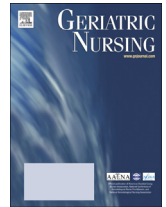




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Feature Article

The relationship between family obligation and religiosity on caregiving

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ABSTRACT

The purpose of this study was to examine the relationship between family obligation and religiosity on the positive appraisal of caregiving among African-American, Hispanic and non-Hispanic Caucasian family caregivers of older adults. Roy's adaptation model guided formulation of the aims and study design. A cross-sectional, correlational study design was employed to examine the relationship amongst variables for the family caregiver participants. Study participants ($N = 69$) completed a demographic tool and four instruments the: (1) Katz index, (2) obligation scale, (3) Duke University religion index, and (4) positive appraisal of care scale. There was a significant correlation between family obligation and positive appraisal of caregiving. However, there was no relationship between the family caregiver's religiosity and positive appraisal of caregiving overall. Demographic variables were also examined to show a higher marginal mean for Hispanic primary caregivers in relation to the positive appraisal of caregiving. Future studies should consider replicating these findings in a larger sample to provide health care professionals with substantial evidence to incorporate culturally sensitive interventions aimed at promoting positive outcomes and healthy family behaviors.

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The United States (U.S.) is experiencing a rapid shift in population demographics that includes more African-American and Hispanic older adults.¹ This increase impacts the number of culturally diverse family members caring for an older adult in the home. Projections indicate that the African-American older adults population will quadruple, and the Hispanic population of older adults will increase to 6.5 times its current size by 2050.¹ There is now a demand for more research on the beneficial aspects of caregiving to better understand the possible antecedents that facilitate caregivers' adaptation to the caregiver role among ethnic populations.^{2,3} There is a need to identify how ethnically diverse family members positively adapt to caregiving for an older adult family member. This article reports the results of a study that examined the relationship of cultural values of obligation and religiosity on the positive appraisal of caregiving of dependent older adults in family caregivers among African-Americans, Hispanics and non-Hispanic Caucasians.

Providing care to a family member is a life-altering experience. Being a caregiver involves changes and sacrifices in order to meet the needs of the dependent older adult. This situation makes caregivers a vulnerable population.⁴ Caregiving is a multidimensional construct, which includes both positive and negative

appraisal of the caregiving experience. For the purpose of this research, I focused on positive appraisal that elicits beneficial aspects, including feeling useful, adding meaning to sense of self, strengthening caregivers' relationship with their relatives, and gaining satisfaction.^{3,5} Positive appraisal is important because the caregiver's satisfaction, and finding gratification and meaning in their role as caregiver, influences the caregiver's motivation for taking on, coping with and sustaining the ongoing responsibility in caring for another person.⁶ Positive appraisal may extend the length of time that family members are involved in care and delay or prevent the negative effects of caregiving on the family members' health.^{6,7} Although normative expectations may influence positive appraisal, little is known about the influence of cultural norms of obligation and religiosity on the positive appraisal of caregiving.

Culture is the values, beliefs, behaviors, artifacts and norms of a group that may guide the behavior of family members and their roles within the family.⁸ For example, within the construct of culture, a normative expectation may include familism. Familism refers to a strong identification and solidarity of individuals with their family, as well as strong normative feelings of allegiance, dedication, reciprocity and attachment to their family members.² Familism influences a caregiver's sense of obligation to provide care.^{4,9} Family obligation is the degree of a person's expression for a cultural value that modifies the effect of caregiving appraisal and

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perceived obligation to provide material and emotional support to the family.^{4,9} This sense of obligation to care is often overlooked when exploring ethnic caregivers' positive appraisal of caregiving for dependent, older adult family members.⁴

Religious beliefs are connected to a family member's motivation to provide care for frail older adults.¹⁰ Providing care for older adult family members is linked to religious values or more specifically, religiosity; one's beliefs and practices related to a religious affiliation or to God.^{11,12} Religiosity reflects behaviors that include participation in religious activities (organizational), religious involvement (non-organizational) and subjective (intrinsic) reports of having a relationship with a higher being.^{11,13} Many religious belief systems foster a character of responsibility and care for others. This serves as an important resource when one is faced with the realities of responsibility and care and has been found to result in a positive outlook to caregiving.^{8,12,14} In a study of African–American and non-Hispanic Caucasian family caregivers, Haley et al¹² found that a relationship with a higher being, an increase in religious service attendance and a higher frequency of prayer significantly affected how African–Americans' viewed and coped with the caregiver role. This was found to have a largely positive influence on their beliefs and perceptions of caregiving. Previous research supports religious coping as an internal resource used among African–American and Hispanic family caregivers.^{10,12,14} More specifically, research reports that organizational religiosity elicits a broad range of emotions to include positive or negative, a marker for a multidimensional experience.¹⁵

Research on African–American, Hispanic and non-Hispanic Caucasian positive appraisal of caregiving is limited. Due to the nation's increasing diversity in older persons and their caregivers, it is important to better understand the impact of obligation and religiosity on family caregiving and caregiver appraisal.⁴

This study assessed the relationship of the cultural values of obligation and religiosity with the positive appraisal of caregiving among African–American, Hispanic and non-Hispanic Caucasians family caregivers for dependent, older adult family members. In order to explore the relationships among the variables, the following aims were addressed in this study: 1) describe obligation, religiosity and positive appraisal of caregiving among African–American, Hispanic and non-Hispanic Caucasian family caregivers and 2) examine any differences in the relationships of obligation

and religiosity with positive appraisal of caregiving among African–American, Hispanic and non-Hispanic Caucasian family caregivers.

Based on these aims, the following null hypotheses were tested: 1) there were no differences among African–American, Hispanic and non-Hispanic Caucasian family caregivers in obligation, religiosity, and positive appraisal of caregiving; 2) obligation and religiosity were not associated with the positive appraisal of caregiving, after controlling for demographic characteristics to guard against confounding variables; and 3) there were no differences among African–American, Hispanic and non-Hispanic Caucasian family caregivers in the relationship of obligation and religiosity with positive appraisal of caregiving.

Theoretical framework

Roy's adaptation model (RAM) was used as the theoretical framework to support this study (see Fig. 1). RAM, describes individuals as holistic adaptive systems that are capable of responding to internal and external environmental stimuli.¹⁶ The relatedness of study variables to Roy's model guides the view of positive appraisal of caregiving as a continuous process of evaluating coping mechanisms to help re-establish stability between person and environment. African–American, Hispanic and non-Hispanic Caucasian family caregivers, along with the independent variables of obligation and religiosity are affected directly by the stimuli of family caregiving, demographic and unknown variables. The phenomena of interest identified in RAM include the study of basic life processes and how nursing maintains adaptive responses or changes ineffective responses, which represents focal, contextual and residual stimuli.¹⁶ Focal stimuli, in this study, are represented by the family caregiving variable, which is the stimulus that immediately confronts the family. The demographic variables within this study represent the contextual stimuli, factors that contribute to family caregiving. Residual factors included in this study model are classified as unknown, as recommended by RAM,¹⁶ which allows for unknown environmental factors. Overall, the environmental stimuli examined the effect of independent variables upon the expected outcome of positive caregiver appraisal. The culturally relevant variables of obligation and religiosity are conceptualized as cognitive in nature, influencing family caregivers' assessments of their roles as caregivers and are hypothesized to

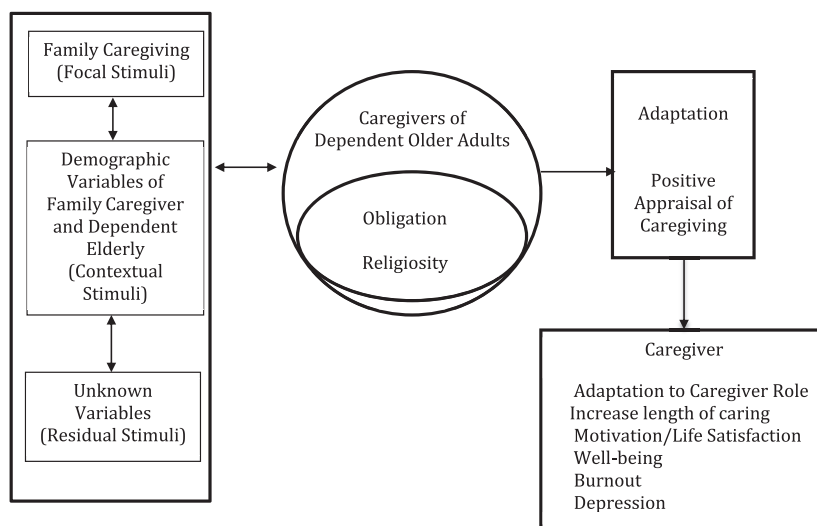


Fig. 1. This path model, adopted from Roy's adaptation model describes the relationship of stressors (stimuli), obligation and religiosity on the positive appraisal of caregiving.

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