Caregivers provide unpaid care to individuals in times of illness or disability. Caregivers are diverse, and they come from every age group, gender, socioeconomic status, and racial/ethnic background. Family caregivers are the backbone of the support system for individuals requiring long-term services. Support of the family is crucial if care recipients with chronic illnesses are to stay in their homes and in the community. If the caregivers were absent, the monetary cost to the United States healthcare, long-term care services, and support systems would surge exorbitantly.

RESULTS

To study the correlation between caregiver social support and caregiver strain Pearson correlation coefficient was calculated. Caregiver social support was measured using MOS-SSS which further categorizes social support into 4 sections that assess various aspects of social support. The correlation between caregiver social support scores (MOS-SSS) and caregiver strain scores (MCSI) was strong and in the negative direction. Statistical significance level is p = 0.002 with strength of –0.517. There was statistical significance in all the 4 categories scores that assess the various aspects of caregiver social support using the MOS-SSS scale and caregiver strain: emotional/informational support, tangible support, affectionate support, and positive social interaction. The correlation of all 4 categories of caregiver social support and caregiver strain is in the negative direction. The correlation of positive social interaction scores and caregiver strain score (MCSI) is strong. However, the correlation of emotional/informational support, tangible support, or affectonate support scores and caregiver strain is moderately strong.

METHODS AND MATERIALS

Participants in the study were adult caregivers of the elderly with dementia living in the community. Participants were recruited online from Alzheimer’s Association and Family Caregiver Alliance. A brief description of the study was provided to the participants. Total number of participants required was 64. Ethics approval was obtained from the Institution Review Board of Rivier University. The target population was the caregivers of the elderly residents with dementia who currently dwell in the United States. The participants were invited to complete two questionnaires and sociodemographic data. The Medical Outcome Study Social Support Survey (MOS-SSS) and The Modified Caregiver Strain Index (MCSI).

CONCLUSION AND CLINICAL IMPLICATIONS

The use of MOS-SSS and MCSI in any clinical setting will help assess caregiver social support and caregiver strain. The use of the two assessment scales will identify caregivers with inadequate social support and experiencing caregiver strain or burden, acknowledge caregivers participation in the care, and assess caregivers’ ability to attend to their loved one which is vital in healthcare. Caregivers should also be included as part of the healthcare team. The assessment of social support and caregiver strain may take place during admission of a patient with a chronic illness at the hospital, primary care, or during homecare visits.

Once a need of social support is identified, a referral to community services is required in order to mitigate caregiver strain. One study has shown that a brief primary care intervention may be effective in alleviating caregiver strain in care-recipients with dementia (Burn et al., 2003).

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8. CONCLUSION AND CLINICAL IMPLICATIONS
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