

Reducing Perceived Stress of Family Caregivers of Older Adult: The Role of Caregiving Self- Efficacy and Social Support

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Abstract

Family caregivers play a crucial role in meeting the increasing demands of long-term care in many countries. As noted, caring for older family members is challenging and stressful, resulting in adverse physical and emotional health outcomes for family caregivers. As the Malaysian population ages, there is a growing need for care, leading to a shift from formal to informal care. To address these challenges, having a strong social support system is essential. This study aimed to investigate the relationship between self-efficacy, social support, and perceived stress among family caregivers of older adults in Malaysia. A cross-sectional study was conducted among 92 family caregivers using online structured questionnaires. The results revealed a significant relationship between self-efficacy, social support, and perceived stress. Furthermore, the study identified significant relationships between demographic variables such as age and income, and perceived stress. Therefore, it is important to consider self-efficacy and social support in caregiving initiatives to alleviate the burden of caregiving. In conclusion, by strengthening their self-efficacy and social support, caregivers can reduce perceived stress. These findings emphasize the need to incorporate psychological resources into caregiving initiatives to support caregivers and alleviate the burden they face.

Keywords: Family Caregiver, Perceived Stress, Self-Efficacy, Support, Older Adult

Introduction

The role of family caregivers in providing care for older adult is crucial, but it can also be demanding and stressful, affecting the caregivers' well-being. As the global population continues to age, the need for long-term care is increasing, placing a significant burden on family caregivers (Zigante et al., 2021). The wellbeing of these caregivers is of paramount

importance as they navigate the challenges associated with caregiving. Perceived stress is a common issue faced by family caregivers, and addressing this stress is essential for their overall health and the quality of care they provide (Kim & Shaffer, 2014). To mitigate the negative impact of stress, factors such as caregiver self-efficacy and social support have been identified as potential resources that can enhance caregivers' well-being and reduce their perceived stress.

In recent years, there has been a growing body of literature examining the relationship between caregiving self-efficacy and caregiving burden (Jiang et al., 2021; Huang et al., 2020). Caregiving self-efficacy refers to the belief in one's ability to successfully carry out caregiving tasks and cope with the associated challenges. When caregivers feel confident in their abilities, they are better equipped to handle the demands of caregiving and experience lower levels of stress (Schunk and DiBenedetto, 2021). Higher levels of caregiver self-efficacy are associated with reduced burden, better coping strategies, and improved well-being for caregivers (Park et al., 2019). As caregivers feel confident in their abilities, they are better equipped to handle the demands of caregiving and experience lower levels of stress (Schunk and DiBenedetto, 2021). Higher levels of caregiver self-efficacy are associated with reduced burden, better coping strategies, and improved well-being for caregivers (Park et al., 2019). Jiang and colleagues (2021) found that higher levels of self-efficacy were associated with lower levels of perceived stress among Chinese family caregivers of older adults with dementia. Previously, Huang et al (2020) also reported that social support mediated the relationship between self-efficacy and perceived stress among Taiwanese family caregivers of older adults with dementia.

In addition to self-efficacy, social support plays a critical role in the well-being of family caregivers. According to Northouse et al (2012) by having a strong social support network can help caregivers cope with the demands of caregiving, alleviate stress, and promote better overall well-being. Social support refers to the assistance, emotional encouragement, and understanding that individuals receive from their social networks, including family, friends, and communities (Gallant, 2013). It encompasses both tangible support, such as practical assistance with caregiving tasks, and intangible support, such as emotional validation and companionship. Studies have consistently shown that higher levels of social support are associated with lower levels of caregiving stress (Szkody et al., 2020; Yu et al., 2020; Alnazly et al., 2021). Caregivers who perceive more social support report lower stress levels and overall well-being. By providing caregivers with resources, coping strategies, and a sense of belonging, social support acts as a buffer against the negative effects of caregiving stress. The provision of tangible support, such as assistance with caregiving tasks or respite care, can alleviate the burden on caregivers and provide much-needed relief (Rokstad et al., 2021). This type of assistance allows caregivers to take breaks, engage in self-care activities, and recharge, which reduces their stress levels.

A review by Palacio et al (2020) has highlighted that social support can also enhance caregivers' coping strategies, problem-solving abilities, and resilience. By having access to a supportive network, caregivers can seek advice, gather information, and share experiences, which empowers them to navigate challenges more effectively and adapt to the demands of caregiving. Furthermore, the availability of social support can reduce feelings of isolation and loneliness that caregivers may experience. According to Lee et al (2022), caregiving can be an isolating experience, and having a network of supportive individuals who understand and empathize with the caregiving journey can alleviate the emotional strain and foster a sense of connection.

Thus, self-efficacy and social support play important roles in shaping the stress experiences of family caregivers of older adults, and that different types of social support may

be effective depending on the cultural context and specific needs of caregivers. Further research is needed to better understand the mechanisms underlying these relationships and to develop effective interventions to support family caregivers in managing their stress.

Nonetheless, the specific ways in which self-efficacy and social support interact to affect caregivers' stress levels are not yet fully understood. Despite various studies within the area of studying caregiver burden, there are a few gaps that should be addressed, specifically within the Malaysian context. As the Malaysian population reaches an aging population, the role of family caregivers is crucial in facilitating long term care of the older population. Therefore, this study aims to examine the relationship between self-efficacy and social support on perceived stress among family caregivers of older adults. Understanding the relationship between caregiving self-efficacy, social support, and perceived stress can provide valuable insights into interventions and support systems that can effectively reduce stress and improve the well-being of family caregivers. Therefore, the aim of this study is to examine the role of caregiving self-efficacy and social support in reducing the perceived stress experienced by family caregivers of older adults.

Materials and Methods

Study design, sample and setting

A quantitative cross-sectional study was conducted among family caregivers in Bandar Tun Hussein Onn, Cheras, Selangor. Purposive sampling was used to select the sample, with the sample size determined using the rule of thumb of allocating 10 participants to each research variable based on regression equations (Van Voorhis & Morgan, 2007). In the present study, Bandar Tun Hussein Onn was chosen as it is a well-established residential area developed in the early 1990s, suggesting a high representation of family caregivers of older adults among its residents. Data collection was conducted between July to December of 2022. A pilot study was carried out to measure the validity and reliability of instruments among 30 respondents. The questionnaire was then distributed via Google Form to various social media platforms such as WhatsApp and Facebook to obtain at least 80 respondents who are family caregivers of older adults residing in Bandar Tun Hussein Onn. Respondents were provided with a detailed consent letter in compliance with research ethics.

Perceived Stress Scale (PSS-10) was used to assess participants' perceived stress levels over the past month, considering the predictability, controllability, and load of their life events. The 8-Item Caregiver Self-Efficacy Scale (CSES-8) was also used to evaluate caregivers' confidence and ability to manage stress, obtain respite, control negative thoughts, implement self-care, cope with new environments, find resources, and prevent disruptive behaviors. The CSES-8 includes a 10-point Likert scale for respondents to rate their level of confidence in performing specific tasks, such as "How sure or confident are you that you can do things necessary to keep your stress under control?".

The Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al (2016) was employed to measure participants' perceived social support from family or friends. The MSPSS consists of 12 items, divided into three sub-scales (family, friend, and significant others), each with four items. The subscale scores were calculated by summing the four items and dividing the sum by four to obtain the average subscale social support score. The reliability tests showed that the research instruments used in the present study have good to excellent internal consistency, suggesting that they are reliable measures of perceived stress, caregiver self-efficacy, and multidimensional social support among family caregivers of older adults residing in Bandar Tun Hussein Onn.

Data analysis was conducted using the IBM Statistical Package for Social Science (SPSS) Version 29 software. Descriptive statistics were used to provide information about the

respondents' demographic background, including percentages, means, and distribution. A normality test based on the Kolmogorov-Smirnov test was conducted to ensure that the data followed a normal distribution. The Spearman rank correlation coefficient and chi-square association tests were used to determine whether there was a relationship between the variables. The study used ordinal regression to identify unique predictors of perceived stress.

Results

The present study included a sample of 92 family caregivers who were 18 years old and above in Bandar Tun Hussein Onn. Table 1 shows the demographic background of the family caregivers who participated in the study. Most of the participants were female (65.2%) and single (72.8%). More than half of the participants had a bachelor's degree (52.2%) and were not currently employed (53.3%). The mean age of the 92 family caregivers in Bandar Tun Hussein Onn who participated in the study was 29.17 (SD=12.734) years old. In terms of income, most participants (45.7%) reported earning less than RM1,000. Only 6.5% of participants reported earning more than RM10,000. These demographic characteristics provide important context for understanding the sample of family caregivers who participated in the study.

Furthermore, the descriptive analysis shows that the mean score for self-efficacy in caregiving among the sample was 49.84 (SD = 11.82), indicating that the caregivers residing in Bandar Tun Hussein Onn have a moderate level of self-efficacy meanwhile the mean score for social support was (Mean=5.14, SD=1.261).

Table 1
Respondents Profile (n=92)

	Item	Sample (n)	Percentage (%)	Mean(S.D)
	Age (years)	92		27.2 (12.7)
Sex	Male	32	34.8	
	Female	60	65.2	
Marital Status	Widow	1	1.1	
	Married	24	26.1	
	Single	67	72.8	
Education Level	Secondary School	7	7.6	
	Bachelors	48	52.2	
	Certificate/Diploma/ STPM	28	30.4	
Occupational Status	Working	43	46.7	
	Not working	49	53.3	

Monthly Income	Less than RM1,000	42	45.7
	More than RM10,000	6	6.5
	RM1,000-RM5,000	26	28.3
	RM5,000-RM10,000	18	19.6
Multidimensional social support	Low support	8	8.7
	Moderate support	33	35.9
	High support	51	55.4
Perceived Stress Scale (PSS)	Low stress (0-13)	16	18.1
	Moderate stress (14-26)	66	71.1
	High stress (27-40)	10	10.8

The scores from the Perceived Stress Scale (PSS) were divided into three categories based on the total score: low stress (0–13), moderate stress (14–26), and high stress (27–40) (Lee, 2012). Most of the family caregivers (71.1%) had moderate levels of stress, while only 10 (10.9%) respondents showed high levels of stress.

The study also found the majority of family caregivers (55.4%) reported high levels of social support, followed by moderate levels of social support reported by 33 (35.9%) caregivers. Only eight respondents (8.7%) perceived low levels of social support. The findings reveal that the respondents received a high level of support across all three domains. Specifically, in the domain of significant others, 12% of the respondents received low support, 30.4% received moderate support, and 57.6% received high support. In the domain of family support, only 9.8% received low support, 38% received moderate support, and 52.2% received high support. Lastly, in the domain of friends, 7.6% received low support, 34.8% received moderate support, and 57.6% received high support. Overall, most of the respondents reported receiving high levels of social support in all three domains.

Findings show a positive relationship between self-efficacy and social support ($r=0.474$, $p<0.001$) which indicates caregiver self-efficacy will increase as they received higher social support. Meanwhile, multivariate analysis indicate that caregiver perceived stress was a negatively correlated with self-efficacy ($r=-0.472$, $p<0.001$) and social support ($r=-0.244$, $p<0.05$). This relationship show that the lower self-efficacy and low social support will increase the level of perceived stress of caregiver. Furthermore, analysis also indicates that self-efficacy was found to be a predictor of perceived stress. Specifically, self-efficacy was found to have a negative relationship with perceived stress. For every unit increase in perceived stress, there was an estimated decrease of -0.104 in self-efficacy which indicates that self-efficacy plays a strong role in influencing perceived stress among respondents.

Discussion

The study investigated the potential relationships between self-efficacy, social support, and perceived stress among family caregivers of older adults. Present findings reveal a negative correlation between self-efficacy and perceived stress, indicating that as self-efficacy levels increase, perceived stress levels will be decreased. Similar to a recent study by Jiang et al (2021), which reports a reverse correlation between social support and perceived stress as experienced by family caregivers. Moreover, in line with previous studies, that have found social support to be a key protective factor against stress among caregivers (Kim & Shaffer, 2014; Ibrahim et al., 2018; Lu & Wang, 2018; Lopez et al., 2019). In addition, a study by Qiao and colleagues (2020), reported that emotional support from family members was associated with lower levels of perceived stress among Chinese family caregivers of older adults with chronic diseases. Meanwhile, Kamara et al (2019) found that practical support, such as assistance with household tasks, was more strongly associated with reduced caregiver stress than emotional support among African American family caregivers of older adults with dementia.

Furthermore, the present findings also indicate that family caregivers with higher levels of self-efficacy experience lower levels of perceived stress, highlighting the importance of this factor in managing stress among caregivers. According to Hampton and Newcomb (2018), caregivers with greater confidence in managing the demands of caregiving have lower levels of stress. Findings are also supported by previous studies that emphasized the root of social support and caregiver self-efficacy as factors in caregiver burden and their quality of life (Arenella & Steffen, 2020; Leung et al., 2020). Thus, present findings study supports the existing findings that highlight a significant role of social support and caregiving self-efficacy in reducing caregiver burden and improving their wellbeing.

Conclusion

In conclusion, the present finding highlights the significant impact social support has on alleviating caregiver burden. Caregivers who have strong social support networks, perceive their caregiving responsibilities to be less stressful, and have higher levels of self-efficacy are likely to experience lower levels of perceived stress. The study provides valuable insights into the unique cultural context of caregiving in Asia and underscores the need for culturally sensitive approaches to support family caregivers. Therefore, interventions that focus on enhancing social support, reducing perceived stress levels, and improving self-efficacy may be effective in helping caregivers manage stress and improve their overall well-being.

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