



PHASES OF CAREGIVING EVOLUTION AND COPING STRATEGIES ADOPTED BY CAREGIVERS IN ELDERCARE FACILITIES

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Abstract

This qualitative study examines the experiences of primary caregivers in old age homes, focusing on the challenges they face and the coping strategies they employ. The research aims to shed light on the common challenges encountered in caregiving and the coping strategies used to manage stress and maintain well-being in relation to caregivers' age, gender, and duration of work. A sample of 25 adult primary caregivers was interviewed from old age homes across India and their responses were analyzed using a research design incorporating narrative analysis. The findings reveal that caregivers employ a range of coping strategies, including emotion-focused strategies such as acceptance, positive reframing, and seeking emotional support, as well as problem-focused strategies like active coping and instrumental coping. The study also highlights the caregiving evolution, with caregivers progressing through initial, transition, and established phases of adjustment. Additionally, the study explores the motivating factors for caregivers in taking up their roles along with the attachment between caregivers and elderly residents, with a particular emphasis on the parenting-like relationship that develops. The findings further indicate that interventions such as education and training, employee assistance, and respite care may efficiently assist caregivers to navigate caregiving responsibilities and stress, and choosing the right coping strategies

Keywords: Primary Caregivers, Narrative analysis, Eldercare Facilities

I. INTRODUCTION

According to the World Health Organization (WHO) estimates, the population of people aged 60 and older will go up from a billion in 2020 to a staggering 2.1 billion by 2050, with those aged over 80 years old seeing the most rapid increase. (World Health Organization; 2022). As a result, research on eldercare is growing more prevalent as the world's population ages. Age-related factors such as financial stability, physical and mental health, and life satisfaction have been greatly impacted by the way older people reside. The living conditions of the elderly can result in a significant financial impact by shaping the demand for housing, social services, energy, water, and other resources. For developing nations, the impacts of the population getting older are significantly greater because they lack monetary resources to address the issues it raises, such as an increase in the need for eldercare services (United Nations; 2015). India counts as one of the countries going through that transformation.

A significant portion of the responsibility for caring for older people gets on families in several countries (AARP; 2020). Since they may be unable to assist with household responsibilities or financial stability, senior citizens are often seen as a burden. Due to the absence of emotional support, verbal and occasionally physical abuse, neglect, and disrespect, some of them feel forced to move into an old age home (Menezes & Thomas; 2018). This is more common in impoverished areas where a lack of financial resources poses a significant challenge as they are unable to cover their healthcare expenses and the costs linked to the older population's well-being (Wishes and Blessings; 2022). Seniors who do not receive care from family members at home or who are unable to receive care at their homes are given sheltered housing as well as a range of health, personal, and supportive services in eldercare establishments, called old age homes. There are two kinds of old age homes for the elderly: free homes and paid homes (Gupta et al.; 2014). One of the significant challenges faced by the country's old age homes has been a lack of funding as they commonly rely on unpredictable and unreliable funding streams like public donations. (Johnson et al., 2017). Anxiety about committing to an unfamiliar environment, weakened physical capacity, and frequently recurrent encounters with mortality and illnesses in the care setting are just a few of the adaptation challenges that elderly people living in old age homes face. They are also likely to have strict schedules and remain nearly disconnected from their family, friends, and society (Kumar et al., 2012). Additionally, the increasing expense of living in a developing city causes more strain on these old age homes. The care of the elderly has been limited by centralized restrictions, according to many administrators. (Johnson et al., 2017)

Older adults have distinct needs, and the caregivers at old age homes serve as catalysts for change by recognizing the elderly residents' needs and addressing them in a competent and experienced manner (Shivarudraiah et al.; 2021). According to the senior adults, several caregivers lack the understanding and abilities essential to interact efficiently with the elderly residents of eldercare facilities. Similarly, the burden of care is aggravated by the common hiring of caregivers in old age homes who are underqualified (Adhikari P; 2017) The availability of qualified support and training could assist with bridging the gap in physical and psychological care for the residents, who are eager to receive this type of assistance to address their agony, helplessness, loneliness, and concerns related to ageing as well as chronic health conditions. (Shivarudraiah et al.; 2021). Since geriatric care is still a young field, many caregivers employed in old age homes have only first-hand knowledge of caring for the elderly. It is also a low-paid profession, so many administrators struggle with finding sufficient caregivers to take care of the elderly residents as "not everyone wants to work with old people, it's difficult." (Johnson et al.; 2017).

II. REVIEW OF LITERATURE

Epiphaniou et al. (2012) found relevant emotional and physical complications associated with caregiving, particularly in the palliative setting. While emphasizing the importance of support and understanding from the people around them, caregivers of cancer patients have been found to employ coping strategies involving distraction, mental stimulation, emotional release, seeking positive aspects of caregiving, and disengaging from stressful thoughts.

In a study to identify and analyze the coping strategies adopted by family caregivers of the mentally ill, Azman et al. (2016) discovered that caregivers use a variety of coping strategies to help them cooperate with their mentally ill family members, including religious coping, emotional coping, acceptance, getting involved in leisure activities, and using conventional healing. According to the conclusions drawn from this study, caregivers may benefit from joining social support groups to learn about effective coping strategies.

Deliberate and avoidance coping were the two types of coping strategies that Sun et al. (2010) identified among dementia caregivers. Avoidance coping was linked to lower life satisfaction and a higher caregiver burden, as well as appearing to host the effects of caregiver burden on health, whereas deliberate coping was linked to higher life satisfaction. The study also suggested that social workers must give more attention to caregivers who use dysfunctional coping mechanisms.

III. RESEARCH METHODOLOGY

Aim and Objectives of the Study

Following an Exploratory Research Design, the aim and objective of this study are to understand the phases of evolution experienced by primary caregivers employed in old age homes across India and the coping strategies adopted by them throughout their caregiving journey to deal with the possible difficulties of caregiving, taking in account their subjective experiences. An additional emphasis of this study is on understanding any potential differential experiences in caregiving related to age, gender, availability of resources, and the duration of providing care with regard to their tenure as caregivers.

Variables

Independent Variables

- i. Age and Gender of the Primary Caregivers
- ii. Duration of Caregiving
- iii. Availability of Resources and Support

Dependent Variables

- i. Coping Strategies Adopted by Caregivers
- ii. Phases of Caregiving Evolution

Sample and Selection

A sample of 25 adult primary caregivers (12 female caregivers and 13 male caregivers) was chosen for this study using the Purposive Sampling method. The necessary data was gathered through in-person and telephonic interviews with established old age homes across Delhi, Uttar Pradesh, Haryana, Maharashtra, West Bengal, Odisha, Karnataka, and Telangana while ensuring complete confidentiality of the details shared in the process. Criteria of Selection: Adult primary caregivers (18 to 60 years of age) employed for a minimum of 1 year were chosen for this research study by taking into account their caregiving responsibilities, which involved attending to the elderly residents' majority of the necessary care routine tasks and providing emotional support to those residents when needed.

Tool Description / Interview and Interview Guide

This study used semi-structured interviews as our primary data collection tool. Semi structured interviews allow for a flexible and open-ended approach to data collection, while still providing a framework for consistency across participants. Apart from seeking the demographics, the interview questions were designed to elicit information on a range of topics, including the caregiver's experiences and challenges, coping strategies used, phases of caregiving evolution, reasons for becoming a caregiver, and the role of spirituality in caregiving practices. The questions were intentionally broad to allow for a diverse range of responses and to encourage participants to share their unique perspectives and experiences.

Procedure

To address the research question of understanding coping strategies and emotional growth as part of the varying stages of evolution that a caregiver typically experiences, 10 old age homes across India were contacted, seeking permission to conduct interviews with their primary caregivers. In-depth, semi-structured, open-ended interview questions were developed to support the research question and were intended to be broad enough to encourage the formation of themes and complications inductively. The interviews were conducted in English and Hindi with the exception of two participants who required Kannada and Telugu translators, were conducted in-person (primarily for participants living in Delhi, Gurugram, and Noida) and over the phone (for participants living outside Delhi, Gurugram, and Noida), taking in the participants' verbal consent after making them aware about the purpose of this study. Following each interview, notes were taken for clearer background information. Additional demographic and professional background information was collected to fully characterize the study participants and to highlight any potential differences that may emerge from the diverse group of primary caregivers interviewed for this study. Following an Exploratory Research Design, the data from the interviews, in

the form of recordings and field notes, were further analyzed using an Inductive Approach to Narrative Analysis, with a focus on the recurring themes, on which the study was concluded.

Analysis

The study was entirely qualitative, and the data gathered through extensive, semi structured interviews was analyzed employing the Inductive Approach to Narrative Analysis to fulfill the objectives of the study following the subjective experience of primary caregivers working in old age homes. The emphasis was on recurring themes to identify the phenomenon, as obtained by both interviews and interview notes.

IV. RESULTS AND DISCUSSION

The purpose of this study was to explore the experiences of caregivers working in old age homes to understand the phases of evolution in their caregiving journey and identify the coping strategies they use to manage the challenges of caregiving.

4.1. Motivations for Becoming a Caregiver

A. Personal Values and Beliefs

The findings demonstrate how strong personal values may act as motivators for people to take on caregiving responsibilities, particularly in environments like old age homes. Personal values can significantly impact caregiving, which may serve as inspiration (Zwar et al., 2023). Values in alignment with altruism, compassion and empathy, spiritual beliefs, along with a desire for personal fulfillment, are capable of reflecting an individual's core beliefs and principles, especially when combined with the values inherent in caregiving.

i. Altruistic Motivations

The following excerpts from primary caregivers' interviews provide insights into the altruistic motivations for becoming a professional caregiver – There were no noticeable gender or age variations in altruism as a motivator among individuals to serve in old age homes. These altruistic motivations, however, were reportedly brought on by transformative experiences for some. “It’s a passion that I am fulfilling. I have been passionate about getting into social work.” “I just wanted to do something good for these people. They are old and can’t look after themselves on their own, they don’t ask for much, just our love and companionship. Although we don’t get paid much, but I like serving them.” Experiences that have the power to completely change a person's perspective and help them find a fresh purpose in life are deemed transformative (Gaggioli; 2016). Such experiences may involve a shift in one's worldview, a deepening of self-understanding, a change in priorities or life goals, or a re-evaluation of one's values and priorities. The following excerpt from a conversation with a primary caregiver illustrates how a transformative experience stimulated their altruism, encouraging them to take on the role of caregiver in their respective old age home. – “These elderly people have no one and have been abandoned. No one wants to see them, they have been left in the hospitals, on the roads, at temples, and sometimes they are brought in by the cops. I simply came here for a visit, got to know about the condition, and decided that I want to do something for them.”

ii. Faith and Spiritual Values

Faith and spiritual beliefs can play a significant role in motivating people to take on caregiving responsibilities, especially when it comes to caring for the elderly. Spiritual convictions might encourage people to view caring for others as a calling or a divine mission. The following excerpt from an interview with a primary caregiver emphasizes how an individual's perspective on providing care for the elderly can be influenced by their spiritual beliefs. – “Serving those in need is God’s work. Even we will need someone to look after us when we grow old and serving these people will bear us the fruit in the form of blessings (and Karma).” “Helping and serving the elderly is similar to serving God and we get the blessings.” There were no significant gender disparities in the influence of faith and spiritual beliefs as motivators to engage in caregiving for the elderly in old age homes. However, a notable variance in age was highlighted, as these beliefs were more comparatively motivating among people aged over 35 years.

iii. Socio-Moral Responsibility

The following excerpts from conversations with primary caregivers employed at old age homes demonstrate the relevance of socio-moral responsibility as a motivating factor for becoming a caregiver, along with their attitude toward their caregiving responsibilities. – “People should be respectful towards their older generations. They are the people who shaped the world, and we should be grateful for their contributions by doing our bit doing their seva (selflessly serving them). That’s the main reason why I chose to serve the elderly at an old age home.” “This is our responsibility. People abandon their parents at this age. If we will not take care of them then who will?” There were no gender or age disparities observed for socio-moral responsibility being a driving force for caregivers to pursue caregiving as a profession in old age homes.

B. Personal Connections and Experiences

The following excerpt from a conversation with a primary caregiver employed at an old age home serves as testimony that personal connections and experiences serve as driving factors for people to take on caregiving roles in old age homes. – “My parents are not alive anymore and I could not take care of them the way I should have, that’s why I decided to serve older people here, at this old age home. I serve them and take care of them like they are my parents.” “My father inspired me to do work. He was into social work and was associated with an old age home. I used to see him and thought that I want to do this seva (selfless service) too.” However, it is important to acknowledge that personal experiences and connections are subjective and may vary for each individual. They play a substantial part in determining motivations for becoming a caregiver, reflecting individuals' unique journeys and relationships with aging and the elderly. Furthermore, no notable age or gender differences were found among primary caregivers in regard to personal experiences and connections acting as driving factors for becoming caregivers.

C. Financial Considerations

The following excerpt from an interview with a primary caregiver highlights the role of individual financial considerations as a motivator to take up caregiving roles. – “I needed money and did not have a job, neither did I know what else I could do, so I took up this job here. Initially it was just to earn money, but now I like being around the older people and taking care of them.” While no notable age or gender disparities were reported, it is essential to note that although financial considerations can be important, they are not the sole motivation for becoming a caregiver. Many caregivers have a sincere desire to help elderly people and derive personal fulfillment from their work.

4.2. Common Challenges Faced by Caregivers in Old Age Homes

In the realm of caregiving at old age homes, caregivers face a myriad of challenges that demand their continuous dedication and adaptability. This theme delves into the broad spectrum of these challenges, focusing on three key aspects in accordance with the findings:

A. Finding Balance: Navigating Personal Life and Caregiving Responsibilities

Caregivers in old age homes must frequently strike a delicate balance between fulfilling their caregiving duties and tending to their personal needs and obligations: “It was difficult in the beginning because I had to give my time to my son as well. Now that he has grown up, it’s easier since he knows I spend my time doing this seva (selfless service) for the elderly.” Caregivers residing with their families, additionally fulfilling other roles such as being a parent or spouse, reported instances of 'frustration' being projected on their family members. However, the primary caregivers who reside at their respective old age homes or live away from their families reported little to no instances of difficulty balancing their personal lives with caregiving duties. Furthermore, women caregivers who also served as parents or spouses were more likely to report such challenges than male caregivers, with no significant age difference observed.

B. Resident Resistance and Challenges in Communication

Caregivers at old age homes frequently encounter resistance-to-care behaviors when providing routine personal care to the elderly, particularly those with dementia (Morgan et al., 2012). Primary caregivers reported facing difficulties with elderly residents, especially those with Dementia, resisting to indulge in their routine activities, taking medications, and occasionally getting aggressive. Since the impairment of cognitive and behavioral functions impacts everyday duties and overburdens caregivers of the elderly, the implications of their ailments have an impact on the caregiver as well. (Minayo et al., 2021). They expressed feeling "helpless" in such situations, despite their best efforts to handle the challenge with patience. The following excerpt from a conversation with a primary caregiver demonstrates the challenges in regard to resident resistance, commonly among the elderly with a formal diagnosis of dementia. – “The dada ji (term to respectfully address an elderly man) sitting here is 92 years old, he has Dementia and gets aggressive many times. He often doesn't listen to us when we try to give him his medicines, we still don't know how to handle such a situation, but we try to maintain patience, understanding his condition. I act very carefully around him when he gets angry.”

C. Influence of the Old Age Home's Resources on Caregiving

Old age homes, regardless of being funded by public donations or managed privately, had caregivers claim to face a lack of economic support. The following excerpts from conversations with primary caregivers emphasize the challenging impact of a lack of resources. – We don't get any government support, this old age home runs on public donations. Sometimes people come to sponsor meals which save us the cost of a one-time meal on those days, but there have been situations where we had to go without getting our salaries for 5-6 months.”

D. Catering to Physical Hygiene Needs

Another commonly faced challenge, especially among some male primary caregivers was meeting the basic hygiene needs and routine of the female elderly residents – such as bathing, taking them to the toilet, and washing them up – particularly for those who were more physically dependent on the caregivers. The following excerpts from primary caregivers' interviews provide an example of the aforementioned challenge. – “It gets a little difficult for me to give a bath to some older women who cannot do it themselves, to take them to the toilet or to dress them up. It gets a little uncomfortable for me thinking if they feel uncomfortable not having a woman do these things for them. Some apologize for being dependent on us and I feel sad because it's not their fault, it's their age.” The commonly mentioned aspect among caregivers while facing this challenge is the thought of making the particular resident they are catering to “uncomfortable”.

4.3.Overcoming Adversity: Coping Strategies Employed to Manage Stressful Situations

The role of caregivers in old age homes is demanding and often accompanied by various stressors and challenges. When faced with a challenging circumstance, caregivers turn to employ coping strategies that work best for them. As a process of adapting to stressful situations, coping involves investing one's mental and behavioral assets in reaction to particular internal and/or external challenges that are perceived to be greater than the individual's conventional requests (Powers et al.; 2002). This theme delves into the coping strategies caregivers adopt when faced with a stressful and/or demanding situation, in accordance with the Transactional Model of Stress and Coping (Lazarus & Folkman; 1987).

A. Emotion-Focused Coping Strategies

Emotion-focused coping strategies are mental and behavioral techniques for managing emotions in the face of stressful situations. Emotion-focused coping techniques may be used by caregivers in response to increased stress (or burden) (Kazemi et al.; 2021), however, they are additionally effective to help caregivers prevent or minimize the symptoms of anxiety (Cooper et al.; 2008).

i. Acceptance

Caregivers described how they actively practiced acceptance by accepting and acknowledging the difficult emotions and realities of their caregiving role. They shared stories about accepting the elderly residents' limitations, understanding that their role is to provide support and care rather than try to change the circumstances. This strategy allowed them to let go of unrealistic expectations and focus on finding peace and contentment along the way of caregiving. The following excerpt from a conversation with a primary caregiver

emphasizes the emotion-focused coping strategies used over difficult circumstances in terms of accepting the reality or situation. – “Some elderly here are forgetful. One dada ji (term respectfully used to address an older man) has dementia, he forgets, gets angry, and even starts crying. I used to feel tired of repeating things and did not know what to do, but with time I learned that I cannot do anything but be patient. He listens when you speak to him nicely and don’t stop him from doing what he wants to.”

ii. Positive Reframing

Caregivers in their narratives consistently expressed the ability to reframe challenging situations in a positive light, looking at a silver lining, gradually allowing them to find strength, meaning, and resilience in their caregiving roles. The following excerpt from a conversation with a primary caregiver highlights the use of positive reframing as an emotion-focused coping strategy to manage difficult situations. – “The resources here are not sufficient, we would have financial issues, sometimes not get our salaries on time, and even not know how to manage situations with the elderly that feel difficult. But I look at it in a way that I am getting to do their seva (selfless service) and take their blessings.” The findings of this study observed female caregivers, especially those over the age of 35, employ positive reframing as a coping strategy comparatively more.

iii. Seeking Emotional Support

Given the emotional demands of caregiving, primary caregivers in old age homes were observed to resort to seeking emotional support as a prevalent yet important coping strategy. Caregivers stated that they seek emotional support from a variety of sources as a means to manage their emotions effectively. Among these are seeking support from supervisors, colleagues, family members, or friends who can offer a listening ear, understanding, empathy, and validation. The following excerpts from a conversation with primary caregivers demonstrate the relevance of seeking emotional support as a coping strategy to maintain their emotional well-being. – “My son and I share the happenings of our day with each other. I tell him whenever I feel stressed or feel like I can do better and he listens to me, tells me that I am strong, and reassures me that I will be able to handle it. Just having him listen to me makes me feel better.”

B. Problem-Focused Coping Strategies

Actively making changes to stressful circumstances and caregivers make an effort to lessen or eliminate the source of stress and increase their sense of control, in addition to enhancing the well-being of the elderly residents by focusing on the issue at hand. The two most frequently used problem-focused coping techniques among primary caregivers working at old age homes are Active Coping (focusing on taking action to deal with a difficult situation) and Instrumental Coping (requesting assistance and advice from others in order to learn how to deal with a situation):

i. Active Coping

Active coping involves diligently seeking solutions, taking initiative, and engaging in problem-solving behaviours to address the challenges and stressors associated with caregiving, and caregivers who utilize active coping strategies reported actively seeking solutions, taking initiative, and engaging in problem-solving behaviours. The following excerpts from conversations with primary caregivers exemplify the use of active coping to manage potentially challenging situations. – Primary caregivers additionally reported employing active coping to certain extra responsibilities around the needs of the elderly residents. “When they (the elderly) fall sick, I immediately call the doctor without any second thoughts.”

ii. Instrumental Coping

Instrumental coping emerged as another problem-focused coping strategy among primary caregivers. It holds significance as caregivers use practical actions and problem-solving techniques to address the various facets of caregiving. It was discovered that primary caregivers mainly relied on it to effectively manage the demands and challenges of their caregiving role, mainly in regard to health concerns, behavioral issues, workload, and managing stress. The following excerpts from conversations with primary caregivers demonstrate the use of instrumental coping to manage potentially challenging situations. – “I ask the doctor which medicine to give even if they (the elderly) get a fever. We know we can take crocin (paracetamol) for fever, but we don’t take any risks with their health.”

4.4. The Evolutionary Journey of Caregiving:

Adjustment and Changes in Experiences Caregiving, particularly in old age homes, involves a process of evolution and adaptation for the caregivers. This evolution has been recorded in three main phases – the Initial Phase, Transition Phase, and Established Phase – emphasizing the adjustment process in accordance with the primary caregivers' subjective experiences.

A. The Initial Phase

Reflecting on their experiences, primary caregivers reported feeling worried and uncertain about how they will adjust to their caregiving roles and meet the requirements in their respective old age homes. This stage is characterized by a period of adjustment and the need to strike a balance between their personal and professional lives. Caregivers, mainly those with no experience in caregiving roles mentioned feeling worried about adjusting to their roles in the initial phase of their caregiving experience. "At the beginning when I joined, I didn't know what and how things have to be done. I had no experience and was worried about how I will do my job."

B. The Transition Phase

This phase indicates the changes in emotions and coping strategies over time. Caregivers reported experiencing a range of emotions such as stress, frustration, and compassion fatigue as they become more immersed in their caregiving duties. "It was difficult with less support, I would get tired and still want to solve all their problems, even the ones that were not in my control."

C. The Established Phase

Caregivers develop a sense of fulfillment and satisfaction with their caregiving role in this final phase. They notably experience developing a deep connection with the elderly residents they care for along with a greater understanding of their needs and preferences and the development of effective strategies for providing care. Primary caregivers in this phase may also experience personal growth and a stronger sense of empathy. "We are all family here. We have seen so much together, and I am blessed to be here serving my elderly people."

4.5. Bonds Beyond Duty: Attachment Between Caregivers and the Elderly

Regardless of age, gender, and tenure of employment, attachment between the caregivers and the elderly residents was reported based on the frequency of interaction, the longevity of the caregiving relationship, and personal qualities and emotional vulnerability of the residents.

- **Frequency of Interaction:** Spending a significant amount of time together and being in close proximity to certain elderly people allows caregivers and residents to develop familiarity and rapport. Hence, daily interactions and shared experiences may foster a sense of emotional bonding.
- **Longevity of the Caregiving Relationship:** Caregivers who have been providing care to the same resident(s) for a longer period were found to be more likely to develop attachments. Longevity in the caregiving relationship allows for a better understanding of the resident's needs and preferences, further cultivating increased affection.
- **Personal Qualities and Emotional Vulnerability of the Elderly Residents:** Certain personal qualities such as warmth, gratitude, or a friendly demeanor may make caregivers more inclined to form attachments. Likewise, residents who are more dependent on caregivers for physical or emotional support can cultivate an increased sense of responsibility and empathy in caregivers. Therefore, residents' emotional vulnerability appeared to be capable of instilling a sense of protectiveness and attachment in primary caregivers.

The following excerpt from a conversation with a primary caregiver indicates the attachment formed between caregivers and specific elderly residents of their respective old age homes based on the influence of the aforementioned aspects. – "There are two maa ji(s) (term used to respectfully address elderly women) whom I have been looking after for some years now. They keep saying "You are more than a son to us!" and even I consider them as my mothers. They always ask me about my day, if I have eaten or not, and even I talk to them openly. They look after me and I look after them. It's a connection made from the heart."

To conclude, our findings revealed that caregivers are motivated by a range of factors, including personal values and beliefs such as altruistic motivations, faith, and spiritual values, socio-moral responsibilities, as well as personal connections and experiences. Financial considerations were also identified as a significant motivation for some caregivers. Further emphasis has also been paid to the common challenges faced by caregivers in old age homes, inclusive of the delicate balance between personal life and caregiving responsibilities, resident resistance and communication challenges, the influence of available resources of the old age home on caregiving, and the need to cater to the physical hygiene needs of the elderly. In accordance with the objectives of the study, three major coping strategies employed by primary caregivers to manage stressful situations were identified – (a) Emotion Focused Coping Strategies (such as acceptance, positive reframing, and seeking emotional support), (b) Problem-Focused Coping Strategies (such as active coping and instrumental coping), and (c) Spiritual Coping. A major emphasis has been paid on the phases of caregiving evolution that potentially influence coping strategies based on the subjective experiences of the primary caregivers. These were described in three phases – (a) The Initial Phase characterized by worry and adjustment, (b) The Transition Phase involving changes in emotions and coping strategies, and (c) The Established Phase marked by a sense of fulfillment and satisfaction with the caregiving role. The findings shed additional light indicative of the attachment between caregivers and elderly residents, which was found to be influenced by factors such as the frequency of [48] interaction, longevity of the caregiving relationship, and the personal qualities and emotional vulnerability of the elderly. Primary caregivers often develop attachments to specific residents, akin to a parental relationship. Conclusively, the findings have further highlighted the potential difference in gender and age of the caregivers along with the duration of care provided by them in some components of the caregiving realm.

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