

Comparative Study

Hope and Well-Being of Caregivers and Non- Caregivers: A Comparative Study

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ABSTRACT

This study aims to investigate the levels of hope and well-being in Caregivers and Non-caregivers. A total of 100 participants, 50 in each group (those who are caregivers and those who did not), were surveyed using the Adult Hope Scale and WHO-5 Well-Being Scale. The sample was collected using purposive sampling. Both the hypotheses 1 and 2 were accepted. Relevant research was presented as well Statistical analysis, employing the T-test, revealed significant differences in Hope and well-being levels of the two groups. Findings suggest that Caregivers experience both, better levels of hope and well-being compared to non-caregivers.

Keywords: Hope, Well-Being, Caregivers, Non- Caregivers

CAREGIVERS

A career or caregiver is someone who assists with a person's physical and emotional care. They are generally family members and are frequently unpaid, as is the case with the vast majority of carers. A variety of support with everyday living duties, such as showering and using the toilet, lavatory, dressing, transferring, cooking, eating, filling medicines and cleaning. "Careers can provide a place to live. Surprisingly, women make up 65 percent of care recipients. whereas 66% of family carers are female. The average carer also commits approximately 20 hours each week to caring tasks.

Caring for a loved one with a chronic illness may be quite rewarding because when challenges come, individuals tend to grow closer to one another. Providing care, on the other hand can be taxing Caregiving can occasionally lead to carer's load, which is defined by as "a multidimensional response to physical, psychological, emotional, social, and financial stressors associated with the caregiving experience", the difficulties of caregiving are numerous and extend far beyond the needs of the recipient. "The patient's caretaker is usually overlooked in neurology settings, despite the fact that their importance in the management of a chronic neurological condition cannot be overstated.

Caring for a loved one with a chronic illness can sometimes be immensely fulfilling since people often grow closer to one another when hardships arise. It can, however, become exhausting, physically and emotionally draining, and isolated. It is sometimes regarded as a

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burden. Carers must learn to care for their own emotional and physical needs. The multidisciplinary care paradigm used in chronic illness management is critical for both the patient or recipient of care and the provider.

The progression of chronic illnesses can be predictable or unpredictable. Physical and psychological functioning, as well as social and occupational obligations at family, friends and work can result in it. Caregiving is stressful for the carer and could cause problems with their work schedule, family life, and social relationships. As a result, it should come as no surprise that carers frequently experience major physical and psychological problems.

Depression, anxiety, wrath, health problems, and loneliness are all potential indications of their distress. It is alarming because 14% of caretakers had suicidal thoughts. Being unable to alleviate the suffering of someone you care about might leave you feeling isolated and shut off from the rest of the vibrant, healthy society.

WELLBEING AND IT'S RELATION WITH CAREGIVING

Wellbeing is not just the absence of disease or illness. It's a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life. It can be a labour of love, and sometimes a job of necessity.

Millions of people provide unpaid care for someone with a serious health condition each year. These often-unsung heroes provide hours of assistance to others. Yet the stress and strain of caregiving can take a toll on their own health. NIH-funded researchers are working to understand the risks these caregivers face. And scientists are seeking better ways to protect caregivers' health.

Many of us will end up becoming or needing a caregiver at some point in our lives. Chances are we'll be helping out older family members who can't fully care for themselves. Caregiving responsibilities can include everyday tasks, such as helping with meals, schedules, and bathing and dressing. It can also involve managing medicines, doctor visits, health insurance, and money. Caregivers often give emotional support as well. People who provide unpaid care for an elderly, ill, or disabled family member or friend in the home are called informal caregivers.

Most are middle-aged. Roughly two-thirds are women. Nearly half of informal caregivers assist someone who's age 75 or older. As the elderly population continues to grow nationwide, so will the need for informal caregivers. Caregiving can be very good for some people, according to studies. Giving care to a loved one may help you feel closer to them. Some people get pleasure, satisfaction, and a sense of being valued from taking care of others. But for many, the stress of caring for someone can be too much.

A lot of the time, family and friends take care of other people without any training. They are supposed to handle a lot of difficult tasks without much help. A lot of caregivers work full-time and may also have kids or other people they need to take care of. The head of the National Institute on Aging at the NIH, Dr. Richard J. Hodes, says, Caregiving has a lot of costs, including financial, physical, and emotional ones.

Our research shows that caregivers are less likely to take care of their own health problems because they are under a lot of stress and have to work long hours. People who act as

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informal caregivers may be less likely to get a breast cancer screening test or fill a medication that they need. Dr. Erin Kent, an expert from the NIH on cancer caring, says that caregivers also tend to be less active, eat less well, and sleep less or have trouble sleeping.

A number of long-term health problems have been linked to informal caring by studies. People who care for others are more likely to have heart disease, cancer, diabetes, arthritis, and being overweight. Giving care can also make people depressed or anxious. Plus, they're more likely to forget things and have trouble paying attention. Some caregivers may even have health problems related to their work, like back or muscle injuries from lifting people," Kent says Depending on the health of the person they're taking care of, caregivers may face different problems and risks. It can be very hard to take care of a loved one who has cancer or dementia.

According to research, these workers have more physical and mental stress than those who take care of elderly or diabetic people who are not well. Kent says, "Caregivers for people with cancer often work longer hours to give more intensive care in less time." "Cancer patients' health can get worse quickly, which can make caregivers feel more stressed." And harsh cancer treatments can make people very weak. They might need more care, and their medicines might need to be checked on more often.

Cancer survivorship can also bring a lot of stress and worry. Kent says, "One sign of cancer is that it can come back months or even years later." "Cancer survivors and the people who care for them may find it hard to live with the constant fear and stress of a cancer coming back" Caregivers of people with dementia can also face unique problems. Just the prices of health care can be very hard on people. A recent study found that families of people with dementia spent an average of more than \$60,000 during the last five years of their lives. This was 81% more than families of older people who died of other reasons. Researchers have found that people who care for people with dementia have especially high amounts of stress hormones.

Problems like restlessness, aggression, trouble sleeping, wandering, and confusion are common in people with dementia and the people who care for them. People who care for others get sick with contagious diseases more often, react less strongly to the flu shot, and heal wounds more slowly. Giving care can make you feel a lot of different emotions. As a caregiver, you might feel stressed, angry, sad, impatient, overwhelmed, and annoyed, among other things. People who care for others are also happy, satisfied, and pleased. Many people feel bad feelings from time to time, but learning how to deal with them can help you stay healthy and happy.

A lot of guardians feel like they have too much to do. Talk to people who can help you, like your friends and family, neighborhood groups, religious groups, and the medical team taking care of your loved one. You can give yourself a break by asking someone to help you out for a few hours or a few days. It's not selfish to care about your own wants and needs. It's normal to be angry about what's going on. Feel it, take slow, deep breaths while counting to 10, and then try to work out or do something else that makes you feel better, like meditation, which helps your body and mind stay calm. If your anger lasts for a long time, you need to get professional help and find ways to get regular relief (a break from caring for others).

When it gets hard to take time off from caring for others, a lot of caregivers feel lonely and alone. Family and friends may not care about you or may not know how to help you. It is

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important to plan ways to take a break from caring for others so that you can have fun with other people. Many people who care for others feel guilty that they aren't doing enough. Being responsible for choices that affect the well-being of another person can be hard. There isn't a "perfect" provider out there. Dementia gets worse over time, so no helper, no matter how skilled or caring, can make it go away.

WELLBEING AND IT'S AFFECT ON PSYCHOLOGICAL HEALTH

Our social, mental, and physical well-being are all included in the broad definition of wellbeing. It's about living a healthy, happy life full of meaningful relationships, purpose, and positive emotions, not just about not becoming sick. This general well-being has a significant impact on our psychological health, which is described as our mental state and our capacity to overcome problems in life. Think of wellness as the fertile ground where mental health flourishes.

When we feel good about ourselves, have strong social ties, and have a clear sense of purpose in life, we are better able to control our emotions, handle stress, and have an optimistic outlook. Being in a state of well-being makes us more resilient because it gives us the ability to withstand hardship and keep our composure in difficult situations. A person with high emotional well-being, for instance, could lead a happier, more grateful, and contented life on a daily basis. This positive mindset leads to improved stress management.

When faced with a challenge, they are more like to see it as an opportunity for growth rather than as an impassable obstacle. Similarly, strong social bonds fostered by excellent social welfare give a support system. Knowing that we have people who can support and care for us increases our sense of security and self-worth and improves our ability to deal with emotional issues.

Conversely, insufficient well-being can seriously impair psychological health. Prolonged stress, loneliness, and a lack of purpose in life can all aggravate feelings of worry, melancholy, and poor self-worth. When faced with challenges, a person who is not feeling well may feel overwhelmed and powerless, leading to negative coping mechanisms or avoidance behaviours. The two things—psychological health and well-being—are correlated. While there is a favorable correlation between mental health and well-being, mental health can also improve one's well-being.

Activities that cultivate positive emotions and a sense of direction include practicing mindfulness meditation, practicing gratitude, and spending time outdoors. Seeking professional help for mental health issues can also help with underlying issues and teach people new, better coping skills. As so, there might be a rise in wellbeing overall. Well-being is the cornerstone of a sound mind.

Taking care of our emotional, physical, and social well-being creates a foundation for positive psychological health. However, preserving our mental health can benefit our overall wellbeing, creating a positive feedback loop that promotes a strong and fulfilling life.

HOPE AND WELL-BEING

Hope and wellbeing have a strong connection and feed on one another in a positive loop. Hope is a motivating factor that helps us believe that we can overcome obstacles and accomplish our goals. This optimistic view can provide the drive and resiliency required to handle stress and setbacks, which will ultimately lead to increased wellbeing. Consequently,

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living a well-rounded life that includes aspects like contentment and happiness will bolster our optimism.

Feeling good about our lives and ourselves increases our likelihood of believing in good things happening and keeping us motivated to keep pursuing our goals. Our sense of overall fulfillment and resilience can be greatly increased by this positive feedback loop that is created by the favorable interaction between hope and well-being.

HOPE THEORY

In this research we have used The Adult Hope Scale by Snyder to determine the hope of Individuals. There are emotive and cognitive components to hope. Snyder identifies three elements that make up hope: 1) thinking with objectives in mind; 2) creating plans to reach those goals; and 3) having the drive to put in the work necessary to reach those goals. How likely someone is to feel hopeful depends on how confident they are in their capacity to realize these elements. Creating a secure atmosphere, giving people the chance to practice, exposing them to positive role models, and giving them the chance to receive supportive and constructive criticism and encouragement all help to build the sense of personal agency that is necessary for reaching.

In the context of caregiving, hope reflects a future orientated motivational procedure where the caregiver has an expectation toward attaining a desirable goal. More specifically, hope reflects the capacity for a caregiver to identify one or more cognitive strategies (pathways) toward a desirable goal. Along with pathways thinking, hopeful caregivers must direct and maintain mental energy (agency) toward the pursuit of a desirable goal. Indeed, both pathways and agency cognitions are required for hope.

CONNECTION BETWEEN HOPE AND PHYSIOLOGICAL HEALTH

A potent psychological phenomena, hope has a substantial effect on one's physical health. Optimism can have a beneficial effect on people's physical health in a variety of ways. Hope has been shown to reduce stress, which is beneficial to bodily health. Researchers led by psychologist Snyder and colleagues have demonstrated that those with higher levels of optimism also tend to have lower levels of cortisol, a hormone associated with stress. Improved immune response, overall wellbeing, and cardiovascular health have all been associated with lower cortisol levels.

Hope has also shown boosting in the immune system, Research has indicated that positive emotions related to hope, such thankfulness and optimism, are connected to increased levels of immune-stimulating agents like immunoglobulin A (IgA) and interleukin-6 (IL-6). For instance, a study conducted by psychologist Segerstrom and her colleagues discovered that people with a positive outlook demonstrated higher immunological responses to obstacles like vaccination.

Hope also affects an individual's recovery, as per researches, maintaining a positive outlook can increase the healing process. For example, after chemotherapy, patients with breast cancer who had higher levels of optimism reported better physical performance and less discomfort, according to a research published in the Journal of Behavioral Medicine.

REVIEW OF LITERATURE

Maria Moudatsou et al. (2023) revealed that informal carers' daily lives are directly impacted by caring for individuals with persistent psychotic illness. Since caring for a

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mentally ill relative causes financial and professional limits, social decline, and health decline, these issues have a significant impact on personal and family life. Many research studies referred to caring for a patient with psychotic illness as a family hardship. Psychosis has an impact on carers' lives not only in the early phases of the illness but also as it develops and has acute episodes, necessitating more demanding caregiving activities. Parents, and mothers in particular, of schizophrenic patients, tend to be overburdened by their duties as carers. Caretakers of psychotic patients endure strong feelings of loss, sadness, grief, and emotional tiredness as a result of this painful role.

Erik Berglund et al. (2023) concluded that carers experience poorer health-related outcomes. These findings are in line with previous studies on caregiving, which demonstrates that providing care is linked to worsening health conditions and that carers have lower SRH. Demographic, socioeconomic, perceived social support, and long-term sickness all have relationships with SRH; even after correcting for these variables, the effect of caregiving was still statistically significant. Regardless of whether they were carers or not, the majority of participants in this research assessed their health as good or very good. However, the disparities caused by caregiving status are unquestionably extremely significant from the standpoint of public health. According to past studies, women were substantially more likely than men to provide care.

Adnaan Bin Sallim et al. (2022) suggested that compared to the general population and their peers caring for patients with other illnesses, carers of AD patients had a higher prevalence of mental health issues, including depression and anxiety. The higher prevalence is primarily shown in female carers, carers who are in a romantic relationship with the care recipients, and carers who have male care recipients. Anxiety prevalence was also noticeably greater in this sample, but further study is required.

Judith Bom et al. (2021) determined the causal relationship between informal caregiving for an elderly person or senior family member and the caregiver's health. While other analyses came to the conclusion that informal caregiving and health are related, the findings considered in this analysis show that caring has a causally detrimental impact on health. The impacts of providing care can have an impact on both emotional and physical health. It's interesting to note that each subgroup of carers has a significantly different prevalence and severity of these health consequences. Caregiving appears to have a negative health impact, particularly on female, married, and intensive care carers. These groups may have other obligations in addition to providing care, making them more severely affected by caregiving tasks.

Martin Pinquart et al. (2021) studied parenting stress levels in families with and without a child with a chronic physical condition, and we looked at the predictors of parenting stress in families. Parents of children with chronic illnesses saw minor to moderate increases in general parenting stress and stress connected to the parent-child connection in particular. Stress levels differed according to disease severity and duration, kid age, parental gender and mental health, marriage status, marital quality, and perceived support levels. The strongest correlates of parenting stress were child behaviour problems and poor parental mental health. These interventions should address the reduction of child behaviour problems, the promotion of parental mental health, the improvement of marital quality and social support in general, and the development of stress-management skills.

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Jenny Ploeg et al. (2020) introduced web-based interventions as a relatively new but intriguing complement to the carer services that are available for people with chronic diseases. Although impacts and improvements on study outcomes vary, this quick evaluation of the data suggests that these interventions may lead to better mental health, general caring, and general health outcomes. Review also indicates that it is unclear for whom and which types of interventions are most successful. We intend to finish a meta-analysis of the data and an update of the literature in order to deepen this topic. These interventions may have important financial and carer accessibility advantages over those needing professional face-to-face support. They may also be less expensive.

Daniel Fu Keung Wong et al. (2019) defined the functions of a number of variables connected to the quality of life of Chinese carers in Hong Kong. According to research, carers' quality of life was lower when they were younger, had chronic illnesses, had less education, had to carry a heavier load of care, and expressed greater dissatisfaction with mental health services. Particularly, carer traits seemed to have the largest correlation with caregiver's quality of life. Future studies may use a longitudinal study design to investigate the relationships between QoL and these and other chosen variables in the carer characteristic, caregiving situation, and environmental factor domains. They should also investigate the effects of these variables on influencing the QoL of Chinese carers who are caring for family members who are suffering from mental illness.

Sung S Park et al. (2018) explained how mental and physical health of adults differed significantly depending on their carer status. Carers continued to perform worse than non caregivers in terms of mental health and weariness, and long-term carers were more likely than both short-term carers and non caregivers to report headache, body aches, and abdominal discomfort, net of controls. The nature of caregiving changed between short-term and long-term carers, with the latter providing more hours of care and caring for patients with chronic medical issues.

Hui Xie et al.(2018) investigated the QoL of carers for old individuals with chronic conditions, including subjective assessments of well-being and factors affecting both carers and the elderly. The study's findings revealed a significant difference between carers and the general population; family carers had higher PF and fewer reports of BP than the general population. These findings are likely to have occurred since the majority of carers were between the ages of 40 and 60. Furthermore, higher physical functioning may have been one of the reasons these carers cared for their older relatives. The psychological and social dimensions of their personal quality of life were impacted by the load and stress of completing both family and professional commitments.

Jennifer Wingham et al. (2018) studied the major aspects of carer help in the management of heart failure. To begin, carers identified needs related to heart failure management, such as coping with the variability of heart failure symptoms, what to do in an emergency, understanding and managing medications, providing emotional support, promoting exercise and physical activity, providing personal care, living with a cardiac device, and assisting with depression management. Second, as people prepare to become carers, they must learn how to have difficult conversations about the role, connect with health professionals, manage their own mental health, wellbeing, and sleep, and balance home and work. Third, carers must be able to engage in social support, as well as volunteer and formal services, while acknowledging that the long-term future is unknown.

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Diana Sherifali et al. (2018) discovered evidence showing the effectiveness of internet-based intervention programmes on the mental health of carers of persons living with a chronic condition, notably in terms of carer depression, stress and distress, and anxiety. Information and education, with or without professional psychological help, and, to a lesser extent, combined peer and psychological support, were the most effective strategies. More high-quality research is needed to determine the efficacy of interactive, dynamic, and multi-component internet-based therapies.

Allison M Burton et al. (2017) looked at carers of very ill patients with cancer, CHF, and COPD. Three significant findings contribute to our understanding of carer outcome variability. First, in multivariate models, diagnosis was not connected with carer burden or psychosocial-spiritual outcomes. Second, wanting additional help from friends and family was the most powerful social resource indicator of carer load. Third, carer psychosocial-spiritual well-being was substantially connected with anxious preoccupation coping style. All of this shows that carer burden is not diseasespecific in the setting of the conditions investigated here, but rather a reasonably universal experience that can be mitigated by social resources and effective coping strategies.

Mariya Kovaleva et al. (2017) studied about dementia carers and their risk for social isolation and chronic stress. These exogenous variables may result in felt stress and loneliness, which are endogenous psychosocial components of the caring experience. Endogenous physiological factors such as chronic stress and feelings of loneliness can interfere with the neuroendocrine and neuroimmune systems, leading to low-grade systemic inflammation, increasing the expression of proinflammatory genes, and hastening cellular ageing.

Farshid Shamsaei et al. (2016) explained the current medical policy that encourages short-term hospital stay and promotes community care for patients. Family members are the main support system and shoulder the responsibility for patient care in the community. The studies on the burden of carers of patients with schizophrenia that have been undertaken to far reveal a considerable burden of carers, with over 90% of families having moderate to severe hardship. The carer load for people with schizophrenia was substantial and varied. The direct costs of caring for patients with schizophrenia were at the top of the list. The indirect expenses included lost production due to impairments and disabilities, as well as various legal issues, including assault.

Niuniu Sun et al. (2015) analysed the four themes emerged from nurses' psychological experiences caring for patients. First, negative feelings such as tiredness, discomfort, and helplessness were evident in the early stages due to high-intensity work, fear and worry, and concern for patients and family members. Second, psychological and life adjustment, altruistic acts, team support, and rational cognition were all self-coping methods. Third, discovered growth under strain, which comprised enhanced affection and gratitude, professional responsibility development, and self-reflection. Finally, demonstrated that pleasant and negative feelings happened concurrently.

David M Bass et al.(2015) did a descriptive research examining a large sample of veterans with dementia and their unpaid carers, guided by the stress process model. A population with dementia is predicted to show cognitive symptoms in nearly all sampled veterans. Dependency in areas of personal care, such as washing, dressing, and grooming, is also

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severe; assistance is needed for more than three actions on average. This level of need on personal care is comparable to that of nursing home patients.

Nicola T Lautenschlager et al. (2015) discovered evidence that carer neuroticism is related with worsened outcomes such as carer load, depression, and poorer coping. This brief review reveals a paucity of current literature concentrating on personality features of carers of care recipients with mental health issues other than dementia, both for observational studies and interventions.

Margaret J Penning et al.(2015) studied how female carers had slightly higher levels of stress than male carers, the female and male carers in this study appeared to have comparable levels of self-rated mental health. The cause for this disparity in results is not immediately apparent. They explained how it could be due to the age of the carer cohorts included in the current analysis. It has been seen, for example, that age may mitigate the harmful mental health consequences of caregiving.

Rakesh K. Chadda et al. (2014) discussed family carers of people with mental illnesses are an important support system in our country and throughout the globe. In the lack of proper mental health infrastructure, family carers play different responsibilities in caring for those suffering from mental diseases. Family carers bear a significant strain as a result of their caregiving role and require assistance from mental health professionals. It is critical for mental health experts to understand the requirements of family carers, the difficulties they confront, and to implement appropriate interventions to alleviate the burden while also assisting in the development of healthy coping methods.

Allison J Applebaum et al. (2014) suggested that Carer records would provide for a more realistic knowledge of the types and impact of services that carers utilise, as well as aid in identifying and coordinating the care of carers in most need. Their central argument is that carer services and programmes will not be sustainable or scalable without infrastructure to store carer data is in place. Although their present public policy landscape is moving to recognise the vital role of carers, it will be impossible to tackle the existing crisis of unmet psychosocial demand among carers without carer records. As a result, creating records for carers has the ability to solve a major issue that carers frequently report: feeling they are not deserving of care.

Shenaar-Golan, V. (2014) looked at the subjective well-being (SWB) of parents of kids with special needs. This study looked at how parents feel about their child's disability, how much hope they have, and how important it is to them to be in a relationship. All of these things may affect parenting SWB. The study found that parents who had a lot of hope, were in a relationship, and thought their child's disability was helping them in important ways saw those factors positively impacting their lives. The study results show that "agency," a part of the idea of "hope," is a key indicator of SWB in parents of a child with special needs. If parents of children with special needs know how to improve their SWB by making some changes to their lifestyle, it might make their children's quality of life better.

METHODOLOGY

Aim

To assess the differences in the levels of hope and well-being amongst caregivers and non-caregivers. To analyse the difference of hope and wellbeing amongst caregivers and non-caregivers.

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Objectives

- O1- To study the difference in the level of hope amongst caregivers and non-caregivers.
- O2- To study the difference in well-being of caregivers and non-caregivers.

Hypotheses

- H1- There will be a significant difference in the levels of hope amongst Caregivers and Non- caregivers
- H2- There will be a significant difference in the well-being levels of Caregivers and Non- caregivers

Research Design

The research approach for this study utilised a survey method, to gather data from both caregivers and non-caregivers. The study is descriptive in nature and based on quantitative design and investigation.

Variables

- Independent Variables - Participant groups
- Dependent Variables - Well-Being, Hope

Procedure

The study recruited two participant groups: caregivers and non-caregivers. Standardized questionnaires have been used to measure well-being and hope in both groups. These questionnaires have assessed general well-being (e.g., psychological well-being) and specific aspects of hope (e.g., pathway thinking, agency). By statistically comparing the scores between the caregiver and non-caregiver groups, the study aimed to identify differences in well-being and hope levels between the two populations.

Sample

The participants for this comparative study were chosen via purposive sampling. The study included Caregivers and Non-caregivers between 20 and 40 years of age. The sample comprised 100 participants, out of which 50 were Caregivers and 50 were Non-Caregivers. There were no substantial disparities in the socio demographic features between the two groups.

Statistical Tools

WHO Well-Being Scale - The World Health Organization (WHO) made the WHO-5 Well-being Index, which is a popular way to measure psychological health and well-being. The scale has 5 statements. People rate each of the five statements on a range from 0 (not present) to 5 (constantly present) based on how they've felt over the last two weeks. The lines talk about things like general interest, mood, and vitality. This scale is used in both clinical and study settings to check on people's mental health. And see how they change over time as a result of treatments or interventions.

Adult Hope Scale -The Adult Hope Scale (AHS) was created as a way to measure hope. When used in this context, "hope" means the idea that one can reach their goals and that they have the power to do so. The AHS has 12 questions. Six of them measure paths thinking (the ability to come up with ways to reach your goals) and the other six measure agency thinking (the drive to work toward your goals). On an 8-point Likert scale, from Definitely False (1)

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to Definitely True (8), people rate each item. This scale has been used in psychology, counselling, and education, among other areas, to figure out how hopeful people are and how likely they are to reach their goals.

Data Analysis

The study utilised the functionalities of the Statistical Package for the Social Sciences (SPSS) to perform independent-samples t-tests. The objective of this study is to assess and contrast the scores Hope and well-being among caregivers and those who are not. By employing independent-samples t-tests in SPSS, this data analysis method will enable us to thoroughly assess any disparities between the two groups in the study.

RESULTS

Descriptive Statistics Table 1 Descriptive statistics of study variables

		Mean	Standard Deviation
1	Agency	20.86	5.93
2	Pathway	21.42	5.88
3	Total Hope	42.28	11.59
4	Wellbeing	84.57	23.19

Table one represents the descriptive statistics (mean and standard deviation) of all the study variables –Total Hope (Agency, Pathway) and Wellbeing T test Table 2 T test between caregiver (1) and non-caregivers (2) across study variables

	Mean	SD	T	Sig. (2 tailed)	Result
Agency Caregivers	24.49	2.55	8.21	0.00	S
Non caregivers	17.24	6.14			
Pathway Caregivers	24.71	3.23	7.21	0.00	S
Non caregivers	18.12	6.10			
Total hope Caregivers	49.21	5.34	7.92	0.00	S
Non caregivers	35.36	12.05			
Wellbeing					
Caregivers Non caregivers	98.42 70.73	10.69 24.10	7.92	0.00	S

NS-Not significant, S-Significant Table two represents the t statistics between caregiver (1) and non-caregivers (2) on Total Hope (Agency, Pathway) and Wellbeing. There is a significant difference in the Total Hope (Agency, Pathway) and Wellbeing between the two sample groups. The mean of caregivers was higher in all psychological aspects compared to non-caregivers.

- Agency: o Caregivers have a significantly higher mean score (24.49) compared to noncaregivers (17.24). This suggests that caregivers feel a greater sense of agency or control in their lives.
- Pathway: Again, caregivers score significantly higher (24.71) than non-caregivers (18.12). Pathway refers to having a clear direction or plan, and caregivers seem to exhibit this more strongly.

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- Total Hope: Caregivers have a mean score of 49.21, while non-caregivers score lower (0.56). Total hope encompasses optimism and positive expectations, and caregivers seem to have more of it.
- Wellbeing: Caregivers score higher (0.42) than non-caregivers (0.73). Wellbeing reflects overall mental and emotional health, and caregivers appear to fare better. Therefore, across all these psychological aspects, caregivers consistently scored higher than non-caregivers. This suggests that caregiving experiences may positively impact agency, pathway, hope, and overall wellbeing.

DISCUSSION

Assessing hope and well-being between carers and non-caregivers is the aim of this study. The adult hope scale and WHO-5 Well-being Index was employed, and 100 data samples were gathered. The hypothesis was that there would be notable difference in people's levels of hope and wellbeing. It was not supported that carers would have reduced wellbeing. However, caregivers did demonstrate significantly higher levels of hope compared to the non-caregiver group. The lack of a well-being difference between groups is unexpected. It's possible that factors like social support networks or access to resources may have buffered the negative effects of caregiving on well-being in this specific sample. The finding of higher hope in caregivers is intriguing. Hope may serve as a crucial coping mechanism for individuals navigating the challenges of caregiving. Caregivers may hold onto hope for improvement in the care recipient's condition, for personal resilience, or for finding manageable solutions. Further investigation is needed to understand the specific types of hope experienced by caregivers and how hope interacts with well-being over time. This could inform the development of interventions that target both well-being and hope to better support caregivers.

Limitation

Sample Bias: It is plausible that the caregivers you have assembled may not be a perfect representation of the caregiver population. If your study was volunteer-based, for instance, you might have recruited caregivers who are more likely to claim high well-being due to their self-selection. **Measurement Tools:** The specific well-being and hope measurements that were used in the study could have an effect on the findings. Different aspects of these concepts may be captured by different measures. **Lack of Context:** It's probable that the study disregarded factors that could affect care recipients' hope and well-being, such as the type of caring arrangement (looking after a spouse as opposed to a child), the severity of their condition, or the availability of social support.

Strengths

- Focus on Understudied Population: Caregivers are a crucial but often understudied population. The research contributes to a better understanding of their well-being and hope.
- Hope as a Positive Focus: While many studies focus on caregiver burden and stress, yours sheds light on hope as a potential strength for caregivers.
- Quantitative Approach: Using quantitative measures allows for easier comparison between groups and potentially stronger generalizability of findings.
- Comparative Analysis: By comparing Hope and Well-Being levels between and those who did not, the research provides a comparative perspective, enhancing the depth of the analysis and the understanding of the differential impact of the virus on stress levels.

Implications

Rethinking Caregiver Support: It appears that support programs may need to address more than just stress and burnout in light of the surprise finding that some caregivers have high levels of well-being. The significance of the relationship between hope and caregiver well-being emphasizes the need of encouraging hope in caregivers. Interventions that teach hope-building techniques, such focusing on positive pathways and setting reasonable goals, could be created.

Need for Individualized Support: The research highlights the range of experiences that caregivers have. Support systems must to be adaptable and tailored to each person's requirements. Stress reduction may be the first priority for certain caregivers, while interventions that are hope-focused may be more beneficial for other.

Importance of Social Support: Programs that assist caregivers in establishing and sustaining solid social ties are necessary, as evidenced by the potential that social support networks improve wellbeing. This can entail setting up peer support networks or putting caregivers in touch with support organizations.

Additional Research: Given the limitations of the study, more research on caregiver well-being is necessary. Research on contextual factors can help explain why certain caregivers have high well-being, and longitudinal studies can examine how hope and well-being evolve over time.

CONCLUSION

In conclusion, this research paper was assessing the Hope and Well-being levels amongst caregivers and non-caregivers. Through a meticulous examination of the hypotheses and subsequent t-test analysis, several key insights have emerged, shedding light on the differences and effects of Hope and well-being on Individuals. Carers scored much higher than non-caregivers on all psychological elements examined in the study, according to the t-test results. This indicates that carers expressed higher levels of agency, pathway, complete hope, and general wellbeing. The Findings of this study support that Caregivers show significantly higher levels of hope and well-being compared to those who are not i.e. non-caregivers. There are two reasons why this could be the case. It's possible that providing care encourages these advantageous psychological traits. Taking care of someone else can provide one a sense of meaning, purpose, and social connection—all of which can lead to improved wellbeing. As they overcome the difficulties of providing care for someone else, carers may also experience an increase in their sense of self-efficacy or agency.

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Conflict of Interest

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