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Original Study

Exploring the Sources and Experiences of Joy in Caregiving: Insights From Formal Caregivers in Long-Term Care

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A B S T R A C T

Keywords:
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Objectives: To explore and understand the sources and experiences of joy in caregiving among formal caregivers in Canadian long-term care (LTC).

Design: A qualitative study with interpretative descriptive design.

Setting and Participants: The participants consisted of 20 formal caregivers from a large public LTC home in British Columbia, Canada, focusing on those with at least 6 months of direct caregiving experience.

Methods: Convenience sampling was conducted to recruit participants. Data were collected through 3 focus groups, with discussions moderated by the primary investigator, and were audio recorded and transcribed. Reflexive thematic analysis was used to identify themes, combining inductive and deductive strategies. To enhance rigor and trustworthiness, the research team engaged in reflective practices, leveraging diverse expertise, and ensuring a rich description of the study context. The study received ethical approval, and participant confidentiality was maintained through pseudonyms.

Results: Three interconnected themes of joy in caregiving were identified: (1) Joy in caregiving is a relational and dynamic process that evolves over time and coexists with other emotions, such as sadness and grief. (2) Joy is driven by an attitude shaped by the environment, stemming from an internal attitude, and contributing to a deeper sense of fulfillment despite challenges. (3) Joy in caregiving builds personal team resilience that reduces burnout, fostering compassion and creating a supportive atmosphere through gratitude and shared experiences, benefiting caregivers and residents.

Conclusions and Implications: This study highlights the relational and evolving nature of joy in caregiving, the influence of internal attitudes and supportive environments, and the impact of joy on resilience and burnout. The findings contribute to characterizing how joy functions within caregiving contexts—specifically for LTC workers—and its broader implications for caregiver well-being and team dynamics.

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Formal caregivers in long-term care (LTC) homes play pivotal roles in shaping residents' care experiences by providing prolonged physically and emotionally intense care to residents with complex care needs.^{1,2} Formal caregivers typically possess specialized training and professional credentials, equipping them to deliver expert care to older adults.³ This group includes licensed professionals such as registered nurses, care aides, doctors, social workers, physiotherapists,

and occupational therapists, among others. These caregivers are trained to handle both medical and personal needs, offering a higher level of expertise compared with informal, unpaid caregivers. Despite their essential role, caregivers constantly face the challenges of residents' responsive behaviors given the high proportion of residents with dementia, increasing complexity in management and level of care for residents in LTC.^{1,4-6} Global and national staff shortages and high workloads added an organizational layer of challenge in care,² attributed to the turnover of formal caregivers, especially during and after COVID-19.⁷

The literature predominantly focuses on the negative aspects of caregiving among formal caregivers and its negative impact on the

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workforce and quality of care delivered in LTC in Canada and around the world,⁸ such as burnout,⁹ compassion fatigue,¹⁰ moral distress,^{11,12} and stress.^{13,14}

However, caregiving should also include positive aspects apart from the negative aspects. There is a small but growing body of literature on the positive aspects of caregiving in LTC.¹⁵ During the COVID-19 pandemic, positive aspects of caregiving reported by formal caregivers of long-term care included attachment to residents, recognizing residents' capabilities, and mastery of caregiving skills.⁸ Hung et al.¹⁶ highlighted staff resilience, the reward of seeing residents recover, and relationships with residents and colleagues during the pandemic. Promoting positive caregiving among staff in LTC homes is essential for improving job satisfaction and reducing turnover.¹⁷ A positive workforce is more motivated to engage in practice improvement to enhance both patient care and professional development.¹⁸⁻²⁰

Lai and Fleuren²¹ argue that joy is an elusive concept, with varying interpretations among health care providers and the literature. They distinguish between joy in work and joy at work, linking joy to the alignment of work values and environment. They highlighted that joy is related to the fit between a health care provider's work values and their work environment. Lai and Fleuren's theoretical framework²¹ identifies 3 sources of meaningfulness—contribution (helping others), unification (building relationships), and individuation (achieving personal growth)—which are particularly well-suited to guide this research. Contribution aligns with the caregiving role of LTC staff, who find purpose in supporting and improving residents' lives. Unification reflects the importance of relationship-building within the care team and with residents, fostering a sense of connection. Individuation highlights the personal growth LTC staff experience as they develop skills, resilience, and a sense of purpose in their work. This framework provides a robust foundation for understanding how joy and meaningfulness manifest uniquely in caregiving roles in LTC. The Institute for Healthcare Improvement²² suggested 7 conditions for joy in work, such as creating human connections and fostering innovation. André et al.²³ found that leaders in Norwegian nursing homes support joy by promoting communication and collaboration. Ikeda-Sonoda et al.²⁴ found that higher happiness among health care providers in Japan led to better resident outcomes. Given the challenges of LTC, understanding joy is critical yet underexplored, especially what joy means in long-term caregiving experiences, where joy comes from (source), and how joy in caregiving impacts staff and the quality of care. To contribute to this body of literature, we conducted a study to explore and understand the sources and experiences of joy in caregiving among formal caregivers in Canadian LTC.

Methods

Design

The study aimed to explore joy in caregiving among formal caregivers in LTC using interpretative descriptive design.²⁵ The descriptive approach aims to provide rich, detailed descriptions of a phenomenon that focuses on capturing the "what" of an experience—what people experience and what is happening in the context of their lives, often in a specific setting (eg, LTC). The interpretive approach focuses on understanding the "why" and "how"—interpreting the meanings, beliefs, and perceptions that individuals hold about their experiences. It involves examining how people make sense of their experiences and the cultural, social, or personal factors that shape those meanings. This method, suited for complex, context-based phenomena, allowed for examining the nuanced, subjective experiences of caregivers, acknowledging the relational and dynamic nature of joy in caregiving, and providing insights to inform practice and policy.

Research Questions

1. What contributes to joy specifically for LTC staff in their caregiving roles, and how is joy experienced in this context?
2. How do joyful experiences impact LTC staff and their work in caregiving?

Recruitment and Data Collection

This project was led by the first author, L.H., who is an experienced gerontological nurse in LTC. After institutional review board approval, convenience sampling was used for recruitment. Three focus groups were conducted in 2024 at a large public Canadian LTC home. The primary investigator moderated all sessions in the care home's conference room, lasting 30 to 45 minutes each. Written consent was obtained from all participants. The interview guide is shown in Table 1. Posters invited staff to participate, and local nurse leaders sent group emails for recruitment. Inclusion criteria were (1) at least 6 months of full-time or part-time caregiving experience and (2) providing direct care to residents. Administrative personnel were also included because of their contribution to the work environment and values, which in turn affect the caregiving experience.²¹ There was no specific exclusion criterion. All interviews were audio recorded, transcribed verbatim, and de-identified. The 3 focus groups provided sufficiently rich data to answer the study's 2 research questions.

Data Analysis

We performed reflexive thematic analysis²⁶ in 3 steps. First, all authors independently read the transcriptions to familiarize themselves with the data. Second, L.H. and T.W. manually searched for codes and patterns, identifying initial themes using both inductive and deductive approaches. T.W. is an Asian female bachelor's student in nursing. For example, "Small things matter" was an inductive code, whereas "Resilience" was a deductive code from caregiving literature. This iterative process involved reviewing the data and literature. Third, all authors participated in research meetings to review, validate, and refine the final themes for analytic consensus. Lai and Fleuren's²¹ theoretical framework guided the data analysis by providing a structured lens through which to interpret the sources of meaningfulness—contribution, unification, and individuation—within the context of caregiving in LTC.

Rigor

We used a reflexive approach to enhance trustworthiness, allowing the team to discuss and compare assumptions and their potential influence on the study. Credibility was supported by the diverse expertise of gerontological researchers and clinicians in social work and nursing. Analytical thoughts and iterative analyses were documented. A rich description of the study context and methods was provided for transferability. Reflexive team meetings fostered shared awareness of the complexity of LTC and staff experiences. The study was approved by the Research Ethics Board at the University (H24-02113), and pseudonyms were used to protect participants' identities.

Results

The sample included 20 staff members (including nurses, care aides, allied health, dietary staff, porter, and leadership). The characteristics of the participants are reported in Table 2.

Our analysis identified 3 themes that represent the attributes, source, and impact of joy in caregiving: (1) joy in caregiving is a relational and dynamic process, (2) "This kind of job is a love-hate," joy is driven by an attitude, shaped by the work environment, and (3)

Table 1
Interview Guide

Research Question	Interview Questions
What is joy and what contributes to joy for LTC staff in their caregiving roles?	<ul style="list-style-type: none"> • What is your definition of joy? • What kind of work contributes most to your sense of joy? • What motivated you to do the work in LTC? • Tell me about a moment in your work that brought you joy—little things or humor that made you feel valued and important and that your work was rewarding.
How do joyful experiences impact LTC staff and their work in caregiving?	<ul style="list-style-type: none"> • How do joyful experiences impact your work and well-being? • How do the relationships with the residents and staff impact your sense of joy in work and well-being? • How do you cope with the challenges in caregiving while maintaining a sense of joy? • What could enhance joy? • Looking back at your career, how has your sense of joy evolved over time? • Tell me about personal growth and changes in perception of joy.

joy in caregiving builds personal and team resilience that reduces burnout (see Table 3).

Theme 1: Joy in Caregiving Is a Relational and Dynamic Process

A care staff, Jenny, provided a definition of joy: "Joy here is a sense of positive emotion felt by both residents and staff. It thrives in the relationships we build, the activities we engage in, and the moments of happiness." Kelly further articulated that joy has a subtle difference from happiness. "Joy is not just a fleeting emotion like happiness; it is something that can be learned and nurtured over time. In our job, joy grows through our connections with each other and deepens as we help those who need us." Nancy, another care aide, echoed, "When I'm able to help the residents in whatever way I can, whatever they need, it may be emotional or physical. I find joy in that." The participants

Table 2
Demographic Characteristics of the Participants

Demographic Characteristic	n (%)
Gender	
Male	3 (15)
Female	17 (85)
Age group	
<35	6 (30)
36–45	3 (15)
>45	11 (55)
Ethnicity	
White	1 (5)
Asian	19 (95)
Working experience, y	
<5	5 (25)
5–10	6 (30)
>10	9 (45)
Role	
Care aide	6 (30)
Nurse	7 (35)
Dietary aide	1 (5)
Leadership	2 (10)
Porter	1 (5)
Allied health	3 (15)

described joy as not a fixed state but one that can be nurtured, increased, and grown over time.

"I think over time, joy in my job increases because when you're kind of new to the job, you're more focused on knowing the routine, knowing what you need to do, practicing your skills, whereas over time, when you get more comfortable you can experience more, and like you build more relationships with the people, so then you are able to be in the moment and connect with residents on a deeper level. It's not just about doing tasks but about sharing moments and understanding the residents better. The relationships you build are what make the work more joyful, and that takes time." Jane, Care aide

Participants also described joy as something that can coexist and evolve with other emotions, especially when faced with the challenges of caregiving, such as sadness and grief. These emotions can reflect the complex nature of the caregiving experience. As circumstances change, so does the experience of joy, which may ebb and flow. For example, a nurse, Mary, shared how joy is not one-sided; both the caregiver and the care recipient can experience it through their interactions. A smile, a moment of understanding, or a shared laugh can bring joy to both parties.

"Mr. Johnson has limited mobility and often feels frustrated by his physical and cognitive impairments. One day, he refused his medication and seemed particularly down, so I decided to spend some extra time with him. I made a joke and made him laugh. His eyes lit up. I felt a deep sense of joy, not just because I made him laugh, but because I could see how our conversation lifted his spirits." Mary, Nurse

For Mr. Johnson, it could be a brief escape from the frustrations of his condition. For Mary, the joy came from knowing she had made a positive difference in her day, even if just for a moment. Mary mentioned that shared joy was a reminder of why she chose to be a nurse in the first place.

Theme 2: "This Kind of Job Is a Love-Hate"; Joy Is Driven by an Attitude Shaped by the Environment

In the focus groups, staff consistently described that joy in caregiving is driven by an internal attitude, which is continually shaped and reinforced by a supportive and nurturing environment, allowing it to flourish even in challenging situations. Many staff openly talked about their compassion and commitment to the job. A nurse, Holly, disclosed, "For me, joy comes from my attitude or a mindset. I'm a joyful person." A caring staff, Ginny, alluded to joy as "a deeper, more enduring state of contentment." A few participants discussed that joy is sourced from within and is not always tied to external circumstances. A nurse, Ben, told the group, "Joy comes from a sense of purpose and meaning. My joy is fueled by personal growth." A care aide, Vio, added:

"I am a care aide, and I do toileting. I have joy. I'm working with the residents and making sure everything is done, and everyone is safe. I can help address their personal needs. It's a fulfilling feeling and grounds me to my purpose." Vio, Care aide

Patrick, a physiotherapy rehabilitation worker, described joy as a deeper sense of emotion that is connected to purpose:

"Joy would be continuing to develop myself professionally through motivation to learn. My goal is to serve the needed. In this practice setting, I think positive health outcomes would look like our residents are flourishing and thriving. So, what I can see is how my professional development has allowed me to

Table 3
Themes and Quotes

	Attributes	Source	Impact
Themes	Joy in caregiving is a relational and dynamic process	"This kind of job is a love-hate," joy is driven by an attitude shaped by the environment	Joy in caregiving builds personal and team resilience that reduces burnout
Categories	<ul style="list-style-type: none"> • Relational • Modifiable, can be increased 	<ul style="list-style-type: none"> • Internal—attitude • External—shared relationships 	<ul style="list-style-type: none"> • Feeling valued • A culture of mutual respect and kindness
Quotes	When I'm able to help the residents in whatever way I can, whatever they need, it may be emotional or physical. I find joy in that.	This kind of job is I would say that it's a love-hate. I hate feeling burnt out and exhausted by the end of the day by taking care of the residents' personal care. But at the same time, I love them. I come here; they make me smile.	If I find myself in a situation where it's difficult or challenging, I know what I have in my back pocket; how I personally overcome that and how my team was able to get through that.

empower someone or see change, even a little change." Patrick, Rehab worker

A care aide, Mandy, articulated her experience as a love-hate:

"This kind of job is, I would say, a love-hate. I hate feeling burnt out and exhausted by the end of the day by taking care of the residents' personal care. But at the same time, I love them. I come here; they make me smile."

These participants' stories reflect how they viewed joy as something that develops with experience and deepened relationships. This shows that caregiving joy is fluid and influenced by both personal and relational growth over time.

Theme 3: Joy in Caregiving Builds Personal and Team Resilience That Reduces Burnout

Participants indicated that joy in caregiving could extend far beyond individual satisfaction; it deeply influences the culture of care through compassion and kindness, which can be a vital source of resilience, providing a protective buffer in challenging times by reinforcing a sense of purpose, reducing burnout by emphasizing the value and rewards of caregiving work and enhancing team morale. One care aide, Joan, shared how hearing a simple "thank you" from a resident makes her "heart so full" and reminds her that all the work they do is worth it, motivating her to do the job better.

A recreation staff, Meg, added, "Just like teamwork when there are joyful people around or people enjoying the activities that fuel within the tear (during sadness and grief). And I also think there's something that's valuable about going through difficult situations with the team. So, it energizes you. Like we went through hard times together." In addition, joy helps caregivers navigate challenging situations by drawing on past positive experiences. As a care aide, Frankie reflected, "If I find myself in a situation where it's difficult or challenging, I know what I have in my back pocket, how I personally overcame that and how my team was able to get through that."

Finally, joy strengthens the positive relationships between caregivers and residents, contributing to a sense of mutual kindness. A nurse, Jen, shared, "For me, joy really reaffirms my purpose. Having the trust of the residents really makes me do the extras for them. Over time, I've seen how our relationship evolved. This joy motivates me to get up in the morning and to be at work." These connections foster a culture in which kindness and empathy are central, creating a positive work environment that supports both personal well-being and team unity.

Moreover, the effect of joy spreads throughout the caregiving environment, creating a ripple effect. As a care aide, Rita noted, "Joy is contagious. Others feel it, the residents feel it, and it just lifts the whole atmosphere." This shared joy enhances collaboration and team spirit, creating a culture in which kindness is not just an occasional act but a daily practice. In this way, joy fosters an empathetic, supportive,

and resilient caregiving environment, benefiting both caregivers and residents alike.

Discussion

Our unique study focused on an understudied topic in health care workers—joy. Self-perceptions of the role of joy in caring for older adults in the care home setting reflected its necessity for satisfying daily work and success in aging care. Our work reflects parallel work related to successful organizations and employee success—that "mattering" in your job is important, and affecting others positively in our jobs gives employees the ability to come back the next day and do challenging work all over again.²⁷

Our study demonstrated that joy in caregiving is a relational and evolving process that grows over time through connections with residents and colleagues in an LTC setting. When compared with another study exploring joy in caregiving in diverse health care settings other than LTC serving various populations,²⁸ the change and growth in joy in caregiving over time found in our study appears to be unique. In our study, participants discussed the joy of building relationships with residents. This may be shaped by the LTC context, which provides staff with more time to connect with residents than in other care settings, such as acute care, where the turnover of patients is quick. The uniqueness of caregiving in LTC also relates to the emotional attachment built over time, as mentioned in another study examining positive staff experiences of caring for residents with dementia.⁸

The relational nature of joy is reflected in caregiving literature for family caregivers,²⁹ but LTC staff views remain underexplored. Meaningful engagement with residents is supported by managers and peers, guidance from more experienced colleagues, an organization's "caring culture," and a physical environment that fosters engagement.³⁰ Our study suggests that LTC staff possess relational and cultural competencies. However, these skills may not be consistently applied across gerontological care locally and internationally.³¹ Joy also appears to coexist with other emotions, such as sadness and frustration, reflecting the complex nature of caregiving.

Joy in caregiving is influenced by internal attitudes and a supportive work environment. Caregivers find joy through personal growth, a sense of purpose, and relational interactions. Joy arises from internal attitude, but that internal attitude is greatly assisted by outward processes such as (1) physical and psychological environments contributing to feelings of well-being; (2) free expressions of gratitude and humor; and (3) equitable compensation and/or recognition for workers' contributions resulting in employees committed to an organization's mission, vision, and values.³² The connection among joy, purpose, and professional growth is supported by Leiter and Maslach's work,³³ which emphasizes that a sense of purpose and ongoing professional development contribute to carer satisfaction and well-being.

In our sample, joy appeared to help build personal and team resilience, reduce burnout, and enhance team morale. Positive

interactions and a sense of purpose contribute to a supportive and resilient caregiving environment. Joy and positive emotions in caregiving can buffer against burnout and improve resilience, underscoring the role of emotional well-being in maintaining caregiver health.³⁴ Furthermore, staff burnout can potentially reduce optimal outcomes in care recipients.³⁵ In a related fashion, a positive work environment and shared joy among carers can enhance team morale and reduce the risk of burnout.³⁶ Revisiting staffing ratios and supporting workers' work-life balance (eg, child/elder care needs, more flexible scheduling, and shorter shifts) are in the purview of most organizations and could enhance worker retention at a job that focuses a bit more on sowing opportunities for joy in caregiving.

The whole organization's approaches to joy make good sense—not just focusing on care workers case by case but changing policy and procedure so that all workers see the effort and learn the new culture. The concept of joy spreading throughout the caregiving environment can manifest as an “upward spiral” as positive emotions create a ripple effect, enhancing both individual and collective well-being.³⁷ Infusion of joy into everyday practice is key and results in more likelihood of success, affecting job satisfaction and quality of care for care home residents.³⁸

Implications for LTC Leaders and Researchers

Matthew Kuan Johnson, a philosopher, highlights the complexity of joy. He argued if we can clearly identify the source of joy and how to cultivate it effectively, joy could be a psychological phenomenon with immense potential to enhance human flourishing.³⁹ Here, we offer several suggestions for LTC leaders (see Figure 1). These include addressing potential disconnection with peers or residents and insufficient administrative support by focusing on (1) professional

development and peer support focused on holistic caregiving that emphasizes relational care, (2) creating opportunities for social interactions between staff and residents, and (3) implementing a “champion” program, in which experienced staff may mentor newly hired staff. As we note, the Institute for Healthcare Improvement identified conditions for joy in work, including creating human connections and fostering innovation.²² Our findings also emphasized the growth in joy over time through interactions and relationships built between residents and staff. Therefore, creating opportunities for social connections and professional development in holistic caregiving fits with conditions for joy in caregiving. Peer support and the need for teamwork noted by our participants as contributing to joy in the workplace, coupled with the transient nature of some of this workforce, demand formal mentoring support in the workplace to set inexperienced employees up for success and fulfillment in care work. As we note, staff burnout can contribute negatively to patient care. Thus, on one side of Figure 1 balance, we have lived experience from our interviewees that detract from joy and on the other side we have potential strategies to bolster joy in the workplace—strategies we urge LTC administrators to harness if they are not yet doing so.

Another practice implication is that LTC homes can arrange regular group sessions for staff to talk about topics like joy in caregiving to enhance their psychosocial well-being. We observed that staff enjoyed the experience of talking about joy in caregiving as a group. Being in a group setting, when they shared similar thoughts on joy in caregiving, they were able to validate each other, which encouraged them to talk more about this topic.⁴⁰

From what we learned in our study, researchers can consider focus groups when conducting research in LTC. Focus groups was a more feasible and time-efficient format than individual interview, as they had the strength of collecting a large amount of data within a short

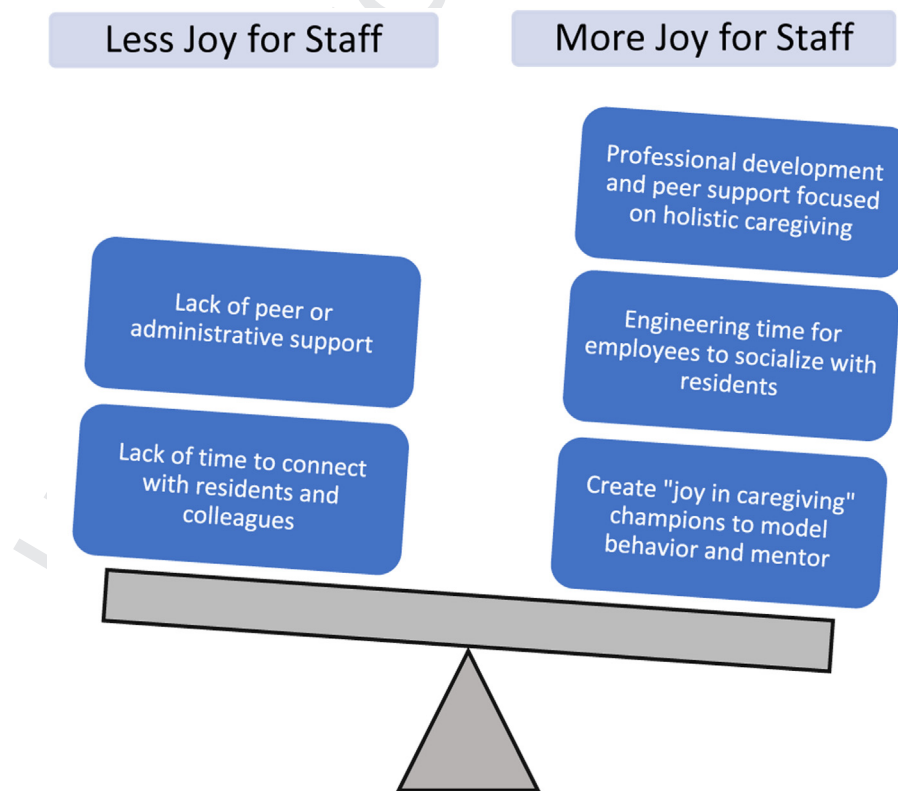


Fig. 1. Recommendations for LTC leaders to increase staff joy. This figure highlights the factors affecting joy in the workplace and presents strategies to foster and strengthen joy among staff.

period of time.⁴⁰ This was particularly important in a LTC context, which was a highly busy work environment. Although some people may not feel comfortable to share their thoughts in a group setting, which is a potential limitation of a focus group, this was not the case we observed during the focus groups of our study. Indeed, from our observation, focus groups facilitated staff to share their thoughts on joy in caregiving. This was probably because staff were used to and felt comfortable to share in a group context, such as during huddles and rounds. Focus groups provided a familiar context for staff to share their thoughts. Staff might feel less comfortable to share their thoughts with researchers in a one-on-one basis. Also, they were able to help each other to articulate the concept of joy in caregiving, especially that it could be an abstract concept to some people and difficult to articulate. Focus groups also provided a co-learning process for participants to think about joy in caregiving. What one participant said might stimulate and inspire another participant's thinking and thus be more reflexive on this topic.⁴⁰ This was especially the case in the sample as participants were from diverse disciplines and backgrounds.

Furthermore, reflexive analysis used in our study allows understanding of the dynamic and relational nature of joy in caregiving, as reflected in the 3 identified themes. Participants' voices, such as Mary's reflection on shared moments of joy and Mandy's description of a "love-hate" dynamic, highlight the complex interplay between personal growth, environmental factors, and emotional resilience. Reflexivity allowed for a deeper exploration of how caregiving joy evolves over time, coexisting with challenges like grief and burnout while simultaneously reinforcing purpose and team cohesion. The interdisciplinary research team, alongside participants with firsthand caregiving experience, facilitated this process through data collection, interpretation, and presentation of findings. This critical reflection ensured that the results authentically captured participants' experiences and underscored the significance of relational and contextual factors in nurturing joy in caregiving.

Future studies may further explore how the context of LTC shapes how staff understand their joy in caregiving compared with other settings. Participants in our study mentioned how they related their joy by providing personal care. This may be related to a LTC context in which residents live in the care home, and staff thus has more opportunities to provide personal care, compared with other settings like an outpatient clinic. Moreover, almost all participants were racialized, researchers can further explore how intersecting identities of workforce in LTC impact their perceptions of joy in caregiving. Last, there is some overlap in the contributions from different disciplines within the caregiving staff. To accurately represent the themes that emerged, we have selected quotations that best illustrate these themes, regardless of the specific role of the staff member. This approach allows for a more nuanced understanding of the shared experiences and insights across various caregiving roles, which contribute collectively to the themes identified in the study. Future researchers can investigate further the differences in experiences of joy by staff from various disciplines.

Strengths and Limitations

Our study is one of the few that contributes to understanding joy in caregiving by formal caregivers in LTC. It involves insights from multidisciplinary teams to contribute the diverse perspectives on the concept of joy in LTC. However, our study focuses on staff perspectives in one LTC home because of time and resources constraints. The results may be limited to and impacted by the culture of the care home. Our results can be further enriched with insights gathered from care homes located in diverse geographical locations, with diverse funding sources and organizational structures.

Conclusion

This study highlights the relational and evolving nature of joy in caregiving, the influence of internal attitudes and supportive environments, and the impact of joy on resilience and burnout. The findings contribute to characterizing how joy functions within caregiving contexts—specifically for LTC care workers and its broader implications for caregiver well-being and team dynamics.

Disclosure

The authors declare no conflicts of interest.

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