

## Relationship between Social Support, Self-Efficacy and Resilience of Caregivers Attending to Alzheimer's Patients

Mandava Hemalatha<sup>1\*</sup> and Nasreen Banu<sup>2</sup>

<sup>1</sup>M.Sc. (Home Science), <sup>2</sup>Principal Scientist

Department of Human Development & Family Studies, College of Home Science,  
Professor Jayashankar Telangana State Agricultural University, Hyderabad, 500004

\*Corresponding Author E-mail: [hemalathamandva13@gmail.com](mailto:hemalathamandva13@gmail.com)

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### ABSTRACT

*Alzheimer's disease was called a family disease, because the chronic stress of watching a loved one slowly decline affects everyone. The present study was carried out to find the relationship between social support, self-efficacy and resilience of caregivers attending to Alzheimer's patients. The study was conducted in twin cities of Hyderabad and Secunderabad. Connor-Davidson Resilience Scale (CD-RISC) which was developed by Kathryn M. Connor and Jonathan R.T. Davidson was used as a means of assessing resilience Multidimensional scale of perceived social support developed by Zimet, Dahlem & Farley was used for the study and self-efficacy was measured by using self prepared checklist. Total sample comprised of 60 caregivers and were selected by random sampling method. Results of the present study revealed that there was a significant relationship between resilience and self-efficacy. It was also found that there was no significant relationship between resilience and social support of caregivers attending to Alzheimer's patients. Hence it can be concluded from the present study that resilience was an individual trait.*

**Key words:** Caregivers, Alzheimer's, Self-efficacy, Social support and Resilience

### INTRODUCTION

Alzheimer's disease was a chronic neurodegenerative disease and the main form of dementia. The earliest symptom was difficulties in remembering recent events, or short-term memory loss. Along with the progression of the disease more symptoms will arise including problems with language, disorientation, mood swings and behavioural

issues. AD is pathologically characterized by amyloid beta (A $\beta$ ) depositions in extracellular plaques and by hyper-phosphorylated tau protein in intracellular tangles. In addition, progressive atrophy of neuronal tissue in the brain, especially in the hippocampus and several cortical areas, was found. Another pathogenic event that occurs early on in the disease development is synaptic dysfunction.

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Alzheimer's disease was named after Dr. Alois Alzheimer's. Alzheimer's was a type of dementia that causes problems with memory, thinking and behaviour. Alzheimer's disease (AD) also referred to simply as Alzheimer's. Alzheimer's was an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and eventually the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5 million Americans may have Alzheimer's. NIA<sup>6</sup>.

East Asia was the region with the most people living with dementia 9.8 million, followed by Western Europe 7.4 million. These regions were closely followed by South Asia with 5.1 million and North America with 4.8 million<sup>5</sup>.

There was a wide variation in the definition of care giving. The terms such as care, caring and care giving used interchangeably in many research studies. Care giving was most commonly used to address impairments related to old age, disability, a disease, or a mental disorder. Typical duties of a caregiver might include taking care of someone who has a chronic illness or disease; managing medications or talking to doctors and nurses on someone's behalf; helping to bathe or dress someone who is frail or disabled; or taking care of household chores, meals, or bills for someone who cannot do these things alone.

Social support has been studied in several contexts. Caring for a relative was a stressful event that can have negative effects on caregivers' health and well-being.

Donnellan *et al.*<sup>4</sup>, findings of the study states that family support was perceived as unhelpful if it created feelings of over-dependence. Participants were less likely to resist involvement of grandchildren due to their relatively narrow and low-level support functions. Friend support was perceived as most helpful when it derived from those in similar circumstances. Neighbours played a functionally unique role of crisis management.

These perceptions may moderate the effect of support on resilience.

Caregiver self-efficacy was conceptualized as individual's beliefs in their ability to carry out activities and tasks specific to care giving<sup>1</sup>. In regard to care giving, self-efficacy theory suggests that individuals with higher levels of self-efficacy for performing tasks of care giving have greater levels of success in completing the tasks, lower levels of psychological and physical illness, reduced rates of burnout, and greater levels of well-being than those with low levels of self-efficacy<sup>1</sup>.

Rabinowitz *et al.*<sup>7</sup>, studied Self-efficacy as a moderator of the relationship between care recipient memory and behavioural problems and caregiver depression in female dementia caregivers. Results revealed that self-efficacy for managing disruptive behaviours and self efficacy for controlling upsetting thoughts had a direct effect on depression. Results of these analyses indicated that for low levels of caregiver self efficacy and managing disruptive behaviours, the relationship between care recipient memory, behaviour Problem and caregiver depressive symptoms was significant ( $t=3.50$ ,  $df=243$ ,  $P=0.001$ ).

The term 'resilience' derives from the Latin word 'resilient' which means 'act of rebounding' present participle of 'resilire' 'to rebound, recoil,' (Online etymology dictionary). Resilience was a concept that was becoming relevant to understanding how individuals and families live with illness, especially long term conditions.

The American Psychological Association defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress. Determinants of resilience include a host of biological, psychological, social and cultural factors that interact with one another to determine how one responds to stressful experiences.

Dias<sup>3</sup> research findings indicated that caregivers' resilience was inversely related to their own depressive symptoms and anxiety.

Caregivers with higher scores on resilience also showed higher scores in caregiver quality of life. The linear regression indicated that resilience was significantly related to the depressive symptoms ( $p < 0.01$ ) and the quality of life ( $p < 0.01$ ) experienced by the caregivers. Resilience was considered to act as a protective factor by increasing the quality of life.

Factors associated with resilience were self-efficacy, social support, communication skills, problem solving skills, emotional self-regulation, sense of coherence

Alzheimer's was not completely curable disease and had its impact on their daily living which includes repetitive behaviour and thus it may create an unusual consequences and may deplete relationship bonding between the patient and caregiver and test the patience of the caregiver. As the disease prevalence was increasing tremendously day by day, burden on caregivers were also increasing and they were facing many difficulties with the patients and only some of the caregivers were bouncing back. The present study was proposed to study the extent of resilience in Alzheimer's disease caregivers and their ability to withstand adversity and this study seeks to identify

whether self efficacy and social support had significant relationship with resilience of the caregiver or not.

## MATERIAL AND METHODS

Ex-post facto research design was used for the present investigation to know the Resilience in caregivers attending to Alzheimer's patients. The data from the respondents was collected by both standardized and self constructed interview schedule. Connor-Davidson Resilience Scale (CD-RISC) which was developed by Kathryn M. Connor and Jonathan R.T. Davidson was used as a means of assessing resilience which comprises of 25 items, each rated on a 5- point scale. Multidimensional scale of perceived social support developed by Zimet, Dahlem & Farley was used for the study. This scale consists of 12 questions relating to the extent to which they feel they feel they have support of their family, friends and a special person and self-efficacy was studied by self constructed checklist. Twin cities of Hyderabad and Secunderabad were selected for conducting the study. Total sample comprised of 60 caregivers and 60 Alzheimer's patients

## RESULTS AND DISCUSSION

**Table 1: Perceived social support of the caregivers attending to Alzheimer's patients**

N=60

S. No	Area	Category	Males		Females		Total	
			F	%	F	%	F	%
1	Significant other subscale	Low	0	0	3	7	3	5
		Average	1	6	8	19	9	15
		High	16	94	32	74	48	80
2	Family Subscale	Low	1	6	1	2	2	3
		Average	2	18	9	21	11	18
		High	14	82	33	77	47	78
3	Friends Subscale	Low	0	0	4	9	4	7
		Average	8	47	12	28	21	35
		High	9	43	26	60	35	58
4	Total Multidimensional Social Support	Low	0	0	0	0	0	0
		Average	1	6	9	21	10	17
		High	16	94	34	79	50	83

Social support was studied under three sub scales like Significant other subscale, Family Subscale and Friends Subscale

From the above table 1 it was observed that with regard to caregivers receiving social support from others, majority (80%) of caregivers received high social support, (15%) received moderate support and only (5%) received very low support.

Regarding receiving social support from family members, majority (78%) of the

caregivers received high support, (18%) received moderate support and only (3%) of the caregivers received low level of family support.

Regarding receiving social support from friends, more than half of the (58%) caregivers reported receiving high support, (35%) received moderate support and only (7%) received very low support.

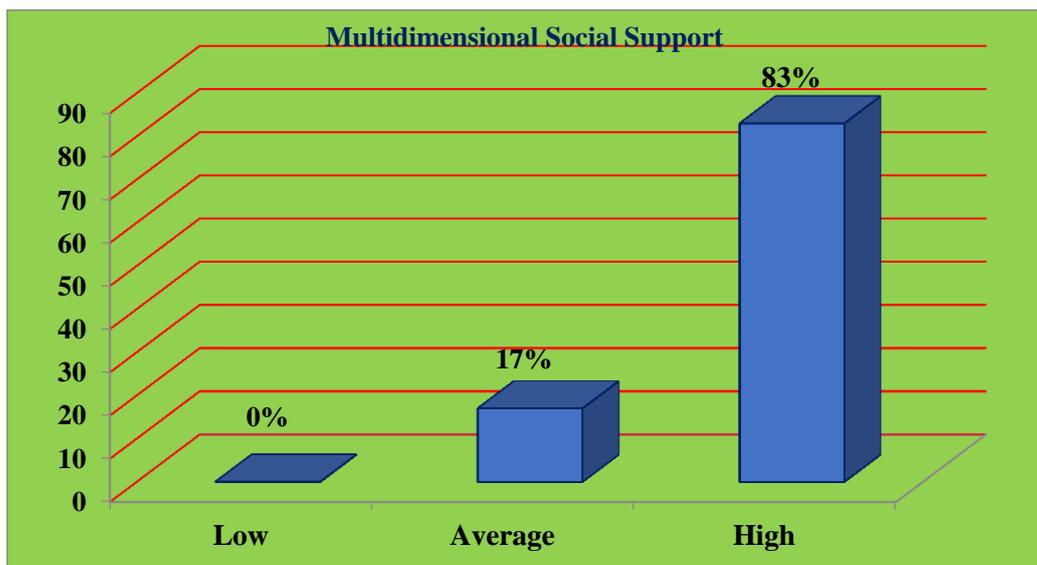


Fig. 1: Perceived social support of the caregivers attending to Alzheimer’s patients

Table 2: Self efficacy of the caregivers attending to Alzheimer’s patients  
N=60

S. No	Area	Category	Males		Females		Total	
			F	%	F	%	F	%
1	Self efficacy -Total	Low	3	18	0	0	3	5
		Average	3	18	8	19	11	18
		High	11	65	35	81	46	77

It was found from the above table 2 that more than of the (77%) caregivers were having high

self efficacy, (18%) were having moderate and only (5%) were having low self efficacy.

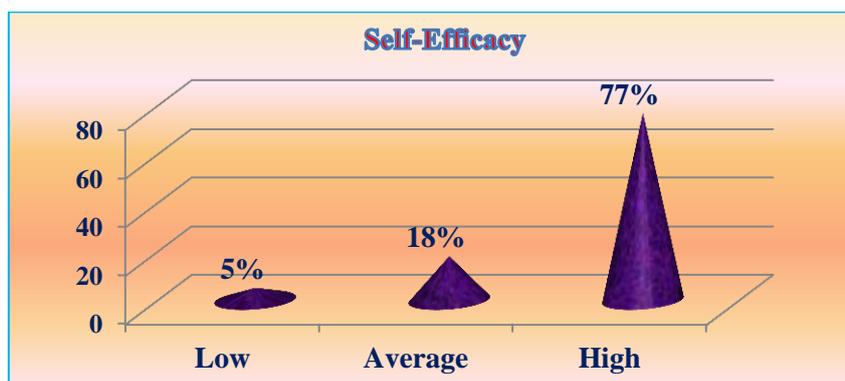


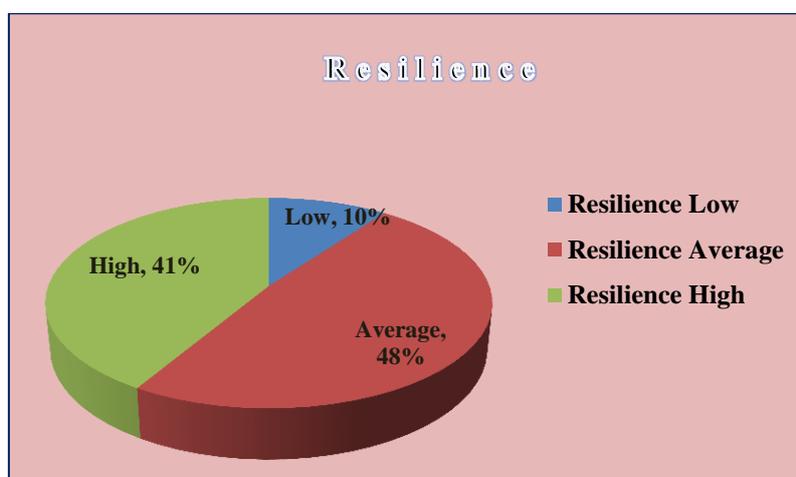
Fig. 2: Self -efficacy of the caregivers attending to Alzheimer’s patients

**Table 3: Resilience of the caregivers attending to Alzheimer's patients**  
N=60

S. No	Area	Category	Males		Females		Total	
			F	%	F	%	F	%
1	Resilience	Low	3	17	3	7	6	10
		Average	7	41	22	51	29	48
		High	7	41	18	42	25	41

It was found from the above table that 48% of caregivers reported that they were having moderate resilience, 41% of caregivers were

having high resilience, and 10% of the caregivers were having low resilience.



**Fig. 3: Resilience of the caregivers attending to Alzheimer's patients**

**Table 4: Relationship between perceived social support, self- efficacy and resilience of caregiver**

	Self-efficacy	MDS-SOS	MDS-Family	MDS-Friends	MDS-Total
Resilience	.339**	-.015	.154	.131	140

In the above table MD means Multidimensional Support

- MD-SOS Significant of Others Support
- MD-Family Support
- MD-Friends Support

The obtained correlation coefficient values between resilience and other variables: self-efficacy and social support showed that there was a significant relationship between self-efficacy and resilience

The findings of the present study were in line with Sagone<sup>8</sup> results of their study showed a positive correlation between resilience and generalized self-efficacy ( $r(130)=.59, p<.001$ )

Social support refers to the various types of support (i.e., assistance/help) that people receive from others. The present study found that there was no significant relationship between resilience and multidimensional social support in all the domains which includes significant of others support, family support and friends support.

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