The Role of Optimism and Personal Control in Caregivers' Stress and Well-being

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Abstract

Caring for someone who is unable to care for oneself is referred to as caregiving. In the present study, this refers to the direct care provided to chronically ill patients by family caregivers. Although family caregivers undertake caregiving as a responsibility, they may still perceive a threat to their physical and psychological being. Thus, caregiving, being associated with emotional, financial and social turmoil, forms a ground for research in itself. The total sample for the present research comprises 120 caregivers of chronically ill patients, drawn from some private hospitals in the city of Gorakhpur and Faizabad, where patients with heart diseases, cancer, diabetes and other chronic illnesses are treated and admitted. Results reveal that the use of psychological resources of optimism and personal control helps caregivers reduce their caregiving stress and move toward well-being.

Keywords: well-being, stress, caregivers, optimism, hope, positive psychological resources

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The major caregiver population includes family or informal caregivers. Although they view caregiving as an act of reciprocity and love, family caregivers still experience certain stressors in this mammoth task. Caregivers' perception of these stressors has been referred to as caregiver burden or stress. Caregiver burden has been defined as the *"physical, psychological or emotional, social and financial problems that can be experienced by family members caring for impaired older adults"* (George & Gwyther, 1986). Accordingly, caregiving tasks can be closely related as a chronic stressor.

Caregiving maintains all the features of a chronic stressor (Juster & Marin, 2011) as it involves psychological and physical strain over long periods of time and has the capacity to spill over into various areas of life (Wan, 2011). As a stressor, caregiving has been distinguished into primary and secondary stressors (Aneshensel, Pearlin & Schuler, 1993). The direct act of caring, i.e., the duties related to the care of the patient, forms the primary stressor. Secondary stressors related to caregiving are the varied problems that emerge as a consequence of caregiving.

Caregiver burden also qualifies as a universal stressor. As presented in her book, Lupien (2012) identifies the ingredients of the universal stress recipe as novelty, unpredictability, Threat to the ego, and sense of control (NUTS). Current lifestyles and developments in the medical industry lead to the sudden onset of previously unpredictable diseases. The sense of loss of control is faced as the patient's behaviour, daily care needs, and prognosis of the disease are beyond the realm of the caregiver. This includes the addition of novel responsibilities, new demands on social and personal relationships, and other roles that arise within the box of caregiving (Juster & Marin, 2011).

In India, caregivers are taken for granted because it is culturally expected that the family will look after the chronically ill patients, regardless of what changes it means. This is widely

different from the cultural assumptions made in present literature, where the caregivers seem entitled to "having a life" and respected for what they are doing.

In spite of all the undesirable aftermaths of caregiving, the increase in the number of family caregivers do suggest some kind of normative and value-based reasons being associated deeply with the task, for example, the interest of honour of the family are more important, maintaining harmony is an important value, older family members are respected and their authority is unquestioned, strong emphasis on avoiding conflict and direct confrontation.

Caregiving, thus, can be better understood bringing into light the cultural norms, values and roles of society. Caregiving is a blend of cultural expectations, duty, love, and a positive attitude towards aging in general (Bhagat & Unisa, 2006; Gupta, 2000). So, reciprocity and certain subjective feelings in caregiving make way for positive feelings being involved with it and minimization of the caregiver burden.

Well- Being

Well-being can possibly best be defined as personal happiness, including feelings of being good and living safely and healthily. General well-being is a rather flexible notion that is associated with people's feelings about daily life activities (Campbell, 1976). In the general sense of the term, overall well-being can be understood as a sum of a healthy mind, body, and soul.

The psychological aspect of well-being generally refers to subjective well-being. Subjective well-being, as defined by Diener, et.al. (2002), can be understood as an individual's cognitive and affective assessment of life. In general communication, thus, subjective well-being is happiness.

The present research also envisions that the well-being of caregivers would be monitored through the use of psychological resources.

Psychological Resources and their role

Psychological resources are human strengths and virtues that, along with these, help people move towards a good life. Psychology has progressively moved towards the study of psychosocial resources in the examination of well-being. Constructs such as hope, optimism, hardiness, self-efficacy, resilience, and future orientation are particularly valued in both Western and Eastern cultures. Taylor (2000) suggested that psychological beliefs such as meaning, control and optimism act as resources, which may not only preserve mental health in the context of traumatic or life-threatening events but also be protective of physical health. Other researchers suggested that psychological resources such as coping styles, attitude towards the situation, mastery, locus of control, and self-esteem can be seen as important promoters and protectors of health (e.g., Vilori, 1993; Lever et al., 2005). Hence, the positive psychology literature suggests a long list of psychological resources being defined, operationalized, and empirically examined.

In general, resources typically are regarded as stable characteristics. However, resource stability may not always be assumed, particularly in the caregiving situation of newly diagnosed patients with a progressive chronic disease.

Hobfoll's Conservation of Resources (COR) theory states that stress arises when people are in danger of losing resources, actually lose resources, or are unable to acquire resources after exerting considerable effort. Continuous emotional and physical involvement in caregiving frequently results in the depletion of psychological resources like optimism, resilience, and self-efficacy. These resources serve as protective barriers against the stress of providing care; when they are sustained, they help carers manage demands effectively; when

they are exhausted, they make them more susceptible to burnout and mental discomfort. The wellbeing of carers is thereby safeguarded by bolstering and refilling psychological resources. Specific psychological resources (e.g., personality characteristics) might also manipulate caregiver outcomes (Pearlin, et.al., 1981). Mastery, neuroticism, and extraversion appear to be central constructs in all trait theories of personality and have been strongly linked, both theoretically and empirically, to health outcomes such as depression, especially during stressful situations. Few studies (Piotrowski, et al., 2016; Rosa et al., 2017) present that the psychological resources, such as resilience, hardiness, optimism, hope and self- efficacy, arbitrate the resulting effect of caregiving on the caregiver. The present study has considered two personal psychological resources, namely, optimism, and personal control.

Optimism and Caregiving

An individual has the tendency to either expect good or bad outcome of a situation. The state to expect good is what is referred to as optimism. Scheier and Carver (1985) define optimism as the positive outlook to life, belief in the possibility of achieving future desires, in addition to the likelihood of good occurrences instead of bad. Optimism is a state of supposing positive in regard to a specific situation. This state of optimism becomes a trait when practiced often irrespective of the situation. The trait of optimism is a personality trait differing in different individuals. This trait though focuses on future, also affects the present behaviour. Borrowing from Erikson's (1963, 1982) theory of development, Carver and Scheier (1999) suggest that their dispositional optimism stems from early childhood experiences that foster trust and secure attachments to parental figures (Bowlby, 1988).

Optimistic people exhibit constantly superior adaptation to the variation of stressors, including caregiving (Shifren & Hooker, 1995).They know when to give up and when to keep plugging, whereas the pessimists still pursue a goal when it is not a smart thing to

do. Optimism is also found to arbitrate the effect of caregiving on caregivers. Shifren & Hooker (1995) studied the stability of optimism in caregivers and concluded that the caregivers showed variability in optimism over time, and their state optimism could be differentiated from their affect.

Personal Control and Caregiving

The concept of personal control could be understood from varied perspectives. Although Lachman (1986) tries to precise personal control as "the extent to which an individual believes that outcomes or performances are due to his or her own doing as opposed to forces outside the self". A paradigm quite similar to personal control is “mastery” which has been defined by Pearlin and Schooler (1978) as "the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled".

High personal control is associate with intellectual, emotional, behavioural, and physiological vigour in the face of challenging situations and events a low personal control is associated with maladaptive passivity and poor morale (Peterson & Stunkard, 1989). Thus, concluding and comprising previous literature, personal control is hypothesized as a concept having the potential for change, and one that is susceptible to external influences.

According to Krause et al. (1992), providing support to others tends to uphold feelings of personal control. The palliative literature also discusses two mechanisms of social support: the main effect and the moderating effect. The main effect of social support is found to have a direct, favourable outcome on caregivers' depression, regardless of whether caregiving people are confronted with stressful circumstances or not. Social

support can also act as a mediator by modifying the direction and strength of its relation with stressors.

The present research aims to assess the role of sense of personal control, aligned with social support, in promoting better mental health and well-being among caregivers.

Objectives of the Study:

1. To examine whether the caregivers' stress affect their well-being
2. To study whether the use of psychological resources, namely, optimism, and personal control, affect the caregivers' stress-wellbeing relationship

Methods

Research Design

Cross sectional correlational research design was applied in the study.

Sample

The total sample for the present research comprises 120 caregivers of chronically ill patients; 110 female and 10 male caregivers were drawn from some private hospitals in the city of Gorakhpur and Faizabad, where patients with heart disease, cancer, diabetes, and other chronic illnesses are treated and admitted.

Purposive method of sampling was used. In this study, the term caregiver refers to people 18 years of age or older who satisfy a number of eligibility criteria for selection. To be selected in the final sample, the subjects needed to qualify according to the criteria below:

(1) Subjects need to be caregivers of chronically ill patients.

(2) Subjects need to be taking care of or responsible for the patient for at least a month.

Measures:

Caregiver's Stress Scale:

The caregiver's stress scale was developed by Singh and Dubey (2017) to evaluate the stress faced during the task of caregiving. The scale consists of 55 items subdivided into two sections depicting two dimensions of stress for distinct evaluation: a. Physical and psychological stress (40 items), and b. Social and financial stress (15 items). For the physical and psychological caregiver's stress scale, the alpha was found to be 0.870 and equal-length Spearman-Brown reliability (0.931) was found to be high; while Guttman's split-half coefficient was found to be 0.760, which is also fairly high. Social and financial caregiver stress had a Cronbach's alpha of 0.920, and the equal-length Spearman-Brown reliability (0.808) was also high, while Guttman's split-half coefficient was 0.805, which is also high.

***Well-Being scale**:*

The well-being scale used in the research was developed by Singh and Dubey (2016) and focuses on the well-being of caregivers. The scale consisted of 16 items, and the psychometric properties have been established. The alpha was found to be 0.798, and the equal-length Spearman-Brown reliability (0.682) was found to be high. Guttmann's split-half coefficient was found to be 0.672, which is also fairly high.

***Optimism scale**:*

The Life Orientation Test (LOT) was developed by Scheier and Carver (1985) to assess individual differences in generalized optimism versus pessimism. The Hindi translation and adaptation were done by Mishra (1999), and Dubey (2003) was used in the research. The retest reliability of the Hindi version of the scale was found to be high (r=0.70).

Personal Control Scale:

Personal control was assessed using the Belief in Personal Control Scale (BPCS; Berrenberg, 1987). The BPCS has excellent construct validity and correlates with an earlier 85-item version, with alphas of .85 and .95. The reliability of the instrument has alphas of .85, .88, and .97, respectively, for the subscales (Berrenberg). The scale was translated into Hindi by the present researcher, and its psychometric properties were established. The reliability was found to be high, with Cronbach's alpha

being 0.733, while Guttman's split-half coefficient was 0.698 and the equal-length Spearman-brown coefficient was found to be 0.822.

Procedure

The main purpose of the study was to investigate the role of psychological resources, namely, hope, optimism, personal control and self-efficacy in caregivers' stress-well-being relationship. To fulfil this aim, patients and their caregivers were selected on the basis of criteria already mentioned. To collect data, caregivers and their respective patients were contacted through the hospital authorities and doctors. All chronic disease patients and their caregivers were first contacted at hospitals in the city of Gorakhpur. Thereafter, further investigation in the second session was conducted by contacting chronic illness patients and their caregivers at the city hospital in Faizabad. All scales were scored according to the scoring manuals, and data entry into the statistical software was completed.

Results

The data were analysed to examine the relationship between physical-psychological caregiving stress, social-financial caregiving stress, well-being, and psychological resources (optimism and personal control). In the regression analysis, well-being was considered as the criterion variable and caregiving stress, optimism, and personal control as predictor variables. Further, multiple stepwise regression was conducted by fragmenting the psychological resources one by one to predict the role of the resources as a moderator in the well-being-caregiving stress relationship.

Relation of caregiver's stress with well-being

Caregiving, being a wearying task, demands the time, energy and money of the caregiver; the insufficiency of any of these resources develops stress in the caregivers and thus affects their well-being. To inquire about the relationship between caregivers' stress and their well-being, a correlational analysis was performed.

Table 1

Correlation Between Caregiver Stress and Well-Being

	Physical Psychological Stress	Social-financial Stress	Well-being
Physical-psychological Stress	1		
Social-financial Stress	0.762**	1	
Well-being	-0.533**	-0.483**	1

Note: P<.01** P<.05*

Table 1 revealed the Pearson's correlation for well-being and caregivers' stress, describing a significant negative relation between well-being and both aspects of caregiver stress, i.e., physical and psychological stress (r= -0.53, P<.01) and social-financial stress(r= -0.48, P<.01). Thus, it is clear that caregivers' perceived burden of caregiving is negatively correlated with their well-being.

To investigate the predictive power of two types of caregivers' stress in predicting the well-being of these caregivers, a stepwise multiple regression analysis was computed where two types of caregivers' stress, namely, physical- psychological stress and social-financial stress, have been entertained as predictors or independent variables and well-being as the criterion or dependent variable.

Table 2

Caregiver Stress as a Predictor of Caregivers' Well-Being

	Criterion variable: Well-being						
Predictors	R	R^2	Adjusted R^2	R^2 change	Beta	t	F
Physical-psychological stress	0.533	0.284	0.278	0.284	-0.533	-6.83**	46.70**

Note: P<.01** P<.05*

Table 2 shows that only physical psychological stress (F (1, 118) = 46.70, p<0.01) has been emerged as significant predictor of caregivers' well-being. This variable has significantly and independently predicted 28.4 % variance in the criterion variable well-being. The Beta weight (β = -0.533, p < .01) suggests that physical-psychological stress has a negative contribution to caregivers' well-being. This finding suggests that as the physical-psychological caregiving stress increases, the well-being of caregivers significantly deteriorates.

Relation of caregiver's stress with well-being, defining the role of psychological resources

The literature related to caregiving suggests that various kinds of burden/stress emerge during the task of caregiving, and caring for a chronically ill patient is a time- and energy-consuming task that has a starting point but no immediate endpoint, and sometimes it goes beyond many years. The question arises, then, what determines the well-being of the caregivers? The literature also suggests that certain positive psychological resources tend to alter this relationship between caregivers' stress and well-being.

Table 3

Correlations Among Caregiver Stress, Psychological Resources, and Well-Being

Variables	Caregivers' Stress		Psychological Resources	
	Physical psychological stress	Social financial stress	Optimism	Personal control
Physical psychological stress				
Social financial stress	0.762**			
Optimism	-0.508**	-0.425**		
Personal control	-0.411**	-0.285**	0.824**	
Well-being	-0.533**	-0.483**	0.833**	0.746**

Note: P<.01** P<.05*

It is clear from Table 3 that the psychological resources examined in the present study, i.e., optimism and personal control, hold a significant positive relation with well-being, while these resources present a significant negative relation with both physical-psychological stress

and social-financial stress. This means that if the use of any of these psychological resources increases, caregivers' well-being would improve. On the other hand, if there is a drop in the use of these psychological resources, there would be an increase in the physical-psychological stress and the social-financial stress of the caregivers.

The caregiving literature draws attention to the fact that the use of psychological resources tends to associate positive feelings with the caregiving task, thereby reducing perceived burden.

To investigate the role of psychological resources in altering the stress-well-being relationship in the present research, stepwise multiple regression analysis was undertaken. Firstly, the two types of caregivers' stress, i.e., physical-psychological stress and social-financial stress and optimism as a psychological resource were entered as the predictor variables and well-being was entered as the criterion variable. Further analysis included personal control as a psychological resource, entered separately.

Table 4

Caregiver Stress and Optimism as Predictors of Caregivers' Well-Being

	Criterion variable: Well-Being						
Predictors	**R**	**R^2**	**Adjusted R^2**	**R^2 change**	**Beta**	**t**	**F**
Optimism	0.833	0.694	0.691	0.694	0.766	14.02**	267.29**
Social-financial stress	0.845	0.714	0.709	0.020	-0.158	-2.88*	8.31**

Note: P<.01** P<.05*

Table 4 illustrates that a set of two predictors, i.e., optimism and social-financial stress, has emerged as significant predictors of well-being. These two variables together explained 71.4% of the variance. Optimism was the best predictor ($F(1, 118) = 267.29$, $p < 0.01$),

independently explaining 69.4% of the variance in well-being, followed by social-financial caregiving stress, which accounted for 2% of the variance. The beta value suggests that optimism positively predicted well-being, whereas social-financial caregiving stress negatively predicted well-being.

To analyse the role of optimism in the stress-well-being relationship, stepwise multiple regression was further operated by fragmenting optimism. In this analysis, optimism was removed, and only dimensions of caregiving stress, i.e., physical-psychological and social-financial caregiver's stress, were entered as the predictors. As shown in Table 2, physical-psychological stress emerged as an independent significant predictor of well-being with 28.4% variance ($F (1, 118) = 46.70$, $p<0.01$) and it had negative contribution in well-being ($\beta= -0.533$, $p<.01$).

Table 2 and Table 4 reveal that when optimism was entered as an independent variable in predicting caregivers' well-being, it explained 69.4% variance alone, and social-financial stress also emerged as a predictor of the same. However, when optimism was removed, physical-psychological stress emerged as a significant predictor, explaining 28.4% of the variance. Hence, the role of optimism in moderating the caregiving stress, especially physical-psychological stress, was evident.

In the next step of the data analysis to evaluate the mediating role of personal control as a psychological resource in the caregiver stress-well-being relationship, another regression analysis was computed, entering personal control along with physical-psychological and social-financial caregiver stress as predictor variables in well-being.

Table 5

Caregiver Stress and Personal Control as Predictors of Caregivers' Well-Being

	Criterion variable: Well-Being

Predictors	R	R^2	Adjusted R^2	R^2 change	Beta	T	F
Personal Control	0.746	0.556	0.553	0.556	0.662	11.37**	148.06**
Social-financial stress	0.798	0.636	0.630	0.080	-0.294	-5.06**	25.61**

Note: P<.01** P<.05*

Table 5 showed that a set of two predictor variables, namely personal control and social-financial caregiver stress, emerged as significant predictors of well-being, with a total of 63.6% variance explained. While personal control alone acts as the most significant predictor of well-being with 55.6% variance (F (1, 118) =148.06, p<0.01), followed by social-financial stress which significantly accounted for 8% variance (F (1, 117) = 25.61, p<0.01), in the criterion variable well-being. The Beta values suggested that personal control (β=0.662) had a positive contribution and social-financial stress (β= -0.294) had a negative contribution to the criterion variable well-being.

As shown in Table 2 when personal control was eliminated and only physical-psychological stress and social-financial stress were entered as predictors of the criterion variable well-being, the physical-psychological stress had been emerged as significant negative predictor of well-being with 28.4% variance (F (1, 118) = 46.70, p<0.01); (β= -0.18), but when the psychological resource personal control was entered in this relationship it acts a mediator and overpowered the effect of physical psychological stress in caregivers' well-being (Table 5).

Discussion

The present study attempts to investigate whether the caregivers of chronically ill patients perceive stress in caregiving, which affects their well-being. The study also examines the role of psychological resources in attenuating this stress and thus fostering caregiver well-being.

Thus, the study addresses this knowledge gap by applying established positive psychology concepts to attenuate the negative effects of caregiving burden.

Role of psychological resources in caregivers' stress-well-being relationship

Before inquiring of the role of psychological resources in the stress-well-being relationship, one of the major questions was attempted to be answered, i.e., does the caregivers' stress affect their well-being? The results revealed that both types of caregiving stress, i.e., physical-psychological and social-financial, were negatively correlated with caregivers' well-being. The Australian Bureau of Statistics (ABS) also acknowledged that approximately 30% of caregivers reported that their well-being had been affected by caregiving, and that they were often worried or depressed (ABS, 1998). Nevertheless, Indian studies have revealed similar results, showing that perceived burden is a significant predictor of caregivers' well-being (Rammohan, Rao & Subbakrishna, 2008). The present regression analysis found that physical-psychological stress is the only predictor of caregiver well-being, with a negative contribution. This implies that when caregivers perceive physical-psychological burden in the caregiving task, their well-being declines. Cummins and Hughes (2007) also found in their study that well-being decreases linearly as the number of hours spent caring increases and caregivers are more likely to be experiencing chronic pain.

To perceive caregiving as positive, the role of psychological resources was found to be imperative. In the literature, among the list of psychological resources, hope, optimism, personal control and self-efficacy have been found to affect the well-being of caregivers (Shifren & Hooker, 1995; Schwarzer & Jerusalem, 1995; Duggleby et.al., 2005). Fianco and Fave (2015) reported that life satisfaction had emerged as the best predictor of perceived burden, followed to a lesser extent by resilience. The psychological resources, both optimism and personal control, mitigated stress and enhanced well-being.

Dispositional optimism played a significant role as a psychological resource in the study conducted by Greenberg et al. (2010). Being optimistic helps in muddling through and attaining positive consequences even in the most confrontational situations. Thus, optimistic individuals are expected more to originate gains from adverse involvements because of their positive outlook of ongoing events. Because caregiving is an adverse life situation that imposes a burden, optimism helps caregivers consistently adapt (Shifren & Hooker, 1995).

Optimism, as a state, tends to be located outside the individual, and thus external social-financial stress also changes as a result of the moderator effect of optimism. Similar results have been found in a study by Greenberg et.al. (2010), where mothers of adults with schizophrenia and autism had better psychological well-being when the mother/adult child relationship was positive, but this effect was intermediated totally or partially by optimism.

Dispositional optimism has been shown to be strongly linked to better coping (Dubey, 2000) and caregiver life satisfaction (Macke, 2011) and benefit finding (Helgeson et.al., 2006) and, in the present study, with caregivers' well-being, which suggests that it may be influential in many contexts. In addition, optimism is linked to positive appraisal (Bryant & Cvengros, 2004), and in the present piece of work, the caregivers had reappraised the task of caregiving as a duty or responsibility and not as a burden. Hence, this may be the process through which such life experiences may be reappraised in a more meaningful way.

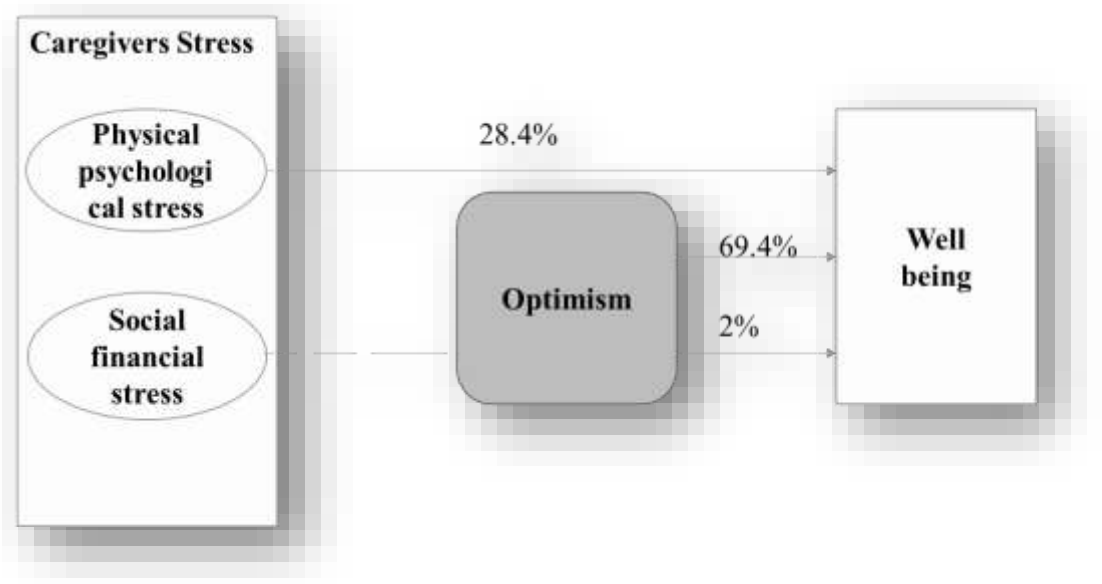

Figure 1 The role of optimism in stress-well-being relationship

The role of another psychological resource, hope, was also examined in the stress-well-being relationship, but it has not emerged as a moderator of this relationship. Bruininks and Malle (2006) concluded that hope is distinct from optimism by being an emotion, representing more important but less likely outcomes and by affording less personal control. When people do have a high degree of control, they may no longer need to be just hopeful but can be optimistic because the outcome is now attainable. In connection with the same, the present results showed that along with optimism, personal control also acts as a moderator of the stress-well-being relationship, reducing the social-financial stress, mitigating the effect of physical-psychological stress and protecting the caregivers' well-being. High personal control is associated with intellectual, emotional, behavioural, and physiological vigour in the face of challenging situations (Peterson & Stunkard, 1989), such as facing a chronic illness (Dubey, 2003; Dubey & Agrawal, 2004). Thus, based on previous literature, personal control is hypothesised as a concept with the potential to change the perplexing situation faced by caregivers. Studies have established the

direct effects of personal control on psychological well-being (Edwards & Klemmack, 1973; Spreitzer & Snyder, 1974; Peterson, 1999).

This study revealed that perceiving more personal control over one's life was related to higher later-life well-being. Moreover, perceived control is known to be linked with health-promoting behaviours (White, Wojcicki & McAuby, 2012) and to buffer the impact of stressors on physiological reactivity. People who consider themselves to be in control of and actively engaged with shaping their lives often have adaptive strategies to begin with (Gerstorf, Heckhausen & Wagner, 2014).

Personal control is a psychological resource susceptible to external influences. Thus, in the present study, personal control predicts well-being while moderating the external social-financial stress. The present findings also established that personal control, which is widely recognized as a fundamental psychological resource, has a powerful influence on caregivers' well-being and this sense of control in daily life and the social environment is particularly significant during life changes like caring for a chronically ill patient. The prevailing hypothesis is that perceived control remains an important psychological resource into caregivers' life which helps him/her maintain behavioural and physiological functioning as long as the caregiving task happen and maintain a reasonably high level of well-being.

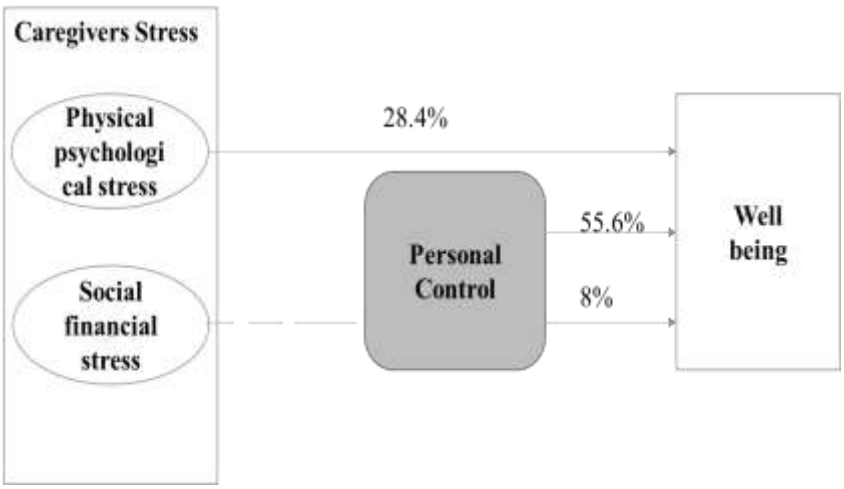

Figure 2 The role of personal control in stress-well-being relationship

Conclusion

The predicament of caregivers is receiving increased attention. A body of research literature is devoted to the experiences of informal caregivers. Much of the caregiver literature is deficit-focused. That is, it reveals the negative impact of providing care. During the late 1980s, however, a paradigmatic shift occurred toward interest in strengths and wellness factors. This provoked more research on strengths and the well-being of caregivers. There was increasing interest in negative and positive aspects of the caregiving experience. While it is important to understand the emotional, physical, and financial impact of caregiving as well as its rewards, it is equally important to be apprised of factors associated with a caregiver's ability to persevere amid the complex task of providing care.

Indian caregiving differs from the concept of caregiving presented in Western literature. This is because caregiving is a product of cultural expectations, duty, love, and a positive attitude towards ageing in general (Bhagat & Unisa, 2006; Gupta, 2000). Thus, in the present study, although caregivers' stress is evident, the pattern of stress revealed that caregiving is more of a responsibility undertaken as a result of reciprocity and obligation than being a burden.

Caregiving and psychological well-being differ according to a host of individual and situational factors. A substantial amount of research focuses on the importance of caregivers' perceptions of whether they were able to deal with the task. Nolan et.al. (1990) believe that the stress of caring 'is in the eye of the beholder '. Caregiving may be more substantial when it coincides with factors such as old age, single living, or low education, as in the present population.

Even when caregiving demands become more intense and result in high levels of distress and depression, caregivers often cite positive aspects of the experience. They report that caregiving makes them feel good about themselves and needed, gives meaning to their lives, enables them to learn new skills, and strengthens their relationships with others (Tarlow et al.,

2004). The results of the present research revealed that the use of psychological resources like optimism and personal control might help reduce stress and enhance caregivers' well-being. As mentioned earlier, the use of optimism and personal control by caregivers helps reduce their caregiving stress and move toward well-being.

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