

Social support and well-being in dementia family caregivers: The mediating role of self-efficacy

Alma Au^{a*}, Man-Kin Lai^a, Kam-Mei Lau^a, Pey-Chyou Pan^b, Linda Lam^c, Larry Thompson^d
and Dolores Gallagher-Thompson^e

^aDepartment of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon Hong Kong, China;

^bUnited Christian Hospital, Hong Kong, China; ^cDepartment of Psychiatry, The Chinese University of Hong Kong, Hong Kong, China; ^dDivision of Endocrinology, Gerontology & Metabolism, Stanford University School of Medicine, 251 Campus Dr #Msob341, Stanford, CA 94305, USA; ^eDepartment of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Gero Psychiatry Clinic 401 Quarry RD MC: 5717, Stanford, CA 94305, USA

(Received 15 November 2008; final version received 9 March 2009)

Objectives: The study investigated self-efficacy as a possible mediator of the relationship between the social support and depressive symptoms of primarily informal caregivers, mainly family members, of patients with dementia in Hong Kong.

Method: One hundred and thirty-four caregivers were interviewed. Path analyses were conducted using a self-efficacy scale that consists of three subscales assessing three domains of caregiving self-efficacy. Self-efficacy for obtaining respite, responding to disruptive patient behaviours, and controlling upsetting thoughts about caregiving were measured.

Results: Results showed that self-efficacy acted as a partial mediator between social support and depressive symptoms of these caregivers.

Conclusion: Findings suggest that self-efficacy may function as a mechanism through which social support influences depressive symptoms, and the importance of this self-efficacy mechanism can be domain-specific.

Keywords: social support; well-being; dementia; caregivers; self-efficacy

Introduction

Alzheimer's disease (AD) involves progressive neurodegeneration of the brain that impairs memory, thinking, behaviour, self-care and personality, and eventually leads to death. In Hong Kong, there are approximately 60,000 people living with AD, and this had incurred Hong Kong a total cost of US\$1129.7 million in 2005, including US\$260.6 million from home-based informal care (Wimo, Winblad, & Jönsson, 2007). Caring for a family member with dementia is often associated with reduced psychological well-being in the family caregiver. Many studies revealed that providing care to an older family member with dementia is associated with depressive symptoms and increased sense of 'burden' because the strains of witnessing and adapting to the family member's cognitive, behavioural and personality changes are typically quite challenging to the family caregiver and may over-tax his or her resources (Donaldson, Tarrier, & Burns, 1998; Pinquart & Sörensen, 2003; Schulz, O'Brien, Bookwala, & Fleissner, 1995). Prior research has suggested that there are two major domains affecting burden and depression in the caregivers: care demands posed by the care recipients' illness and functional limitations, and the adequacy (or lack thereof) of resources available to the caregivers (Sörensen & Pinquart, 2005). Demands posed by the

care recipients include need for assistance with cognitively-based tasks (such as keeping appointments, taking medications as scheduled and remembering recent events) and need for assistance with other more personal activities of daily living (such as eating, bathing and toileting) as the disease progresses. With regard to the resources of the caregivers, the role of formal and informal support, as well as that of self-efficacy, has been well documented. These variables can directly mitigate the deleterious implications of demands posed by care recipient characteristics (Musil, Morris, Warner, & Saeid, 2003; Pot, Zarit, Twisk, & Townsend, 2005).

Since many caregivers become socially isolated in the course of adopting the caregiving role (Pinquart & Sörensen, 2006), the study of effects of low social support also becomes crucial in understanding how caregivers adapt to their role. Viewed from a wider context, social support has the strong potential to help us understand the dynamics and interactions between individuals and their social environment (Albee, 1982; Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Orford, 2000). Social resources can provide emotional support that enhances self-esteem and sense of belonging as well as informational guidance (Sarason, Sarason, & Pierce, 1994). A negative correlation has been found between social support and depression in older adults (Dean, Kolody, & Wood, 1990) and caregivers of

*Corresponding author. Email: ssalma@polyu.edu.hk