for help emerged as the themes related to the research question.

#### 4.5.1 Regular contact

The care workers held the view that it is important for family and friends to keep in touch with older people in their care to ensure the flow of support. It appears that regular communication between older people and their family members was significant in ensuring that there is always someone around to provide support for the older person. The care workers highlighted that older people who have regular contact with members from their family or friends are likely to receive constant support. A care worker reflected on this:

*I think it’s important for us to have good communication with the family and friends and report to them how things are going in the home and also ask them questions and include them so they get to be more interested in them and come and visit them. Good communication is the most important thing (CW1)*
According to the care workers, they felt they had a role to ensure that there is constant communication between older people and their family members or friends. This is generally because they had the idea that when family members regularly visit the older people in the care institution then the older person may not feel lonely:

Sometimes, the person here feels lonely because they do not have people checking up on them. But when there are members and friends around then it helps them. You know sometimes they feel lonely around and a visit from the family could help them (CW3, 3 years experience).

In addition to this, responses from the care workers showed that regular contact between older people and their family members could imply that support from the family members could continue for some time. One of the care workers indicated that seeing a member of the family visiting an older family member every week could show that the older person will not be neglected by the family:

When you see their children coming in every week to visit then you can see that it will continue for some time. It is good for the older people because they need this from their family to keep them going. They may not show it but sure they need this (CW1)

It is evident from the responses above that regular contacts from members of the immediate network of the older people is key to ensuring that the support system of older people is sustained. The care workers further indicated that it is not only about regular contacts but such contacts should include positive exchanges to be beneficial for older people. The care workers felt that establishing positive relationship between older people and family members, through their contact, is needed. A care worker stated:

There has to be a good bond between them and the family member or friend who comes to visit. That will be important for them, it’s not just about visiting but the visits should be
meaningful. Some of them do not get the chance for this so it should count when it happens (CW3)

However, some of the care workers felt that older people do not receive much care and attention from their family members. One care worker stated:

Some people do that but others too don’t care, it depends on the culture. For instance, here in Sweden when you get older you are left on your own but when you have a good family then they will support you. (CW4)

Some care workers felt some older people were not supported by family or friends because it was difficult for their network members to be available for them:

But sometimes these regular contacts become difficult for the family due to their own work schedule and other stuffs. (CW3)

Another research participant added this:

Some family and friends come and visit them often or call to get in touch but some of them do not have family members at all because the family also spend time with their own nuclear family members. (CW5)

It appears that regular visits for older people was difficult for some family members because of commitments to their nuclear family. This makes it difficult to establish positive relationships between older people and their family members.

4.5.2 Accepting the need for help
Responses from the care workers indicated that it is important for older people to acknowledge that they need help to ensure that they continually receive support from both care workers and family members or friends. Some of the care workers held the view that older people sometimes
had difficulties acknowledging that they need support from other people. A care worker had this to say:

They need to be open about needing help, it doesn’t help them if they act like they do not need help because they are going to need our help and even support from their families. sometimes they may be thinking that they don’t want to burden their families so they will not contact them. But you wouldn’t know if they can help when you are not open to receive assistance (CW5)

It appears that there is the need for older people to cooperate with people who are there to provide support. According to the care workers, appreciating the need for support could help older people receive support whenever they need it. It was seen in the responses that older people who are more open to needing support are more like to have some form of continuity in support:

It is about how the person is willing to receive help from us. If they are ready to get support then we provide, we can’t force anything on them, they have to come out and say what they want then we are always there to provide for them. There are some people we work with who are always open to us and this ensures that they get assistance on regular basis (CW1)

Responses from the participants show that acknowledging the need for support encourages individuals willing to provide regular support for older people. The care workers also stated that older people should not feel isolated but be more engaged with people working with them and this could promote supportive reciprocal relationships. The care workers felt it was their responsibility to meet the needs of older people in their care while older people have the responsibility to accept the need for help, a care worker had this say:

I think they should be more engaging on their side about the healing process and so accept that they need help and we are the ones to help them with that help they seek. (CW4)
Analysis of the interview data revealed that family members or friends usually have a constant need to provide support for older people when the older person is open to the need for support.
CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction
This chapter presents a discussion of the findings from the previous chapter. The findings are discussed within the context of the literature and the theoretical framework adopted for the study. The discussion chapter focuses on how this study compares with existing literature on social support for older people and what this study adds to the research literature. The discussion is organised in relation to how the study findings were presented.

5.2 Provision of social support for older people
The study found that family members play a role in providing concrete or tangible support to older people. Findings from the study suggest that the spouses of older people are engaged in providing material items like clothes, food and spending time together with older people in care. A Mexican study by Villegas, Montes de Oca Zavala and Guillén (2014) revealed that older people usually provide support to individuals in difficult situations but do not receive similar support in return. However, this study indicates that spouses provide support. It is quite interesting to note that in a socio-democratic welfare state like Sweden where there is a strong public support for the care of older people, there remains support provided by family members (Sümer, 2009). This is because there might be a lack of social support from family and friends within a state where government support is key. However, the study findings show that family support may have a role to play regardless of the welfare system. Similar to what was revealed in the study by Tracy, Munson, Peterson and Floersch (2010) that tangible or concrete support provided to substance users included providing personal items, keeping in touch through treatment, doing for and doing with substance abusing mothers and helping them receive services, this study also revealed that family members were there for older people and they assisted them through some daily activities.
Although the present study does not involve substance users, elements involving tangible support found in Tracy et al.’s (2010) study are relevant for this study. The study findings also corroborates with the research conducted by Gallardo-Peralta, Sánchez-Moreno, Roda and Astray (2015) which also found that family members, especially spouses and children, provide concrete support services for older people. Villegas et al. (2014) suggest that older people who are married are more likely to receive support from family members. This could explain why care workers in this study argued that the spouses of older people are supportive.

Nonetheless, there was evidence that support for older people was not always available from family members. Social support resources may not be available to people who have few members in their network (Chatters et al., 2015). This study did not find out the size of the network members of the older people. Therefore, caution should be exercised when making interpretations suggesting that the older people did not receive enough support because they have a limited network size. However, this could be explained by referring to the concepts of familialisation and defamilialisation identified by (Sümer, 2009). Essentially, familialisation involves the situation whereby support and care for older people is provided within the family and community while defamilialisation is a system of support where care is provided through public services because of the involvement of the state in the welfare of its population. The concept of defamilialisation could be used to explain the absence of family support for elderly people in Sweden as the state takes the role of caregiving away from the family through the extensive investment in care institutions and home care for older people (Sümer, 2009). As a result of this, there is very little effort from family, friends and community to provide support for older people. This role is basically left to professionals working with older people.

5.3 Impact of social support on older people
The study findings indicate that the care workers perceived social support from family and friends to be significant in older people’s ability to manage loneliness. Specifically, it was revealed that
social support from family and friends, from the views of care workers, helps older people to manage loneliness. Research suggest that older people receiving care support in institutions are more likely to feel lonely because of the feeling of separation from people within their immediate networks including family members (Kshetri et al., 2012). Therefore, social support from family and friends is key to helping them manage the feelings of isolation because of the possibilities it offers in dealing with loneliness. Zhao et al. (2018) contend that older people with enough social support are unlikely to suffer from the depression that comes from loneliness. Similar to Zhao et al.’s (2018), the current study observed that social support from family members enables older people to feel connected those around them. Because of the established link between loneliness and depression, social support has a key role in mediating this link to improve the living conditions of older people. It appears that relationships older people form with those around them have an influence on their wellbeing. This could be explained by the ecological theory which argues that interactions and relationships between people and those around them has an impact on the life of the individual (Rogers, 2009). Therefore, supportive relationships between older people and family members or friends enables has a positive impact on the older person, that is, in managing loneliness. Similarly, Iecovich et al. (2004) found that the risk of loneliness reduced for older people who had regular contacts with their children and relatives. Studies on social support did not find that providing information to older people about the activities of their family members is a way of keeping them company thereby reducing loneliness. Caution should be exercised when making interpretations from this study about how social support from family and friends could help reduce loneliness among older people. Findings presented in this study were based on the views of care workers who worked with older people in institutional settings or within home-based care. Older people themselves may have different views about their experiences with loneliness and how social support resources impact their living situation.
Further, it was revealed that social support from family and friends enables older people to be satisfied with life and feel better about themselves. Findings from the study are indicative that older people generally take on a positive view about their life when they receive regular support from people close to them. Some studies suggest that the satisfaction of life among older people is not associated with received support alone but the perception that there is a network of individuals available to provide social support provides some form of comfort for older people (Şahin et al., 2019). Wang (2016) argues that older people with better life satisfaction have an improved mental and physical wellbeing. The study findings show that this is largely possible because of support from network members at the micro level. This aligns with the ecological theory by arguing that people are influenced by the interactions they have with those around them. Positive interactions with network members are likely to result in a positive view of life for the individual. Because coping is important when ageing occurs Fiksenbaum, Greenglass, & Eaton (2006), there is the need for older people to develop positive views about their lives to facilitate their abilities to cope successfully (Xie et al., 2018). It appeared in the study that not only support from family members and friends but support from care workers makes older people feel better about themselves. Care workers also have a responsibility to provide support for older people to feel better about their life and what they do. A study in Sweden by Börjesson, Bengtsson and Cedersund (2014) found that it is important for care workers to develop a certain feeling for their job in order to engage older people in the little things that make them happy. Engaging older people in the little things was shown to be necessary in this study as the care workers highlighted cooking with older people or doing laundry together. It is safe to say that this process was a way of creating some form of happiness for older people. This underscores the importance of relationship building for older people, even with people who work with them.
5.4 Ensuring continuity of social support

The study further revealed care workers’ views on how social support from family and friends for older people can be continued to improve their wellbeing. It was shown that regular contact between older people and their family members is significant in promoting the continuity of social support. It appears that the regular contacts ensure that older people are able to harness their relationships with family members to foster supportive exchanges. Similarly, Chatters et al. (2015) argue that regular contact between family members and older people makes it possible to develop relationships that are healthy and supportive for the older person. This is more so when there are healthy exchanges between the older person and family or friends. Therefore, it is not certain that such contacts could ensure continuity of social supportive but it depends on contacts that are supportive and healthy. This is the more reason why Chatters et al. (2015) observed that not all exchanges among network members are supportive. Although it was found that the regular contacts are key to ensuring continuity of social support, the care workers indicated that it was not possible for some family members because they also had commitments towards their nuclear family or were just unavailable to provide social support. This corroborates with findings from Griffiths, Crisp, Barney and Reid (2011) arguing that older people may not receive adequate support from family members in societies where there is more attention to the nuclear family than the extended family. In the Swedish community where there is more focus on support within one’s nuclear family, it is essential for professionals working with older people to provide sufficient support. It could also be the case where family members or friends of older people may not be in close proximity to facilitate regular contacts. This is unlikely to enhance social engagement that could lead to better health outcomes for older people (Golden, Conroy, & Lawlor, 2009).

Finally, it was revealed that the ability of older people to acknowledge the need for help further promotes the continuity of social support. Studies have indicated that older people usually become vulnerable because of their ageing and may have poor physical and mental health conditions (Xie et al., 2018; Zhao et al., 2018), there they would have an increasing need for social
support. However, it was found in this study that some older people would like to perceive
themselves as strong individuals capable of providing support for themselves. This makes it
difficult for those around them to give assistance in any form. Therefore, accepting the need for
help among older people is a significant step to ensure that there is consistent support from family
members, friends and professionals. The study findings suggest that social support is likely to
increase when older people themselves are willing to be supported.

5.5 Connecting study findings to theoretical framework
This section of the chapter gives some discussion on how the theoretical framework connects
with the findings discussed from the study. The theory argues that interactions between the
developing person and members within the micro system has an impact on the behaviour of this
person. The developing person in the study is older people while members within the micro
system are individuals close to older people such as family members, care workers and friends.
The present study has shown that relationships between older people and those within their
network members have an impact on their wellbeing, especially in dealing with the loneliness that
reduces depression. It appears that positive relationships between older people and immediate
network members result in positive development for older people while negative interactions have
negative consequences for older people. Particularly, supportive elements from network
members such as regular contacts, the provision of tangible support and being there for them
promoted healthy outcomes for older people. On the other hand, it was found that network
members are also not helpful at certain points as they were unavailable and had commitments
towards their nuclear family. This suggests that not all network members, even members from the
family, can be helpful to older people. Therefore, it could be argued that the ecological theory has
both positive and negative elements when used to explain the supportive relationships between
older people and social support from family members, friends or care workers. Consequently,
caution should be exercised when analysing relationships between network members as not all of the exchanges between network members are supportive.
CHAPTER SIX

CONCLUSION

6.1 Introduction
This chapter opens with a summary of the findings from the study. The summary helps to give an overview of the overall and main ideas found by the research. Considering that social work is concerned with practice and identifying appropriate ways to develop meaningful approaches to help individuals, a section on practical implications have been provided to outline what lessons can be drawn from the study to influence practice. Limitations of the study and recommendations for future research have been highlighted.

6.2 Summary of study findings
The present study was guided by three research questions which included how social support is provided to older people, what impact does social support have on the living conditions of older people and what ensures the continuity of social support for older people. Findings from the data analysis were presented in relation to the three key research questions raised for this study. Concerning the first research question it was found that family members and friends were engaged in provided concrete or tangible support services to older people. This is in line with several studies which revealed that family members provide practical support to older people to help them manage the challenges they face in life (Villegas, Montes de Oca Zavala, & Guillén, 2014; Wang, 2016). The provision of the concrete support was evident in the way in which family members take part in the daily routines of older people such as supporting them in cooking and doing laundry. This essentially promotes a feeling of connection for older people and enables them feel part of a community. However, it was also noted that social support resources were sometimes unavailable for older people because their network members had other commitments. There is therefore the need to strengthen formal support services, especially those provided by
public social services as social support from family and friends may not be always available for older people.

It was also revealed that managing loneliness, satisfaction with life and feeling better about themselves were the impact that social support had on the living conditions of older people. As it has been established in other studies (Hagan, Manktelow, Taylor, & Mallett, 2014; Tajvar, Grundy, & Fletcher, 2018), the present study suggested that social support had a positive impact people by promoting their mental and physical health. Therefore, it becomes relevant to encourage supportive exchanges between older people and members within their immediate networks including family and friends. As presented in the discussion of findings, social support plays a key role in mediating loneliness and depression among older people (X. Wang, 2016; Xie et al., 2018) which makes support services essential in the life of older people. Care workers have a responsibility to create avenues for older people to explore their informal networks to harness supportive relationships.

A final research question was to explore how the provision of social support can be continued for older people. This is an area where the role of professionals working with older people becomes most needed. Professionals should work with older people to develop useful strategies to be able to keep in touch with their network members for a longer period of time. Although the study found that some family members may not be available to provide regular social support for older people, making older individuals aware of the need to keep network members close can be useful in ensuring constant interaction. Chatters et al. (2015) argue that regular contact between family members and older people makes it possible to develop relationships that are healthy and supportive for the older person. This is more so when there are healthy exchanges between the older person and family or friends. Thus, care workers can provide older people with knowledge and information about how they can encourage healthy exchanges with their immediate network members. Professionals working with older people need to develop a positive attitude towards
the work they do to ensure that they are able to provide adequate and timely services for older people (Carlson & Idvall, 2015).

6.3 Practice implications
The study findings have several implications for practice. The current study has revealed that social support resources from family members, friends and care workers are key to improving the living conditions of older people. Several studies have confirmed a strong association between social support and improved mental and physical health of older people (Golden et al., 2009; Tajvar et al., 2018). Therefore, as a population that have higher risks of developing mental and physical health problems (Thiyagarajan, Prince, & Webber, 2014), social support resources have significant roles to play in mediating such problems. The study findings have shown that support from family members and friends are essential for older people, therefore care workers should teach older people to build positive relationships with members within their network to enhance supportive exchanges. The need to teach networking skills is relevant because research has shown that not all network members can be supportive and not all exchanges between network members are also healthy (Chatters et al., 2015; Woodward et al., 2011). Therefore, care workers should inform older people about the importance of building healthy relationships to foster social support. Especially with their family members, care workers could assist older people in care institutions to develop regular routines for family visits to encourage family members to visit. As the study has shown, these visits could enable older people to have positive views about their living conditions. Care workers can ask older people to engage their family members or friends to engage in some daily activities such as cooking or doing laundry as this could promote the connection existing between them. This may also help older people manage feelings of loneliness as they regularly get into the company of people closer to them. It appears that relying on social support from family and friends for older people in Sweden may not be enough because there are instances where family members are unable to provide support. Therefore, it is important for
public social services for older people to be strengthened to ensure that adequate social support is provided. Services provided by the state should be based on the needs of older people.

Care workers should also teach older people to accept the need for support or any form of assistance that could be useful for them. It has been revealed in the study that some older people are not very open to the fact that they will always need help at some point in their life. This is a form of denial which makes it difficult for people around them to provide support. Therefore, care workers have a responsibility to ensure that older people acknowledge the need for help. The care workers should ensure older people are aware of the frailties that comes with ageing and that there is always going to be the time that they will need extra support from somewhere else. Older people should be made aware that this is only human and part of the process of development. Villegas, Montes de Oca Zavala and Guillén (2014) argue that some older people may not want to be considered a burden by family members or friends, hence, their wish to keep issues to themselves. Thus, acknowledging the need for help among older people appear to be an important step in enhancing their social support. The study findings are indicative that social support is likely to increase when older people themselves are willing to be supported.

6.4 Limitations of study
Findings from the study were based on the views of care workers about social support from family and friends to older people. The study may not be applicable to the opinions of older people as older people may have different views – and certainly diverging feelings – about their social support services. I anticipated that it could be difficult to identify older people for interviews as I saw that interviewing care workers may be relatively easier. Also, two out of the eight interviews were conducted via a written question and answer format, this could mean that the interviews were not in-depth as there was no opportunity to explore the deeper insights into the participants’ responses. This may have affected the depth of information provided for the study. The use of the English language with the interviews could mean that the participants might not have
expressed their ideas freely as English is not their first language. Also, some of the care workers were not ready to share their experiences on the topic, this is evident in the difficulty identifying potential participants.

6.5 Recommendations for further study
The current study explored the role of social support for older people in Sweden by interviewing care workers who worked in either care institutions or provided home based care services. Considering that the views of older people were not included in the study, future studies should consider the experiences and perspectives of older people about their social support. Studies should also explore the formal aspects of social support older people could receive such support from state or municipalities and from professionals working with older people. The focus of this study was on the informal aspects of the support especially from family and friends. Therefore, investigating formal social support services from organisations or institutions could lead to a better understanding of the topic.
References


APPENDIX

INTERVIEW GUIDE

Care workers’ views and experiences on social support for the elderly in Sweden

The interview may begin with everyday conversations to make the conversation as friendly as possible. For example, we may start by talking about changes in the weather.

- How old are you?
- What is your educational qualification?
- How long have you worked here?

Providing social support to the elderly

- In what ways do you provide support for the elderly?
- What kinds of support do you think are relevant for the elderly?
- Tell me your experience in providing support for the elderly.
- What role does the municipality play in providing social support for the elderly?
- How are family members, friends or colleagues of the elderly engaged in providing them with support?

Impact of social support on living conditions of the elderly

- Do you think support received by the elderly helps them in anyway? How?
- Do you think social support from both municipality and family/friends is important for the elderly?

1 Questions on the interview guide are not exhaustive. Follow up questions would be asked based on the responses received and the participants’ understanding of issues. However, the follow-up questions should be related to themes/research questions in the study.
• How does the support they receive help them cope with difficulties?

Ensuring the continuity of social support for the elderly

• What should be done to ensure that family and friends regularly provide social support for the elderly?
• What role do the elderly have in ensuring the continuity of support?
• What role do the care workers have in ensuring continuity of support?
**Participant informed consent form**

My name is Aniceta Chua, a student at the Department of Social Work at Umea University, Sweden. You are asked to participate in a research to investigate care workers’ views on social support for the elderly in elder care in Sweden. The result of this will contribute to the award of a Nordic master’s degree in Social Work and Welfare. By your participation in this study, you will share your experiences on the study to the researcher.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Your name will not be linked to any written or verbal report of this research project. It is purely an academic work and the final report will be submitted to the Department of Social Work at Umea University.

If you volunteer to be part of this study, you can choose to withdraw at any moment without consequences. You can also refuse to answer some questions and still remain in the study.

If you have any questions about this study, please ask me. You may keep a copy of this consent form.

You are making a decision about participating in this study. Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you wish to withdraw your permission to participate in the study, simply tell me. You may discontinue your participation at any time.


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