



# Psychological and social resources for caregivers of patients with advanced illnesses: An explanatory sequential mixed methods study

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## Introduction

### Caregiver burden

- Family caregivers provide a significant portion of patient care at home
- Caregiver burden = strain from caring for a chronically ill family member
- In Singapore, >50% of caregivers were at risk of depression

### Psychological & Social Resources of Caregivers

- Self-efficacy**
- Social support**
- Emotion regulation:**
  - Cognitive reappraisal
  - Expressive suppression
- Social Capital:**
  - Structural (network size)
  - Cognitive (shared values and norms)

### Aim of study

- To examine the relationship between **self-efficacy, social support, emotion regulation, social capital, and caregiver burden** among Singaporean caregivers of patients with advanced non-cancer illnesses

## Methods

### Explanatory Sequential Mixed Methods Design

#### QUAN

- Questionnaires
- Multivariable logistic regression analysis

#### QUAL

- Semi-structured interviews
- Thematic analysis

#### Meta-inference

- Joint display of mixed methods findings

### Setting

- Acute tertiary hospital and community hospital in Singapore

### Sampling

- Nested: QUAL subset of QUAN
- High and low burden groups identified from questionnaire and invited for interviews

## Results

- QUAN (n = 124)**
- QUAL (n = 20)**
- High burden: 42.7%

Variable	QUAN	QUAL	Meta-inference
Social support	Adjusted OR = 0.86 (95% CI 0.76-0.98), p = 0.02*	<p>Family understanding and practical assistance determine quality of support</p> <p><i>"The stress is when I have to attend to my family and also to my father. My husband doesn't understand my situation. We tend to quarrel."</i> - B052, high burden</p> <p><i>"All my siblings are chipping in. So that puts off the burden of finances. We have that pool of money every month to take care of her needs."</i> - B004, low burden</p>	<p><b>Explanation:</b> Lack of understanding of caregiver role leads to relationship conflicts and stress</p> <p><b>Explanation:</b> Practical assistance from family members ensures that patients' needs are met, relieving caregiver's stress</p>
Cognitive social capital	Adjusted OR = 0.49 (95% CI 0.28-0.87), p = 0.014*	<p>Collective value of mutual help within a community of caregivers with similar experiences</p> <p><i>"I didn't have a group of friends who was going through what I was going through what I'm going through. My friend will not understand because her caregiving is a lot lighter than what I'm going through."</i> - B007, high burden</p> <p><i>"I have a small group of friends who are also caring for their aged parents. We share notes, share coping mechanisms. I said, 'Oh, I'm not the only one facing this'. They were prepping me what to look out."</i> - B027, low burden</p>	<p><b>Explanation:</b> Belonging to a group of peers who have similar caregiving experiences fosters a shared, collective value of helping one another, which helps to relieve caregiver burden</p>

## Discussion

### Strengths

- First study to explore social capital in the context of end-of-life in Singapore
- Mixed methods design provides a more comprehensive understanding of caregiver burden

### Limitations

- Cross-sectional study unable to establish causality
- Convenience sampling may limit generalisability to broader population

### Practical Implications

- Social support** and **cognitive social capital** are key assets among caregivers in the local context
- Interventions should focus on strengthening family systems and empowering communities to create their own support structures