Correlation Between Caregiver Social Support and Caregiver Strain in Caring for the Elderly With Dementia

Stephen Karuga, FNP
Nursing Department, Rivier University, Nashua, NH, USA

Aims: Caregiver of care-recipient with dementia indicate twice as much substantial emotional, financial, and physical difficulties. The role of caregiver takes its toll both physically and emotionally and is manifested as caregiver strain and poorer quality of life. Dementia diagnosis of the care-recipient included anyone with Alzheimer's disease, vascular dementia, Parkinson’s disease, dementia with Lewy bodies, frontotemporal dementia, Creutzfeldt-Jakob disease, and Korsakoff’s syndrome. The main objective of this study is to explore a potential correlation between caregiver social support and caregiver strain in those caring for the elderly with dementia.

Participants: The study represented 32 participants who were adult caregivers of the elderly with dementia living in the community (96 % female and 96 % 45 years and older).

Method: Sociodemographic data was collected from each participant included age of caregiver, how the caregiver identifies themselves, ethnicity of the caregiver, marital status of the caregiver, caregiver relationship with loved with dementia, caregiver educational level, and duration loved one has had dementia. Caregiver social support was measured using The Medical Outcome Study Social Support Survey (MOS-SSS) and caregiver strain was measures The Modified Caregiver Strain Index (MSCI). Participants were recruited online from Alzheimer’s Association and Family Caregiver Alliance and data collected online via the Survey Money platform.

Results: Correlation between caregiver social support and care strain score was strong and in the negative direction (p = 0.002 and r = -0.517). Each of the four categories of caregiver social support were negatively correlated and moderately to strong with caregiver strain. No correlation with any of the sociodemographic data and caregiver strain.

Conclusion: Caregivers with higher social support have lower caregiver strain and caregiver with less caregiver support have higher caregiver strain. Assessment of social support and caregiver strain is essential in any clinical setting and once a need of social support is identified, referral to community services is required in order to mitigate caregiver strain.

Keywords: Caregiver, social support, caregiver burden, dementia, Alzheimer’s disease

References:


Abstract Summary:
Caregivers of care-recipient with dementia indicate twice as much emotional, financial, and physical difficulties. The role of caregiver takes its toll both physically and emotionally and is manifested as caregiver strain. The study will explore the correlation between social support and caregiver strain in caring for the elderly with dementia.

Content Outline:
Correlation between Caregiver Social Support and Caregiver Strain in those Caring for the Elderly with Dementia

Introduction:
1. Significance of the study
   1. Caregivers and family caregiver.
   2. Dementia
   3. Caregivers of Care Recipients with Dementia
2. Background
   1. Caregiver strain
   2. Caregiver social support
3. Theoretical framework.
   1. The Theory of Family Stress and Adaptation, also referred to as Double ABCX Model.
4. Literature review
   1. Review sampling methods used in the studies. Convenient sampling verses randomized sampling.
   2. Review the number of participants in each study.
   3. Type of research studies reviewed either qualitative or quantitative.
   4. Review of the measuring tools used to assess the variables in the studies.
   5. Review statistical tests used in the studies reviewed.
   6. Findings from current research demonstrate that social support is a significant factor associated with caregiver strain.
5. Identified gap in literature.
1. Previous studies have examined the impact of social support on caregiver strain among parents of youth with emotional problems/behaviors, and caregivers of patients with stroke, patients with multiple sclerosis, various forms of cancer, spinal cord injuries.

2. Several studies have examined the impact of social support on the caregiver of patients with dementia; however, these studies were conducted in Norway, Turkey, South Korea, and Australia.

3. There is lack of data that examines the impact of social support in the United States on caregiver strain of patients with dementia.

6. Materials and methods
   1. Participants
   2. Procedure
   3. Measuring tools
   4. Statistical analysis.
   5. Sample size.

7. Results
   1. Participants
   2. Caregiver social support scale
   3. Caregiver strain scale

8. Discussion
   1. Review the sociodemographic data of the participants
   2. Explore which gender was predominant in the caregiver’s role?
   3. Explore whether the predominant caregivers of the elderly with dementia were spouses or children of the elderly with dementia?
   4. Discuss correlation between any of the caregiver sociodemographic data and caregiver strain.
   5. The study indicated a negative correlation between caregiver social support and caregiver strain.

9. Strengths of the study.
   1. The study recruited from organizations that mainly focus on caregiver providing support to care-recipients with dementia.
   2. Online survey research takes advantage of the ability of the Internet to provide access to groups and individuals who would be difficult, if not impossible, to reach through other channels.
   3. Correlation between caregiver social support and caregiver strain was statistically significant with negative strength that was strong above 0.50

10. Limitation of the study.
    1. Small sample size of 32 participants/
    2. Limitations of the findings in the study included bias in the study population which is 96 % female, 81 percent Caucasian.
    3. The study used a cross-sectional design rather than a longitudinal design.
    4. The study used standardized instruments

11. Clinical implication/conclusion
    1. The use of The Medical Outcome Survey (MOS) Social Support Survey and Modified Caregiver Strain Index in any clinical setting will help assess caregiver social support and caregiver strain.
    2. Caregivers should also be included as part of the healthcare team.
    3. Once a need of social support is identified, a referral to community services is required in order to mitigate caregiver strain.

First Primary Presenting Author
**Primary Presenting Author**
Stephen Karuga, FNP
Rivier University
Nursing Department
Doctoral Student
Nashua NH
USA

**Professional Experience:** I pursued a master’s program and achieved a FNP license in 2015. I have worked as Registered Nurse for 12 years and as a Nurse Practitioner for about 2 years. My experience is in Geriatrics and long-term care. I am currently pursuing my doctorate program with the goal of completing the program in 12/2018. My goal is to pursue the psychiatric track NP after my doctorate.

**Author Summary:** Stephen has worked as registered nurse 12 years and 2 years as a Family Nurse Practitioner. His experience is in Geriatrics and long-term care. He is currently pursuing his doctorate in Nursing Practice and just completed his project on Correlation between Caregiver Social Support and Caregiver Strain in Those Caring for the Elderly with Dementia.