A transformative approach to systems theory in caregiving research

Belinda Cash
School of Humanities and Social Sciences, Charles Sturt University, Albury, NSW, Australia

Suzanne Hodgkin and Jeni Warburton
John Richards Initiative, La Trobe University, Wodonga, VIC, Australia

Abstract
This paper illustrates how systems theory can be used in social work research design to understand the systemic issues associated with spousal care in rural Australia. Spousal caregiving is embedded within multiple formal and informal systems, including family, community, health and aged care practice, social policy, and social and cultural norms. It is therefore a complex phenomenon to explore in social research, with each of these systems interacting with and influencing other aspects of the care system. The purpose of this paper is to provide an illustration of a research design that explores this systemic complexity. The design is conceptually underpinned by the transformative paradigm; a critical approach that reflects social work principles of social justice. The methodology is based on an ecosystems approach to assessment, using multiple methods to explore interactions between systems of care at policy, practice and individual levels. This application of systems theory to research presents an innovative opportunity for social work research to reflect long-established practices of understanding complex phenomenon within its sociocultural context.

Keywords
Methodology, critical social work, family caregiving, context, complexity, ageing

Introduction
Population ageing continues to ignite social and economic debates around the globe as policy makers, service providers, family members and older adults
themselves consider how the care needs of an ageing population will be met. In Australia, as in other western countries, extensive literature highlights the preference of older adults to remain in their home environment as they age (Vreughdenhil, 2014; Wiles et al., 2012). This preference dually serves the interests of older adults themselves to maintain greater autonomy in later life, while alleviating the fiscal pressures on governments to support a rapidly ageing population (Department of Health and Ageing, 2012). Although ageing in place is both a popular and efficient means of supporting an ageing population, the majority of older adults will require some level of support in order to maintain independence and community living in later life. Within Australia, this support is provided across a range of formal and informal systems in both community and residential care settings. This system of support, however, relies heavily on the availability of unpaid spousal and other informal caregivers, who provide more than 80% of care required by older Australians (Productivity Commission, 2011).

The complexity of the spousal caregiving role originates by virtue of the distinctive social relationship created by marriage. Marital relationships are often characterised sociologically by the established roles, responsibilities and patterns of reciprocity that are present in the relationship before the commencement of caregiving (Bruhn and Rebach, 2014; Ray, 2006). This micro-level relationship is also influenced considerably by macro social and cultural expectations of care within marriage and families (Arksey and Glendinning, 2007; Costello, 2009; Egdell, 2013; Ray, 2006). The spousal relationship is therefore one that has embedded expectations, multiple internal and external influences and the nature of a couple’s pre-existing relationship all impacting how the care role is experienced. These expectations are also reflected in contemporary policy and practice directions, which both promote and rely on familial and community-based care (Australian Bureau of Statistics, 2012; Colombo and Mercier, 2012; Productivity Commission, 2011).

This reliance of the care system on unpaid caregivers further complicates the spousal caregiving role. Research by Dow and McDonald (2007) highlighted that although unpaid caregivers are central to the provision of aged care in Australia, they occupy a marginal status within this system and are not considered members of the care team nor are they consistently included in the care-planning decisions that impact their lives. This utilisation of informal caregivers as a resource rather than an equal or contributing member of the care team is found in research both in Australia and elsewhere (Linderholm and Friedrichsen, 2010; Williams, 2012). In current reforms undertaken by the Australian government, there are attempts to move the aged care sector towards consumer-directed care by promoting principles of autonomy and choice in a consumer-led market (Department of Social Services, 2015a). While promising much for the individual recipient of care, it remains to be seen how these reforms will impact other aspects of the care system in Australia, in particular informal caregivers.

In Australia, systems to assist caregivers include provisions for income supplements, respite services and other instrumental and emotional support (Commonwealth of Australia, 2015). These systems of support, however, are
recognised as being complex and difficult to navigate (Productivity Commission, 2011). Challenges for informal caregivers include the inadequacy and inconsistency of carer payments (Maker and Bowman, 2012) and the need for greater availability of adequate, affordable and flexible respite services (O’Connell et al., 2012). The home care system is also plagued by limited availability of support packages; a challenge exacerbated by the absence of a central waiting list and lack of clarity around prioritisation processes for care recipients (Low et al., 2015). These unmet care needs are associated with adverse outcomes for both care recipients and caregivers (Low et al., 2015), with informal caregiving having long been the subject of extensive research that demonstrates significant risks to the social, emotional, physical and financial well-being of caregivers (Butterworth et al., 2009; Hammond et al., 2014; Hirst, 2005; Lavela and Ather, 2010; Pinquart and Sorensen, 2011; Thomas et al., 2015).

These systemic complexities for spousal caregivers are further compounded by broader social factors, which suggest the sustainability of a care system that relies on informal caregivers is problematic. Factors such as smaller family sizes, greater geographic mobility, rising female workforce participation and a reduced propensity to provide care are contributing to falling numbers of family members available to provide care to older generations and a widening of the gap between care supply and demand (Deloitte Access Economics, 2015; Hugo, 2007). The growing complexity of medical conditions will also require higher levels of formal care into the future, yet imminent workforce challenges have been identified in both residential and community care in Australia (Hodgkin et al., 2017; King et al., 2012). Conservative modelling highlights that this workforce will need to triple in order to meet future care needs (Department of Social Services, 2015b). The average age of entry into residential care in Australia is increasing, with an average age of admission at 84.5 years and the majority of residents classified as high dependency (Australian Institute of Health and Welfare, 2017). This combination of factors suggests that informal caregivers are providing more complex levels of care.

It is increasingly important in this climate of social, demographic and policy change in ageing and aged care, that critical and socially located research is undertaken within the Australian context. In order to understand the complex relationship between micro, meso and macro issues that impact on spousal caregivers, this research draws on systems theory to explore these multiple layers of the care system. The current study therefore set out to address the research question: How do social, cultural, policy and practice systems interact with and impact on spousal care? The aim of this paper is to provide an illustration of how systems theory was used in this social work research design, to explore complex phenomenon within its sociocultural context.

Theoretical framework

Social work is often distinguished by its focus on understanding and addressing complex social issues, with significant value placed on understanding people within
their environment. This is evident in the prevalence of systems-based approaches in social work theory and practice, which have been influential in the profession as far back as the 1930s (Healy, 2005). As with many issues studied by social researchers, the Australian care system is both complex in itself and complicated by the many social, political and economic systems that surround it. Research conducted within this intricate system requires a sound conceptual and methodological framework in order to be explicit about the underlying theories and values underpinning research and to ensure clarity about the potential influence of these on the research process. The strong theoretical foundations of the social work profession are discussed in depth in several theory focused texts (such as, Allan et al., 2009; Healy, 2005; Payne, 1997), as is the translation of these theories into social work practice (see e.g. Connolly and Harms, 2013; O’Connor et al., 2008; Trevithick, 2012). Of interest to this paper, however, is the relationship of these theoretical underpinnings with social work research design.

In a discussion of theoretical frameworks in research, Anfara and Mertz (2015) noted that qualitative research tends to focus on the ideological perspectives of the researcher or the deductive application of theory to research findings, often failing to consider the role of theory in research design. The current project, however, set out to design research that was explicitly informed and guided by social work theory at both conceptual and practice levels.

The decision was made to situate this research within an ecological model, enabling spousal caregiving to be analysed within its social environment, rather than focusing on any one aspect of the interconnected care system. There have been many interpretations of systems theories in the social sciences, however the work of Carel Germain and Alex Gitterman is perhaps the most recognised of these subsequent approaches. Their life model of social work practice was developed to bring together both systems and ecological concepts, drawing on ecological metaphors that consider transactions between people and their environment (Germain and Gitterman, 1996). A key principle of the ecosystems approach is that problems arise from a poor fit between a person’s environment and their needs, capacities, rights and aspirations (Germain and Gitterman, 1996). The strong influence of systems theories enables the social work profession to understand and address issues of social and structural inequality, through examining the interactions both within and across systems and contributes to the enduring popularity of systems approaches in social work (Connolly and Harms, 2013; Healy, 2005).

An ecological approach enables spousal care to be conceptualised as a series of interrelated systems that encompass the micro aspects of the individual caregiver’s immediate home and social environment; the meso practice environment and the macro values, policies and legislation that all impact upon informal care. It was identified early in the development of this research that a critical perspective would be key to understanding the complexities of these interrelated systems, including how dominant ideologies and social institutions such as the family impact on caregiver’s lives (Allan et al., 2009). This research therefore draws concurrently on the transformative paradigm, which presents a philosophical framework for
conducting critical research that focuses on the role of oppressive social structures on marginalised groups (for a comprehensive discussion of the transformative paradigm, see Mertens, 2009). The transformative paradigm recognises that there are multiple perspectives of reality, which are socially constructed and influenced by societal values and privileges (Mertens, 2009). Consideration of these multiple realities was well suited to a study of informal care, which is located within a complex network of family, community, cultural, organisational and policy factors (Arksey and Glendinning, 2007; Costello, 2009). The integration of critical and systems-based approaches therefore provide the opportunity to design research that draws on the well-established foundations of these approaches in social work practice, to create a holistic and contextualised understanding of spousal care.

**Systems-based approaches to research**

With the intention of identifying exemplars of research designs utilising systems approaches within the Australian context, a comprehensive review was undertaken of the literature in two key academic social work journals, Australian Social Work and Qualitative Social Work. The search specifically sought to identify articles that utilised systems theory or similar systems-based approaches in the design of research.

An audit of the social work research literature over the past 10 years found surprisingly few articles that drew explicitly on systems theory in research design. Of the 685 articles reviewed, only one article explicitly identified systems theory as informing research design. This was a large practice-based research project by Bawden and McDermott (2012), who used distinct studies to explore the micro, meso and macro aspects of social work across the largest state health service in Victoria, Australia. Although not specifically identified as informed by systems theory, other studies did demonstrate innovative uses of multiple methods, case study and ethnographic designs to explore multiple perspectives of complex issues, suggesting the profession is drawing on other approaches to capture the contextual complexity of social issues being researched. An example of this included a case study methodology utilised by Drake (2014) to explore the deinstitutionalisation of boarding house residents in Australia. This study involved interviews with past and current residents, boarding house proprietors and staff of both government and community based organisations. Dearden and Mulgrew (2013) also sought multiple perspectives of organisations, practitioners and individuals experiencing eating issues via the use of mixed method surveys to explore men’s experiences of eating disorders. These studies highlighted the value of analysing multiple systems in order to gain a broader understanding of the social issues being researched.

Similarly, a wider review of studies focused on spousal care revealed limited consideration of broader systems in research. The largest body of research on spousal caregiving centres on caregiver burden and the impacts of providing care on marital relationships. These studies consider a range of variables, though tend to utilise single research methods such as interviews (Boeije and Van Doorne-Huiskes, 2003;
Davies, 2011; Ray, 2006), surveys (Butler et al., 2005; Butterworth et al., 2009; Hirst, 2005) or literature reviews (Braun et al., 2009; Evans and Lee, 2014; Lavela and Ather, 2010; LoboPrabhu et al., 2005; Pinquart and Sorensen, 2011; Pozzebon et al., 2016). Although this body of research highlights the breadth and depth of challenges that impact caregiver well-being and relationships, single perspective designs and literature reviews often do not capture the contextual complexity surrounding informal care. Much of the work in this space is also focused on specific subgroups of caregivers, such as those providing support to a spouse experiencing dementia. This can make it difficult for research to then be translated back into the policy and practice contexts in which these individual experiences occur.

Fewer studies have drawn on mixed or multiple methods to explore the phenomenon of care, though exceptions tend toward mixed methods of questionnaires and interviews to capture qualitative and quantitative data from a single source or perspective (De Vugt et al., 2003). One of the few studies that captures multiple perspectives of care was by Pickard et al. (2000), who examined the dual perspectives of both informal caregivers and formal service providers around the shared care of an older adult with dementia. These dual perspectives widened and enriched the understanding achieved and demonstrated the benefit of exploring multiple perspectives of the care situation from different layers of the care system.

As with the review of social work research, theoretical frameworks were not always explicit in these published studies of care. Of those that did overtly draw on theoretical perspectives, there was greater evidence of feminist perspectives, which reflects the highly gendered nature of care. These studies tended to predominantly employ qualitative methodologies based largely on interview or focus group data. For instance Calasanti and King's (2007) study of gender and spousal care utilised interviews and observation from a structural feminist perspective. There have also been some older studies designed to quantify and measure care, utilising social exchange theory to explore marriage and caregiving (e.g. Raschick and Ingersoll-Dayton, 2004; Thiede Call et al., 1999; Wright and Aquilino, 1998), though these too fail to consider the macro impact of social norms and service systems on this relationship exchange. Some small-scale studies that involved interviews with spousal caregivers have considered the marital relationship as the context of care (Boeije and Van Doorne-Huiskes, 2003; Davies, 2011; Ray, 2006), though no studies captured this phenomenon within wider social and service systems.

Recognising these shortfalls, the present study sought to develop a research design that would enable the micro experience of spousal care to be explored in relation to the meso and macro contexts in which it occurs. The critical conceptual framework specifically considers the interrelationship of care systems, capturing multiple perspectives in order to enrich understanding of the caregiving experience.

**Methodology**

The following presents an illustration of applying an ecological approach to the examination of informal care. This methodology is based on an ecosystems
approach to assessment, using multiple methods to explore interactions between systems of care at policy (macro), practice (meso) and individual (micro) levels. The research design developed for this study is illustrated in Figure 1. Ethics approval was sought and obtained prior to commencement of research (La Trobe University, Faculty of Health Sciences Human Ethics Committee, FHEC12/177). As this research was designed from the outset to capture multiple systems of care, all stages of the study were approved within this same ethics application.

While systems theory is widely recognised as offering a framework for understanding and responding to complex social issues, it has been criticised for failing to adequately reflect individual factors and issues of structural injustice (Healy, 2005). Within the current study, these concerns about systems theory are addressed by the critical conceptual framework underpinning this research.

The social justice focus of the transformative approach, most often attributed to the work of Donna Mertens (2007, 2009, 2010, 2012), aligned with the epistemological principles underpinning this study. The ontological beliefs of the transformative paradigm recognise the diverse social constructions of reality; commonly embracing multiple methods in an attempt to unearth these different perspectives in relation to the social issue under study (Mertens, 2009). In the current study, the use of multiple qualitative methods enabled data to be collected and analysed across macro, meso and micro systems, capturing the perspectives of multiple stakeholders and that of caregivers themselves. Combining multiple qualitative methods in a single study is also recognised as adding rigor, breadth, complexity, richness and depth to the inquiry, in order to fully understand a phenomenon (Denzin and Lincoln, 2011).

The transformative paradigm is designed to advance the needs of underrepresented or marginalised populations (Creswell and Plano Clark, 2011) and considers not only people who experience discrimination and oppression but also studies the power structures and discourses that perpetuate social inequalities (Allan, 2009; Mertens, 2010). This underlying philosophy provides a critical lens to understanding how macro policy filters down to impact practice and individuals. This dually provides a conceptual platform that is well suited to exploring the needs and experiences of informal caregivers in a changing social and policy environment, as well as addressing the need for greater critical social gerontology research in Australia (Asquith, 2009). This transformative philosophy also aligns well with a systems approach, which recognises individual experience always occurs in a context of both direct and indirect social influence, so no one system can be interpreted without understanding those around it (Harms, 2010). This research design therefore enabled the complexity of the issue to be examined across individual, practice and structural levels, while ensuring the central focus of the study remained on how these layers of the care system impact the experiences of informal caregivers.

As with social work practice, an assessment of the presenting issue was undertaken as the primary task. Unlike practice, which frequently starts with the individual, this systemic approach commenced at the macro systems level, to consider the social and cultural constructions of ageing and caregiving. These macro
considerations formed the point of referral through each of the subsequent systems within the study, to ensure that each stage of the research would be conducted with a clear consideration of real-world context. This was key to ensuring that the collection, analysis and interpretation of findings were not conducted in isolation from sociocultural and political context. The cultural dimensions of the macro system provide a social blueprint of sorts, which shape beliefs and ultimately set priorities and limitations on acceptable behaviour within society (Harms, 2010).

As well as analysis of the macro system, the study also included both the service and practice environment (meso system), as well as the views of individuals providing spousal care (micro system). The most appropriate methods of data collection were then considered, and are discussed with brief findings in the following section. Details of findings from the macro and meso stages of this project have already been published (Cash et al., 2013, 2016).

Stage 1

The first stage of the study involved a critical discourse analysis of key policy and legislative documents relating to aged care and caregiving (Cash et al., 2013). These documents included the Productivity Commission Inquiry into Aged Care (2011), the subsequent Living Longer, Living Better reform package (Department of Health and Ageing, 2012) and the National Carer Strategy (Commonwealth of Australia, 2011). This provided a range of policy level perspectives about spousal caregiving, including reforms providing the basis for new aged care legislation in Australia through the Aged Care (Living Longer, Living Better) Act, 2013. The critical analysis of discourses revealed embedded assumptions about both the availability and willingness of informal caregivers within the aged care sector. It also demonstrated the economic reliance on informal caregivers, with the intent of prolonging their ability to provide ongoing care. These economically driven strategies highlighted the ideological conflicts of responsibility and choice dually applied within social policy, where choice within the system seemingly excluded the caregivers choice to provide care. These analyses provided foundational understanding of the macro system of care to inform the subsequent stages of data collection and analysis.

Stage 2

The findings of this policy analysis were then used to inform the second stage of data collection, which sought to understand the translation of these policies into health and aged care practices (Cash et al., 2016). Seven focus group discussions were held with practitioners who work with older couples in the community. These discussions explored the views and practices of health and aged care professionals around spousal caregiving and decision making. Findings demonstrated that although practitioners’ verbalised consumer-focused practice preferences, they recognised that, in effect, the reality of resource constraints translated to limited meaningful choices being available to older caregivers. This was particularly
evident in rural locations, where services were limited and access to options considerably constrained by geographic distance and its associated costs. These findings also highlighted a broader challenge with regard to the influence of familial care assumptions being made in the practice space. The discussions revealed limited critical reflection being employed in relation to the wider personal and social obligations that impacted older couples living in the community or of the impact practitioners own views and assumptions had on practice. This was particularly evident in practitioners’ assumptions about care willingness by spouses, based on social concepts of marital obligation and care as a demonstration of love within the relationship.

Stage 3

The final stage of data collection involved in-depth individual interviews with spousal caregivers, which provided valuable insights into the lived experience of care within long-term marriage. A diverse group of older caregivers were recruited via a purposive self-selection method, with advertisements displayed in rural health services and caregiver support groups. The spouses interviewed had a mean age of 73.1 years and had provided informal care for between one and seven years, with care recipients requiring support for a range of cognitive and physical conditions. Interviews were transcribed and analysed using an inductive thematic technique, which revealed relational and systemic complexities for caregivers that had not been captured in previous stages of the study.

Systemic findings revealed that the majority of participants had no other family living nearby able to assist with the provision of care. This was highlighted by Alice, who said ‘I never really anticipated that there was any option actually... His family don’t live nearby and our daughters [live far away] so there wasn’t a family option’. This lack of family supports was common to both couples who had raised their families in rural areas, as well as those who had relocated to their current location in later life. Most spouses interviewed received some type of formal support to assist with caregiving, such as nursing or allied health services, home cleaning and personal care. Despite limited available choices regarding these services, as well as the extensive travel required by some couples to access geographically distant specialist services, caregivers in this study were generally positive about the supports available. Their gratitude reflected expectations of the care system that establish spouses as the primary provider of care, with formal services as a supplement if and where they were available.

Findings also revealed relational complexities, which demonstrated how assumptions of spousal and familial care were not only structurally expected of caregivers but also self-imposed by their strong sense of obligation and marital commitment. Caregivers in this study represented diverse personal and social circumstances, yet all identified unconscious transition to caregiving roles. This suggests that this experience is not only extremely common, but independent of other factors. Not all couples were in loving relationships, with motivations for providing
care including conformity to social expectations of marriage and family. Complex interpersonal relationships, grief and loss; and the conceptual and practical challenges surrounding future relinquishment of care also impacted caregiver experiences. The weight of social obligations was forefront in these findings, demonstrating how spouses’ persist in the provision of care despite personal costs and complexities inherent to the caregiving role.

**Integration of findings**

The methods utilised within this study each investigated a stage of the informal care system, so were constructed and conducted as three distinct stages of a larger study. This design utilised a cyclic data collection technique, which allowed the findings from each stage of the care system to inform the next (Mertens, 2012). In order to achieve a truly systemic analysis of spousal care, the project concluded with the integration and analysis of findings from across each of the three layers within the identified system of care.

**Discussion**

The multiple methods utilised within this study analysed the micro, meso and macro aspects of the informal care system, capturing the experience of spousal care within its social, political and practice environments. This design focused dually on understanding each layer of the care system, as well as the interaction between these systems. Approaching research in this systemic way enabled critical consideration of the inter-relationship between these systems, including how changes at macro policy levels can filter down to impact practice and ultimately to individuals. This enabled significant new depth to the findings that may not have become evident analysing systems in isolation from one another.

An example of this was evident with regard to the prevailing influence of social norms across the micro, meso and macro systems of care explored in this study. The reliance of aged care systems on informal care was embedded through all of the policy documents analysed in this study, reflecting strongly held social expectations around familial care. These familial care assumptions are artfully constructed within policy via emotive and persuasive discourses; introducing language that underpins subsequent practice guidelines.

These macro findings set the context for the next two stages of the study. Without an existing critical and contextual understanding of policy directions, a study of practice would more likely have focused on practical, rather than conceptual, implementation of reforms. Although focus group discussions in stage two did reveal practice issues resulting from geographic and resource constraints, findings highlighted that social norms of familial care also influence practitioner’s perspectives of spousal caregiving (Cash et al., 2016). Critical analysis techniques further revealed the unquestioned manner in which policy directions are being enacted in practice, despite practitioner’s awareness of the inequities and inherent challenges
these practices and norms presented for spousal caregivers. This deeper exploration revealed how implicit social norms and embedded constructs of familialism and long-term marriage shifted focus away from discussions of capacity and willingness to provide care. A key example of this was a common theme of ‘the quiet word’, where practitioners frequently reflected on occasions caregivers sought private conversations away from their spouse following assessments and meetings. This occurrence was widely observed by practitioners, yet mechanisms to ensure caregivers were afforded opportunities to openly communicate concerns away from their spouse remained absent in both policy and practice systems. This demonstrated the dual complexity of navigating social expectations for both caregivers and for practitioners.

Informed by this macro and meso knowledge, interviews with caregivers were then able to enquire about the individual experiences and social contexts of caregiving spouses. These interviews further revealed the social obligations experienced by spousal caregivers, which often outweighed personal considerations, reluctance to care and even hostile relationships. This crucial micro stage of the study highlighted how relational obligations were the dominant influences on decision making and experiences of care for spouses. These findings demonstrated the considerable effort required by spouses to overcome these socially and self-imposed pressures, with the act of reaching out to practitioners via the ‘quiet word’ taking on greater significance.

This brief example demonstrates how examining the multiple perspectives and priorities of stakeholders within the aged care system can bring greater depth and breadth to the analysis of social experiences such as caregiving. Although it would have been possible to study this phenomenon using a range of other approaches, it was the systemic lens that ensured each stage of this process was contextualised both in its broader sociocultural context, but also in relation to other systems of care.

Existing research on caregiving in Australia has tended not to take systemic or critical perspectives. In 2009, sociologist Nicole Asquith identified this oversight as problematic in the present climate of social, demographic and policy change in ageing and aged care. Unlike studies that focus primarily on analysis of a single aspect of the care system, the approach taken in the current study enabled insights into the interactions between the macro, meso and micro aspects of spousal care. These insights highlight the consequences of conceptual and practical discrepancies between layers of the care system and the subsequent translational and equity issues that can emerge as a result of these conflicting social ideals.

This empirical design builds on caregiving research within the United Kingdom, where critical researchers such as Arksey and Glendinning (2007) have examined the conceptual challenges of informal caregivers within increasingly individualised aged care environments. The current research also extends the findings of Pickard et al. (2000), whose research highlighted the assumptions and obligations of formal care staff in their work with spousal caregivers. The current research design builds on the multiple perspectives captured by Pickard et al. (2000), adding the analysis
of macro social policy perspectives to spousal caregivers. This unique methodological approach captures the complete picture of spousal caregiving in the Australian context within a single project.

The desire to consider wider social and structural factors was reflected in the transformative paradigm, which provided the conceptual foundation of this research design. This critical lens captured how power can be exercised within social and political contexts, exposing and analysing the macro social discourses and ideologies that underpin spousal care in contemporary policy and practice environments. The transformative lens highlighted ways the care system both overtly and inadvertently take advantage of caregivers via their limited voice in this space, the unquestioned assumptions of care willingness, the use of language to promote preferred familial care solutions and the structural pressures that work in ways to enforce their ‘voluntary’ commitment to care.

While there are many benefits to this systemic approach, it must be acknowledged that potential challenges might arise with this framework through constraints to time and funding to conduct research of significant systemic size or scope. Critical social workers such as Halfpenny (2009) have highlighted challenges of contemporary settings, where the focus on evidence and outcomes that continues to drive government funding can force social workers into ‘complying’ with
policy agendas. This might subsequently result in contexts that do not support research exploring the social and contextual aspects that are valued by and integral to social work.

**Conclusion**

In this paper, we have set out to illustrate the application of an ecological systems approach to understanding spousal care in rural Australia. The current study contributes both critical and systemic findings that extend knowledge about spousal care in the rural Australian context, as well as providing a methodological approach that can be applied in other social work research to achieve much needed critical and systemic understanding of social issues. Utilising such an approach increases the translatability of the research findings, as they have been captured and analysed within real-world contexts at macro, meso and micro levels.

The transformative paradigm illustrated in the current paper suited the interpretive and critical methods of data analysis for this particular social phenomenon, however the systems framework has the flexibility for researchers to draw on other theories, methods or approaches most appropriate to their own topic of research. This systemic methodology could therefore be applied across the breadth of social work fields and with both mixed and multiple method approaches.

The systems framework presented here demonstrates a research design that reflects what social work theory and practice have long known; that considering a person within their environment is essential to the development of meaningful policy and practice that can be applied in the real world. This provides an opportunity to highlight the critical mismatch that can occur between macro goals and implementation of these within practice and individual contexts. The systems framework allows a methodological pluralism that overcomes the challenges of having a singular focus on any of these levels.

**Declaration of conflicting interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was made possible through the support of a PhD scholarship provided to the first author by La Trobe Rural Health School.

**References**


