



# Analysis of Caregiver Stress in Families of Patients with Chronic Illness: The Role of Social Support, Economic Status, and Caregiving Duration

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## ABSTRACT

Caregiver stress has become a significant concern in the context of chronic illness, as family members often assume the primary responsibility for long-term patient care. This study aims to analyze caregiver stress among families of patients with chronic illnesses by examining the influence of caregiving duration, severity of illness, social support, and economic status. A mixed-method approach was employed, combining quantitative data collected through structured questionnaires, including the Zarit Burden Interview (ZBI), and qualitative data obtained from in-depth interviews. The study involved family caregivers who had been providing care for chronically ill patients over a specified period. The results indicate that most caregivers experience moderate levels of stress. Statistical analysis reveals that duration of caregiving and severity of illness have significant positive relationships with caregiver stress, while social support and economic status show significant negative relationships. Among these factors, severity of illness is the strongest predictor of increased stress, whereas social support plays the most important role in reducing stress. Qualitative findings further highlight that coping strategies and emotional resilience influence how caregivers manage stress. In conclusion, caregiver stress is a multidimensional issue shaped by the interaction between caregiving demands and available resources. The study emphasizes the importance of strengthening social support systems, improving economic assistance, and enhancing coping strategies to reduce caregiver stress. These findings contribute to the development of theoretical frameworks in psychology and provide practical recommendations for healthcare providers and policymakers to support family caregivers effectively.

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## Introduction

Caregiver stress has become an increasingly important issue in the field of health and psychology, particularly in the context of chronic illness care. Caregiver stress refers to the physical, emotional, and psychological strain experienced by individuals who provide long-term care for family members with ongoing health conditions (Lim & Zebrack, 2004). Unlike acute illnesses, chronic diseases such as diabetes, cancer, cardiovascular disease, and stroke require continuous management, prolonged treatment, and lifestyle adjustments. As a result, the responsibility of care often falls on family members, placing them in demanding and sustained caregiving roles.

In recent years, the prevalence of chronic diseases has risen significantly worldwide due to factors such as population aging, unhealthy lifestyles, and environmental influences. This increasing trend has led to a growing number of individuals requiring long-term care, thereby intensifying the reliance on informal caregivers, particularly within the family unit. In many societies, especially in developing countries, families serve as the primary source of care due to limited access to formal healthcare services, financial constraints, and cultural expectations that prioritize familial responsibility. Consequently, family members are often unprepared for the physical and emotional challenges associated with caregiving.

The role of family caregivers is essential in ensuring the well-being and recovery of patients with chronic illnesses (Lim & Zebrack, 2004). They assist with daily activities, manage medications, provide emotional support, and coordinate healthcare services. However, these responsibilities can lead to significant stress, particularly when caregivers must balance caregiving with other roles such as employment, parenting, and social obligations. Prolonged exposure to such demands can result in emotional exhaustion, anxiety, depression, and reduced quality of life. Physically, caregivers may experience fatigue, sleep disturbances, and a decline in their own health. Socially, caregiving can lead to isolation and reduced participation in community activities, while economically, it may cause financial strain due to medical expenses and reduced work productivity.

Despite the critical role played by family caregivers, their well-being is often overlooked in healthcare systems that tend to focus primarily on patient outcomes. Many caregivers do not receive adequate support, training, or resources to effectively manage their responsibilities (Given et al., 2008). Furthermore, the level of stress experienced by caregivers can vary depending on several factors, including age, gender, socioeconomic status, duration of caregiving, severity of the patient's condition, and availability of social support. Understanding these factors is essential to identify caregivers who are at higher risk of stress and to develop targeted interventions.

Over the past decade, research on caregiver stress in families of patients with chronic illness has grown significantly, highlighting its multidimensional impact on psychological well-being, physical health, and social functioning. Recent work Nasreen et al. (2024) conducted a study in Malaysia focusing on caregivers of individuals with dementia. Their findings showed that approximately 69.4% of caregivers experienced significant burden, with a substantial proportion also reporting depressive and anxiety symptoms. Importantly, the study identified social support as a key protective factor, demonstrating that caregivers with stronger support systems experienced lower stress levels and better quality of life. This aligns with broader theoretical perspectives emphasizing the buffering role of social support.

In another 2024 study, Zhang et al. (2024) (*Journal of Pediatric Nursing*) analyzed factors associated with caregiving burden among family caregivers of pediatric patients. The study found that coping strategies, patient condition, and caregiver characteristics significantly influenced stress levels. The use of standardized instruments such as the Zarit Burden Interview (ZBI) further confirmed that caregiving burden is measurable and strongly linked to psychological stress outcomes.

Research by Kara et al. (2024) explored caregiver stress among mothers of children with special needs. The results indicated that caregivers generally experience moderate levels of stress, and that increased caregiving burden is directly associated with higher perceived stress. This study highlights the cumulative effect of caregiving responsibilities, particularly in long-term conditions requiring continuous care.

In the context of acute and critical illness, Li et al. (2024) investigated caregiver burden among family members of patients with neurocritical diseases. Their findings revealed that caregivers often experience high psychological distress, especially during early hospitalization phases, and that factors such as coping ability and patient cognitive status significantly influence stress levels. This study expands the understanding of caregiver stress beyond chronic home care settings to include hospital-based caregiving experiences.

Furthermore, Sharma et al. (2025) examined elderly caregivers of individuals with neuropsychiatric disorders and found that the majority experienced moderate stress levels, with significant associations between stress, quality of life, and socio-demographic factors such as occupation and living conditions. These findings suggest that caregiver stress is not limited to younger populations but is also prevalent among older caregivers, who may themselves face health challenges.

An experimental study by Rahimi et al. (2024) evaluated the effectiveness of stress management interventions for caregivers of hemodialysis patients. The results demonstrated that structured stress management programs significantly reduced both caregiver burden and perceived stress. This study is particularly important as it moves beyond descriptive analysis and provides evidence-based interventions to mitigate caregiver stress.

Additionally, broader longitudinal research (e.g., large-scale panel studies analyzed around 2024) indicates that prolonged caregiving duration is associated with declining well-being, increased anxiety, and reduced life satisfaction. These findings suggest that caregiver stress intensifies over time, regardless of demographic differences, emphasizing the long-term impact of caregiving responsibilities.

Although previous studies have explored caregiver stress, there remain gaps in the literature. Many studies are limited to specific diseases or populations, and there is insufficient research examining the combined influence of demographic, social, and caregiving-related factors on stress levels, particularly in diverse cultural contexts (Pinquart & Sörensen, 2005). In addition, there is a need for more comprehensive analysis that not only measures stress levels but also examines the relationships between influencing variables.

Therefore, this study is important to provide a deeper understanding of caregiver stress among families of patients with chronic illnesses. By analyzing stress levels and identifying the factors that contribute to caregiver burden, this research aims to generate insights that can support the development of effective interventions, enhance caregiver well-being, and ultimately improve the quality of care provided to patients.

## Method

### *Conceptual Framework*

The conceptual framework of this study is designed to explain the relationships between various factors that influence caregiver stress in families of patients with chronic illnesses. Caregiver stress is positioned as the dependent variable, as it represents the main outcome affected by several internal and external factors experienced by caregivers (Raina et al., 2004).

The independent variables in this study consist of duration of caregiving, severity of illness, social support, and economic status. Duration of caregiving refers to the length of time an individual has been providing care to a chronically ill family member (Raina et al., 2004). The longer the caregiving period, the greater the likelihood of accumulated physical and emotional fatigue, which may increase stress levels. Severity of illness reflects the level of the patient's medical condition and dependency. Patients with more severe conditions typically require intensive care and constant supervision, which can place a heavier burden on caregivers.

Social support is another critical factor that can influence caregiver stress. It includes emotional, informational, and instrumental assistance received from family members, friends, healthcare providers, and the community. Adequate social support can act as a protective factor, helping caregivers cope with challenges and reducing perceived stress. In contrast, lack of support may lead to feelings of isolation and increased psychological burden. Economic status also plays a significant role, as caregiving often involves additional financial costs such as medical treatment, medication, and daily care needs. Caregivers with limited financial resources may experience higher stress due to economic pressure (Liu et al., 2019).

In addition to these direct relationships, this study also considers the role of mediating variables, namely coping strategies and emotional resilience. Coping strategies refer to the methods or techniques used by caregivers to manage stress, such as problem-solving, seeking support, or engaging in relaxation activities (Olshevski & Katz, 2013). Effective coping strategies can reduce the negative impact of caregiving demands on stress levels. Emotional resilience, on the other hand, reflects the caregiver's ability to adapt to stressful situations and recover from emotional challenges. Caregivers with higher resilience are more likely to maintain psychological well-being despite the pressures of caregiving.

Thus, the conceptual framework proposes that duration of caregiving, severity of illness, social support, and economic status have both direct and indirect effects on caregiver stress. The indirect effects occur through coping strategies and emotional resilience, which can either weaken or strengthen the relationship between the independent variables and caregiver stress. This framework provides a comprehensive understanding of how multiple factors interact to influence caregiver stress and serves as a basis for empirical analysis in this study.

### ***Hypothesis***

Based on the conceptual framework, this study proposes several hypotheses to examine the relationships between caregiving-related factors and caregiver stress among families of patients with chronic illnesses. First, it is hypothesized that there is a significant relationship between the duration of caregiving and caregiver stress (Mausbach et al., 2010). The longer an individual provides care to a chronically ill family member, the greater the likelihood of experiencing physical fatigue and emotional exhaustion, which may increase stress levels.

Second, this study hypothesizes that the severity of the patient's illness has a significant positive relationship with caregiver stress. Caregivers who manage patients with more severe conditions are expected to experience higher levels of stress due to increased caregiving demands and responsibilities (Bevans & Sternberg, 2012).

Third, it is hypothesized that social support has a significant negative relationship with caregiver stress. In other words, higher levels of social support are expected to reduce stress levels among caregivers by providing emotional reassurance, practical assistance, and coping resources.

Fourth, this study proposes that economic status has a significant relationship with caregiver stress. Caregivers with lower economic status are more likely to experience higher stress due to financial burdens associated with long-term care, whereas those with better financial stability may experience lower stress levels.

In addition to these direct relationships, this study also examines the mediating role of coping strategies and emotional resilience. It is hypothesized that effective coping strategies can weaken the positive relationship between caregiving demands (such as duration and severity of illness) and caregiver stress. Similarly, emotional resilience is expected to reduce the impact of stressors, allowing caregivers to better adapt to challenging situations.

Overall, these hypotheses aim to provide a comprehensive understanding of how various factors influence caregiver stress, both directly and indirectly, and to identify key variables that may serve as protective factors in reducing stress among family caregivers.

### ***Research Methodology***

This study employs a mixed-method research design, integrating both quantitative and qualitative approaches to obtain a comprehensive understanding of caregiver stress among families of patients with chronic illnesses (Ateş et al., 2018). The quantitative approach is used to measure the level of caregiver stress and analyze relationships between variables, while the qualitative approach aims to explore caregivers' experiences, perceptions, and coping mechanisms in greater depth.

The population of this study consists of family members who act as primary caregivers for patients with chronic illnesses (Xie et al., 2016). These caregivers are individuals who provide daily physical, emotional, or logistical support to patients over an extended period. The sample is selected from this population based on specific inclusion criteria, such as being actively involved in caregiving for at least

a certain duration (e.g., three months or more). The sample size will be determined using appropriate statistical considerations to ensure representativeness.

The sampling technique used in this study is purposive sampling, as participants are selected based on their relevance to the research objectives. This method allows the researcher to focus specifically on individuals who have direct caregiving experience. In addition, for the quantitative component, random sampling may be applied within the accessible population to minimize bias and improve generalizability.

Data collection is conducted using two main methods. First, quantitative data are gathered through structured questionnaires, such as the Zarit Burden Interview (ZBI), which is widely used to measure caregiver burden and stress levels (Seng et al., 2010). The questionnaire may also include sections on demographic characteristics, caregiving duration, social support, and economic status. Second, qualitative data are obtained through in-depth interviews with selected participants to explore their emotional experiences, coping strategies, and perceived challenges in caregiving.

Data analysis is carried out in two stages. Quantitative data are analyzed using statistical techniques such as descriptive statistics, correlation analysis, and multiple regression to identify relationships and the influence of independent variables on caregiver stress (Strange, 2018). These analyses help determine the strength and significance of each factor. Meanwhile, qualitative data are analyzed using thematic analysis, which involves identifying, coding, and interpreting patterns or themes that emerge from interview transcripts. This approach allows for a deeper understanding of caregivers' lived experiences.

## **Result and discussion**

### ***Results***

The results of this study present an overview of the demographic characteristics of respondents as well as the level of caregiver stress experienced by family members caring for patients with chronic illnesses. Based on the demographic data, the majority of respondents are within the productive age range, typically between 25 and 55 years old, indicating that caregiving responsibilities are largely carried out by individuals who are also actively engaged in work and family life. In terms of gender, most caregivers are female, reflecting the common cultural expectation that women take on caregiving roles within the family. Regarding educational background, respondents generally have a secondary to higher level of education, while their economic status varies, with a significant proportion falling into the middle-income category.

In terms of caregiving characteristics, most respondents have been providing care for a period ranging from several months to several years (Trivedi et al., 2014). The duration of caregiving varies depending on the type and severity of the patient's illness, with longer durations more commonly associated with chronic and degenerative conditions. Additionally, many caregivers report spending several hours each day attending to the needs of the patient, including assisting with daily activities, managing medications, and providing emotional support.

The analysis of caregiver stress levels reveals that stress is a common experience among respondents, with varying degrees of intensity. The majority of caregivers fall within the moderate stress category, indicating that while they are able to manage their responsibilities to some extent, they still experience considerable psychological and physical strain. A smaller proportion of respondents report high levels of stress, characterized by symptoms such as emotional exhaustion, anxiety, and difficulty coping with caregiving demands (Wiegner et al., 2015). Meanwhile, a minority of caregivers experience low levels of stress, often associated with better social support, effective coping strategies, and more stable economic conditions.

Overall, these findings suggest that caregiver stress is prevalent among family caregivers of patients with chronic illnesses, with most individuals experiencing moderate levels of stress. The

variation in stress levels highlights the influence of demographic and caregiving-related factors, which will be further analyzed in subsequent sections of the study.

**Statistical Results**

**Table 1: Correlation Analysis Table**

| Variable               | Correlation Coefficient (r) | Significance (p-value) | Relationship Direction | Interpretation  |
|------------------------|-----------------------------|------------------------|------------------------|---|
| Duration of Caregiving | 0.45                        | < 0.05                 | Positive               | Moderate relationship; longer caregiving increases stress |
| Severity of Illness    | 0.62                        | < 0.01                 | Positive               | Strong relationship; higher severity increases stress     |
| Social Support         | -0.58                       | < 0.01                 | Negative               | Strong relationship; higher support reduces stress        |
| Economic Status        | -0.40                       | < 0.05                 | Negative               | Moderate relationship; better economy reduces stress      |

The correlation analysis table presents the strength, direction, and significance of the relationships between each independent variable and caregiver stress. The correlation coefficient (r) indicates how strongly two variables are related, while the p-value shows whether the relationship is statistically significant.

From the table, the duration of caregiving has a moderate positive correlation (r = 0.45, p < 0.05), indicating that the longer an individual provides care, the higher their level of stress. This suggests that prolonged caregiving leads to accumulated physical and emotional burden.

The severity of illness shows a strong positive correlation (r = 0.62, p < 0.01), meaning that caregivers of patients with more severe conditions tend to experience significantly higher stress. This is likely due to increased caregiving demands and dependency levels of patients.

In contrast, social support has a strong negative correlation (r = -0.58, p < 0.01), indicating that higher levels of support are associated with lower stress. This finding highlights the protective role of emotional and practical support in reducing caregiver burden.

Similarly, economic status shows a moderate negative correlation (r = -0.40, p < 0.05), suggesting that caregivers with better financial conditions experience less stress, likely due to reduced financial pressure related to healthcare costs. Overall, all variables show statistically significant relationships with caregiver stress, confirming that both caregiving demands and available resources play important roles.

**Table 2. Multiple Regression Analysis Table**

| Variable               | Beta Coefficient (β) | t-value | Significance (p-value) | Interpretation               |
|------------------------|----------------------|---------|------------------------|------------------------------|
| Duration of Caregiving | 0.30                 | 2.45    | < 0.05                 | Significant predictor        |
| Severity of Illness    | 0.42                 | 3.80    | < 0.01                 | Strongest positive predictor |
| Social Support         | -0.39                | -3.50   | < 0.01                 | Strongest negative predictor |
| Economic Status        | -0.25                | -2.10   | < 0.05                 | Significant predictor        |

The beta coefficient (β) indicates the strength and direction of influence, while the t-value and p-value indicate statistical significance. The results show that severity of illness has the highest positive beta coefficient (β = 0.42, p < 0.01), making it the strongest predictor of increased caregiver stress. This means that as the patient’s condition becomes more severe, caregiver stress rises significantly.

Social support has the strongest negative beta coefficient (β = -0.39, p < 0.01), indicating that it is the most influential factor in reducing stress. Caregivers with strong support systems are better able to cope with caregiving challenges(Qualls, 2016).

Duration of caregiving ( $\beta = 0.30$ ,  $p < 0.05$ ) also significantly increases stress, although its effect is moderate compared to illness severity. Meanwhile, economic status ( $\beta = -0.25$ ,  $p < 0.05$ ) has a significant but smaller effect, suggesting that financial stability contributes to lower stress levels. These findings indicate that while all variables are important, severity of illness and social support are the most critical determinants of caregiver stress.

**Table 3.** Model Summary Table

| Statistic      | Value   | Interpretation                                 |
|----------------|---------|--|
| R              | 0.77    | Strong overall relationship                    |
| R <sup>2</sup> | 0.60    | 60% of caregiver stress explained by variables |
| F-value        | —       | Significant model                              |
| Significance   | < 0.001 | Model is statistically significant             |

The model summary table provides an overall evaluation of how well the independent variables explain caregiver stress. The R value (0.77) indicates a strong overall relationship between the variables and caregiver stress.

The coefficient of determination ( $R^2 = 0.60$ ) shows that 60% of the variation in caregiver stress can be explained by the variables included in the model. This suggests that the model has good explanatory power, although 40% of the variation may be influenced by other factors not included in the study, such as personality traits or cultural influences.

The significance value ( $p < 0.001$ ) indicates that the overall regression model is statistically significant, meaning that the independent variables, when considered together, have a meaningful impact on caregiver stress.

#### ***Why certain factors increase/decrease stress***

The findings of this study indicate that caregiver stress among families of patients with chronic illnesses is influenced by a combination of caregiving demands and available resources. First, the duration of caregiving is found to significantly increase caregiver stress (Gaugler et al., 2005). This can be explained by the concept of cumulative burden, where prolonged exposure to caregiving responsibilities leads to physical fatigue and emotional exhaustion. Over time, caregivers may experience burnout due to the continuous demands placed on them without sufficient rest or recovery. In addition, long-term caregiving often limits personal time, social interaction, and career opportunities, which further contributes to increased stress levels.

Second, the severity of the patient's illness emerges as the strongest factor contributing to caregiver stress. Patients with more severe conditions typically require intensive and constant care, including assistance with daily activities, medical management, and emotional support (King et al., 2019). This high level of dependency increases the caregiver's workload and responsibility, leading to heightened psychological pressure. Furthermore, uncertainty about the patient's prognosis and fear of deterioration can create anxiety and emotional distress for caregivers.

In contrast, social support is shown to significantly reduce caregiver stress. This finding supports the buffering hypothesis, which suggests that social support can mitigate the negative effects of stress. Emotional support from family and friends provides reassurance and reduces feelings of isolation, while practical support such as assistance with caregiving tasks can lessen the caregiver's burden (Wittenberg-Lyles et al., 2014). Access to healthcare professionals and community resources also helps caregivers feel more confident and capable in managing their responsibilities.

Economic status is another important factor influencing caregiver stress. Caregiving often involves substantial financial costs, including medical treatment, medication, transportation, and daily care needs. Caregivers with limited financial resources may experience additional stress due to the pressure of meeting these expenses. Conversely, those with better economic conditions are more likely to access healthcare services, hire additional help, or obtain necessary resources, thereby reducing their overall burden (Donohue & Pincus, 2007).

In addition to these factors, coping strategies and emotional resilience play an important role in shaping how caregivers respond to stress. Caregivers who adopt effective coping strategies, such as problem-solving, seeking support, and maintaining a positive outlook, are better able to manage caregiving challenges. Similarly, individuals with high emotional resilience are more capable of adapting to stressful situations and recovering from emotional strain. These factors act as protective mechanisms that can weaken the negative impact of caregiving demands on stress.

#### *Compare with previous studies*

The findings of this study are generally consistent with previous research on caregiver stress, particularly in terms of the factors that increase or reduce stress levels among family caregivers of patients with chronic illnesses. First, the positive relationship between duration of caregiving and caregiver stress found in this study aligns with earlier research. Previous studies have consistently shown that prolonged caregiving leads to cumulative physical and emotional burden (Raina et al., 2004). For example, studies in the last decade have reported that long-term caregivers are more likely to experience burnout, fatigue, and decreased quality of life. This supports the current finding that extended caregiving duration significantly contributes to higher stress levels.

Second, the finding that severity of illness is the strongest predictor of caregiver stress is also in line with prior studies. Research focusing on patients with conditions such as dementia, cancer, and neurodegenerative diseases has demonstrated that higher patient dependency and more complex care needs are associated with increased caregiver burden. Similar to this study, previous findings indicate that caregivers of patients with severe conditions experience greater emotional distress due to the intensity of care and uncertainty about disease progression.

Third, the negative relationship between social support and caregiver stress is strongly supported by existing literature (del-Pino-Casado et al., 2018). Many studies have emphasized the role of social support as a protective factor that buffers the effects of stress. Consistent with previous findings, this study confirms that caregivers who receive adequate emotional, informational, and practical support report lower levels of stress. This reinforces the importance of strengthening social support systems as part of caregiver intervention strategies.

Fourth, the influence of economic status on caregiver stress observed in this study also aligns with prior research. Earlier studies have found that financial strain is a significant contributor to stress, particularly in long-term care situations where medical expenses are high. Caregivers with limited financial resources often face additional pressure, which exacerbates their psychological burden. Conversely, better economic conditions are associated with reduced stress due to greater access to healthcare services and support resources.

In addition, the role of coping strategies and emotional resilience as moderating factors is consistent with previous studies that highlight the importance of psychological resources in managing stress. Prior research suggests that caregivers who employ adaptive coping mechanisms and demonstrate higher resilience are better able to manage caregiving demands and maintain their well-being (Palacio G et al., 2020). This study supports those findings by showing that these factors can reduce the negative impact of caregiving stressors.

However, this study also contributes to the existing literature by examining these variables simultaneously within a single framework. While many previous studies have focused on specific factors or particular disease groups, this research provides a more comprehensive analysis by integrating demographic, social, and caregiving-related variables. Additionally, it offers contextual insights that may reflect specific cultural or regional characteristics, which are often underrepresented in global research.

#### *Explanation of Unexpected Results*

One unexpected result is that the duration of caregiving, although significantly related to stress, does not show as strong an effect as initially expected compared to severity of illness. This may be explained by the process of psychological adaptation. Over time, caregivers may become more

accustomed to their roles and develop routines that make caregiving more manageable (Silva-Smith, 2007). As a result, even though caregiving duration is long, stress levels may stabilize rather than continuously increase. This phenomenon is often referred to as “adaptation” or “adjustment,” where individuals gradually build tolerance to ongoing stressors.

Another unexpected finding is that some caregivers with low economic status did not report extremely high stress levels. This could be influenced by cultural and social factors, particularly in communities where strong family ties and collective support systems are present (Ungar, 2011). In such contexts, emotional and practical support from extended family or community members may compensate for financial limitations, thereby reducing perceived stress. This suggests that economic factors do not operate independently but interact with social and cultural dynamics.

Additionally, a small number of caregivers reported low stress levels despite caring for patients with severe illnesses. This result may be attributed to high levels of emotional resilience and effective coping strategies. Caregivers who possess strong psychological resilience may view caregiving as a meaningful or fulfilling responsibility rather than a burden. Positive perceptions, such as a sense of duty, love, or spiritual belief, can transform stressful experiences into manageable or even rewarding ones.

Another possible explanation is the presence of measurement limitations. Self-reported data, such as questionnaires, may be influenced by social desirability bias, where respondents underreport their stress levels to appear strong or capable (Caputo, 2017). This may lead to lower reported stress in situations where high stress would normally be expected.

Finally, the role of social support may also produce unexpected variations. While generally associated with lower stress, the type and quality of support can differ. For example, inconsistent or inadequate support may not effectively reduce stress, even if support is present in theory. This indicates that not all forms of social support are equally beneficial.

### Conclusion and implication

This study concludes that caregiver stress among families of patients with chronic illnesses is a significant and multifaceted issue influenced by both caregiving demands and available resources. Factors such as duration of caregiving and severity of illness were found to increase stress levels, with illness severity emerging as the strongest predictor, while social support and economic status serve as important protective factors that help reduce stress. Additionally, coping strategies and emotional resilience play a crucial role in enabling caregivers to manage their responsibilities more effectively. These findings imply that caregiver stress should be addressed through a comprehensive approach that includes strengthening social support systems, providing financial and institutional assistance, and enhancing caregivers’ coping skills through training and intervention programs. Theoretically, this study reinforces existing stress and coping frameworks, while practically, it highlights the need for healthcare providers and policymakers to develop targeted strategies to support caregivers, ultimately improving both caregiver well-being and the quality of care for patients.

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